

Socialising and Sexual Health:

An evaluation of the needs of gay and bisexual men and men who have sex with men in Sheffield



Report by

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Contents

Acknowledgements	2
Glossary of terms and definitions	5
Introduction	6
Methodology	
Survey	7
Interviews	7
Focus groups	9
The participants	9
The report	12
Results	
Context:	
Socialising in and out of Sheffield	13
Meeting sexual partners and having sex	18
Evaluation:	
Information on sexual health	26
Experiences of local sexual health services	32
Future sexual health services	43
Conclusions	49
Recommendations	
Service provision	51
Future research	52
References	54
Appendix: The survey	55

Glossary of terms and definitions

AIDS – Acquired Immune Deficiency Syndrome

BASHH – British Association for Sexual Health and HIV

CHIV – Centre for HIV and Sexual Health

Closed question – response limited to number of options (e.g. tick box question)

GMSS – Gay Men’s Sex Survey (an annual UK wide survey carried out by Sigma Research and funded by Terrence Higgins Trust using Department of Health monies)

GP(s) – General Practitioner(s) (family Doctor)

GUM – Genito-Urinary Medicine

NICE – National Institute for Health and Clinical Excellence

HIV – Human Immunodeficiency Virus

HPA – Health Protection Agency

Interviewee – participated in interview

LGB(T) – Lesbian, Gay, Bisexual, (Trans)

MSM – Men who have Sex with Men

NHS – National Health Service

Open-ended question – response written in participant’s own words

Participants – collective term to describe all types of involvement in data collection

PASH – Peer Activities in Sexual Health

Respondents – those who completed the survey

SHU – Sheffield Hallam University

Social marketing – *“a people-centred approach to marketing which aims to initiate and sustain behavioural change. It combines marketing techniques from the private sector with research and expertise from the public sector and a community development approach to engaging the target audience”*

www.choosesocialmarketing.com

SRE – Sex and Relationship(s) Education

STD – Sexually Transmitted Disease

STI(s) – Sexually Transmitted Infection(s)

THT – Terrence Higgins Trust

Introduction

This evaluation is a product of collaboration between the Centre for HIV and Sexual Health (CHIV) in Sheffield, diva (a social marketing agency based in Sheffield), and Sheffield Hallam University (SHU), as part of a series of wider service developments. It builds upon an international literature review of sexual health interventions and health promotion with men who have sex with men, commissioned by CHIV to inform their service provision (Formby, 2007).

The report is based on findings from self-completion surveys completed by ninety men who identified as gay, bisexual or men who have sex with men (MSM) and who lived, worked or socialised in Sheffield at the time of completion, and a small number of follow-up in-depth interviews.

The survey was designed collaboratively between CHIV, diva and SHU. It was distributed via a number of means, including existing CHIV networks, personal contacts, and through CHIV outreach workers distributing it on the commercial gay scene in Sheffield. Completed surveys were returned to SHU using freepost envelopes, or through an online survey website that was established for the project. The face-to-face interviews were carried out by an experienced SHU researcher.

SHU are entirely responsible for the data analysis and report writing. The views expressed here may not necessarily reflect those of the Centre for HIV and Sexual Health or diva.

Methodology

This collaborative evaluation project began with a view to informing future CHIV service development and delivery, and with a view to developing a subsequent social marketing campaign aimed at local gay and bisexual men and MSM.

Our method of seeking participants for this project was selective in capitalising on existing networks and social spaces and subsequent snowballing, and was justified on the grounds of reaching as many of the target population as possible (within our resources of time and funding). This of course means that the resultant data are not generalisable but this does not minimise the significance of findings since they highlight important, original insights useful to service and product development.

Survey

The survey was designed collaboratively between CHIV, diva and SHU. The resultant survey was a mixture of closed and open-ended questions, covering a number of themes including socialising, seeking sex, sexual health information, services and support, and wider society. SHU also created an online version of the survey which was hosted on a SHU website for the duration of the fieldwork (which participants could access via a link from the CHIV website). The survey was piloted among ten-fifteen men through the research team's personal networks. Most pilot participants commented on the length of the survey, but the research team chose to go ahead with the survey in its current format to attempt to gain more detailed information from willing respondents.

Hard copy versions of the survey were distributed via CHIV and personal networks throughout Sheffield. This was supported by targeted distribution by CHIV outreach workers on the commercial gay scene in Sheffield during particular occasions e.g. close to Christmas and around Valentine's day. This was initially advertised locally by a press release (with accompanying photograph) about 'Sexual Elf' workers distributing an evaluation survey. Free gifts supplied by Durex were also distributed to men who completed the survey during these promotional evenings led by CHIV outreach workers. Whilst an anonymous survey is less restrictive to only 'out' participants (compared with, for example, face-to-face research methods), widespread distribution via commercial gay scenes and other LGBT networks is likely to influence the sample achieved.

The survey was actively distributed and hosted electronically for a period of six months (November 2007 - April 2008). All completed surveys were collected by SHU, either electronically or in the form of free postal return envelopes. Out of approximately 300 surveys distributed 90 were completed and returned, equating to a response rate of approximately 30%. This is comparatively successful for a long self-completion survey on what could be described as a 'sensitive' topic (it is not unusual for surveys in general to have a 10% response rate). It is interesting to note that far more responses were received in hard copy than electronically (84 compared to 6). The results were inputted into SPSS (a statistical software package used in social research) and subsequently analysed by the authors. The results presented in this report unless otherwise stated refer to the 'valid percent' (this means after the number of non-responses to any particular question have been removed).

Interviews

SHU were wholly responsible for the in-depth, face-to-face elements of the evaluation. Out of the ninety respondents to the survey, twenty provided further

contact details to indicate their willingness to be involved in subsequent stages of the evaluation. Each of these individuals was contacted by a project researcher via email, telephone calls or text message. If first attempts at follow up contact were unsuccessful, two to three further attempts were made, often using alternative methods. Text messaging appeared to be a popular and successful means of contact for the younger participants. Once agreement to take part was in place, reminders about the day, time and location of specific interviews were also used in the form of phone or text messages. The outcome of these contacts is represented in the table below.

Outcome	Number
Declined to take part	1
Details provided incorrect e.g. email bounced back, phone number not recognised	2
Participated further in the evaluation	5
Never returned messages or agreed to take part and then did not attend or return subsequent messages	12
Total	20

A number of participants were clearly concerned about confidentiality, requesting that contact be made only by post, using plain envelopes. Confidentiality was ensured throughout the fieldwork phase of the research: any messages, for example, whether telephone, email or text referred to a 'sexual health' survey and did not make explicit reference to sexuality so as to ensure the anonymity of participants. Equally, efforts were made to ensure that participants felt comfortable in attending the interview: the location and timing of the interviews were all mutually agreed and one participant brought his partner (who though invited to do so did not choose to also take part in the interview). It was made clear that any questions did not have to be answered if they did not wish to.

Researchers designed the interview topic guide informed by the same themes as the survey, but were able to follow-up on individual survey responses where that individual agreed to also be interviewed. One participant, for example, who mentioned being "scared" to attend a sexual health clinic in his survey was able to discuss this in much more detail in person when raised again by the interviewer. Interviews were carried out in the period March - April 2008. Three of the five interviews took place on SHU premises, the interviewer met a participant at their place of work for one interview, and one was conducted over the telephone (for logistical reasons). Perhaps surprisingly, this resulted in one of the longer, more detailed interviews and perhaps reflects a willingness to discuss potentially personal information in more detail when the interviewer is not present and the interviewee is in their own home. There is also a growing research body that argues that telephone interviews can be more successful than face-to-face (Sturman and Taggart, 2008). This might usefully be borne in mind for future research in this area.

Each interview lasted between 30 and 50 minutes depending on the depth to which the participant spoke about his views and experiences. The data was recorded using a digital voice recorder and subsequently transcribed and analysed by the researchers. Each interviewee was offered travel expenses but it is interesting to note that most were keen not to accept these and stated that they were happy to take part in their own time and at their expense. All participants, however, were given a (£10 HMV) gift voucher at the end of the interview as a thank you (it was not used as an incentive to take part), which was greeted with surprise and gratitude. This

suggests that some local men are very willing research participants, keen to take part in feeding into service development when given the opportunity.

Focus groups

By definition, researchers had to target known local LGBT groups for focus group recruitment, which could produce a non-representative sample. Five potential groups were identified as potential recruitment sources. Unfortunately, each of these was unsuccessful in producing a focus group. One group was arranged but subsequently not attended by any men, whilst four others did not respond to the researchers requests (on various occasions and using various different methods of communication).

The participants

This section summarises the demographic information gathered from the survey. This includes the five men who were also involved in the in-depth interviews.

Ethnicity

A majority of participants in the survey described their ethnicity as white (97%). This is the same percentage as the numbers of white men responding to the 2006 GMSS in Sheffield (Sigma Research, 2008a).

Disability

Seven per cent of respondents reported that they had some form of disability.

Social class

Twenty eight per cent of participants did not answer this question. Of those that did, however, 46% described themselves as working class, and 52% said middle class. The remaining 2% was made up of 'other' responses such as 'underclass' or 'student'.

Age

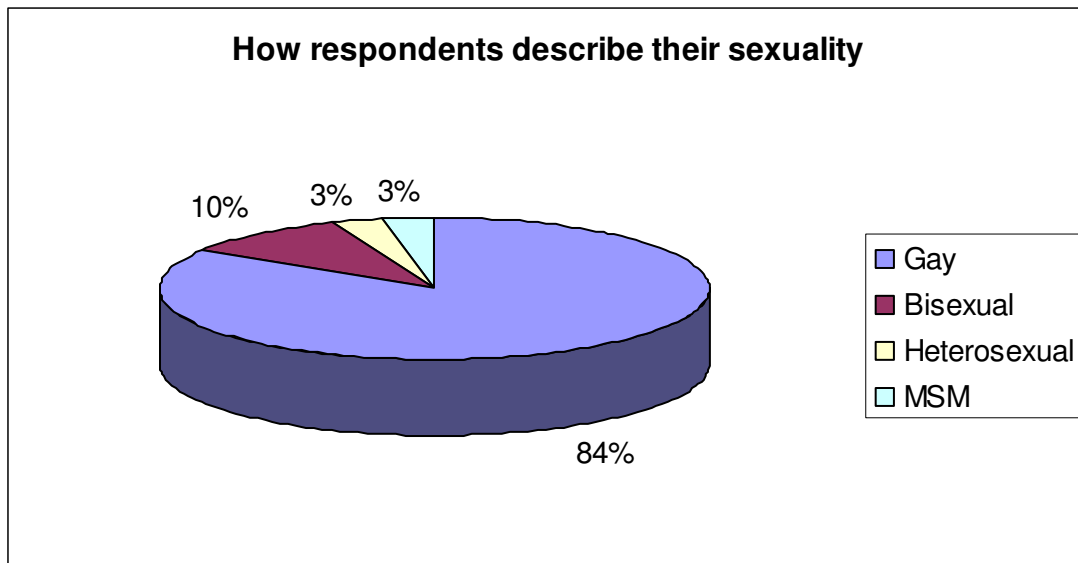
Respondents were spread across a wide age range, though a majority were in the younger categories (70% 34 years and under, of which 47% were 25 and under). This is perhaps more a product of the success of survey completion methods (i.e. on the commercial scene) rather than a reflection of the age profiles of gay and bisexual men and MSM in Sheffield as a whole. Similarly, interviewees were concentrated in the younger age categories.

Age	% of respondents
Under 21	15
21-25	32
26-34	23
35-44	19
45-54	9
55-64	1
65+	1

Sexual identity

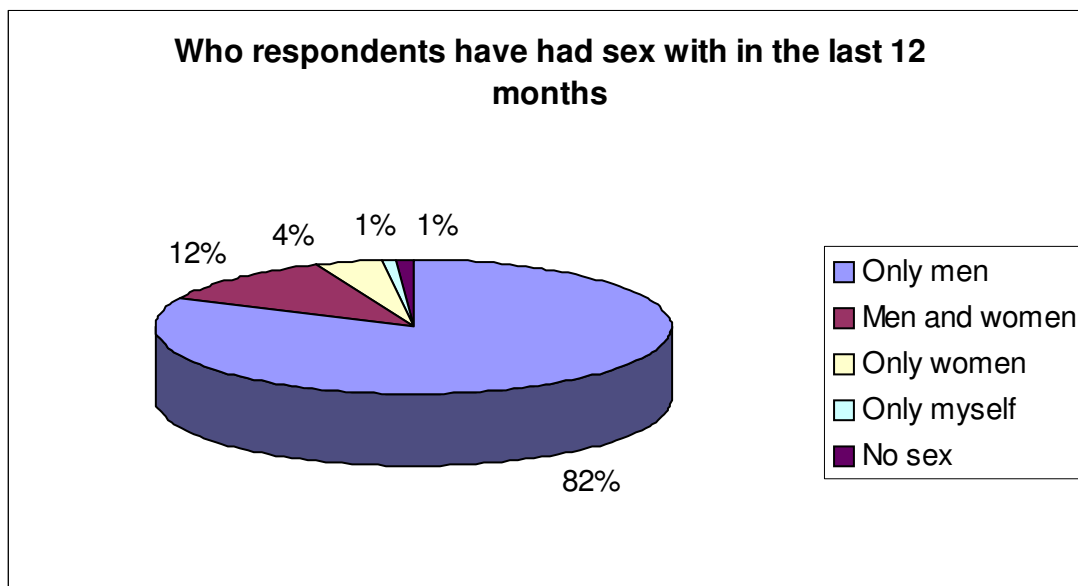
The majority of participants described themselves as gay, as can be seen in the pie chart overleaf. These results are similar to the 2007 GMSS in Sheffield where 83% described themselves as gay, and 10% bisexual (Sigma Research, 2008b). It is notable that only 3% of our sample (two men) identified themselves as 'man who has

sex with men', known to be a particularly hard to reach group within health promotion work. MSM are a target audience for CHIV provision, however, so further work may be needed to better understand their needs and experiences.



Sexual practice

In the last twelve months the majority of participants had had sex with only men, as shown below. The results presented below closely match the self-defined sexual identity, with a total of 16% having sex with only women or men and women. It should be borne in mind, however, a common research finding that sexual behaviour does not necessarily predict description of one's sexual identify (DeNoon, 2006).



Relationship status

42% of participants reported that they were in a relationship, and 58% said that they were not.

Location

The majority of respondents did not provide their postcode. Of those who did, however, the majority were Sheffield postcodes, which are provided overleaf:

Sheffield postcode	Number of respondents
S1	7
S2	5
S3	2
S5	3
S6	3
S7	1
S8	3
S9	3
S10	10
S11	8
S13	2
S14	1
S18	1
S30	1
S35	2
S40	1
S41	2
S42	1
S61	2
S62	1

It is noteworthy that the majority of respondents appear to live in more affluent postcode districts, such as S10 and S11, which are also home to the city's two universities. The next highest groups are from the city centre, in S1 and S2. These results may have been influenced by the location at which many surveys were handed out (a university LGB club night). It would be interesting to consider in future research, however, the extent to which gay and bisexual men choose to live in certain areas because of safety concerns.

Other issues

When asked about other factors that might influence their answers the majority of respondents did not reply or said that there were no other issues of identity, experience or lifestyle that might influence their answers. However, respondents who did comment raised a variety of issues, including:

- age
- lack of experience on the scene
- social class
- job e.g. working on the scene, or active in a union
- home town i.e. rural or urban upbringing
- being 'out' or not
- general confidence
- influence of age on confidence levels (less confidence as get older)
- intelligence
- mental health
- fashion
- religion.

These 'other' responses are intriguing and it is unfortunate that the design of the survey did not permit fuller / explanatory responses. Though some of these responses were followed up in subsequent interviews, the answers above warrant further exploration in future research.

Interview participant profiles

A brief description of participants who took part in the interviews is given below. Pseudonyms are used and any other information that might identify participants has been removed to ensure anonymity.

Dave: a single, employed gay man in his late teens

Frank: a gay man in a relationship in his mid forties, works full-time

Matt: an employed gay man in a relationship, in his late twenties

Peter: a single student in his early twenties, identified as gay

Simon: a student, identifying as gay, in a relationship in his early twenties

The report

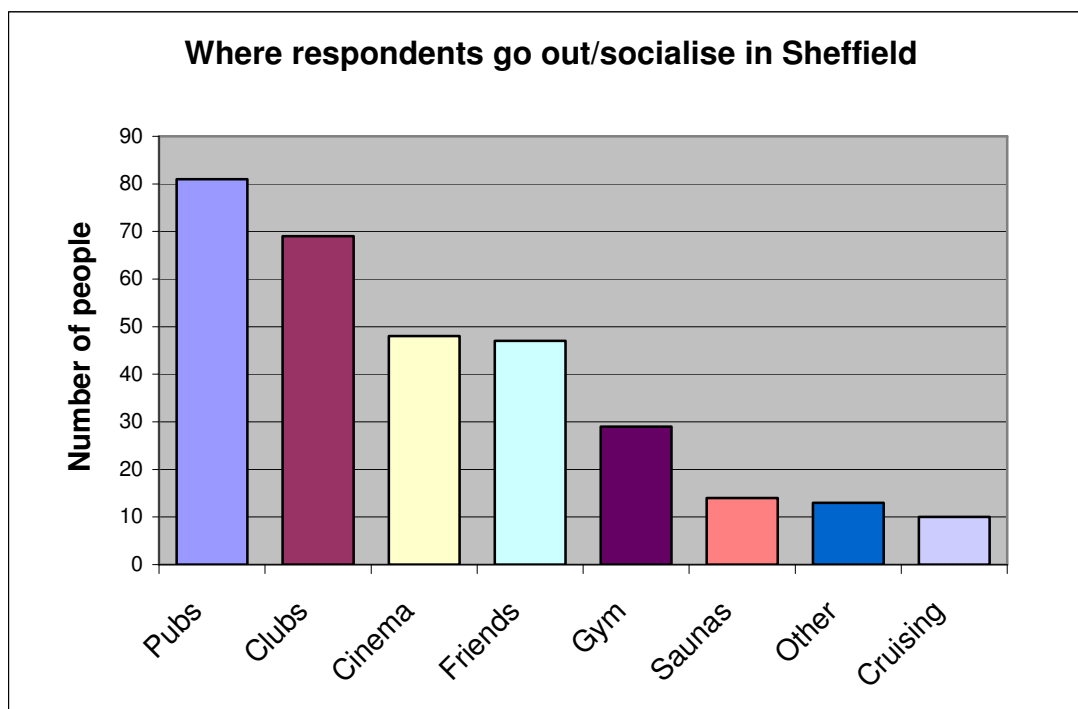
Throughout this report, quotes from the surveys and interviews are used to illustrate the experiences and opinions of the participants. As mentioned above, participants have been anonymised by pseudonyms and removal of detailed information.

The report is designed to be concise. Reporting sections follow the themes covered in the surveys and interviews, namely:

- Context:
 - Socialising in and out of Sheffield
 - Meeting sexual partners and having sex
- Evaluation:
 - Information on sexual health
 - Experiences of local sexual health services
 - Future sexual health services
- Conclusions
- Recommendations

Context: Socialising in and out of Sheffield

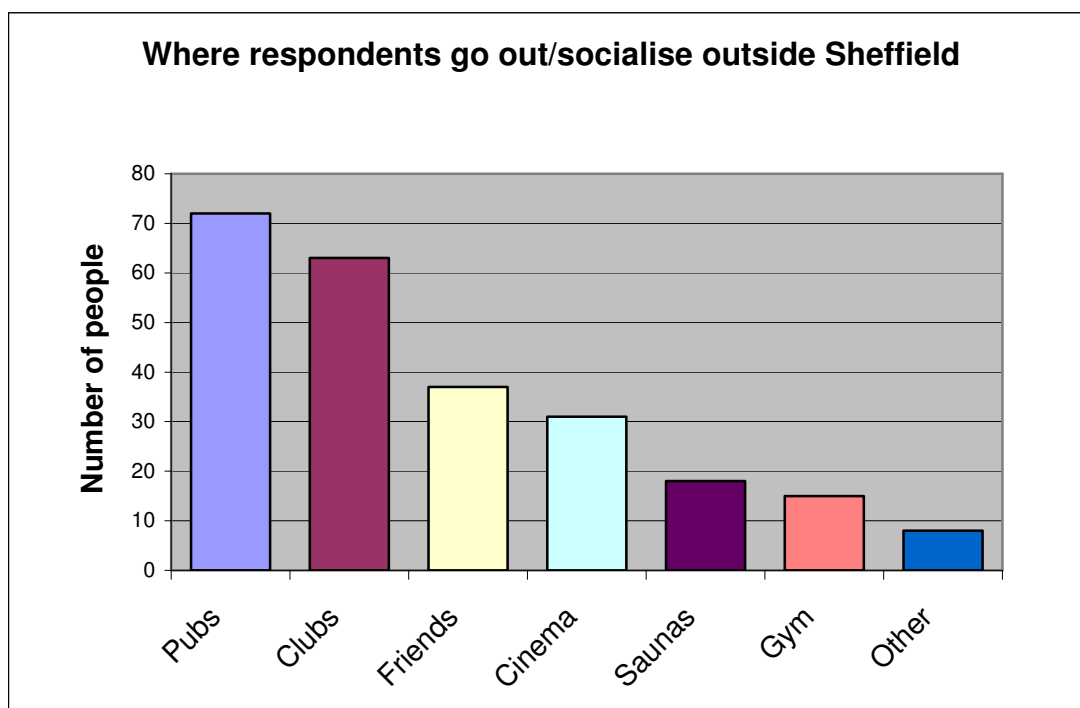
Respondents were asked where they tended to socialise in or out of Sheffield. The most common responses were pubs and clubs (see below). This perhaps reflects the fact that the majority of the participants were in the younger age categories, as much as it tells us about local gay or bisexual men, though within our sample pub attendance was relatively evenly spaced across the different age groups. Related data on specific venues / areas can also be seen below. The survey data, whilst not statistically significant, appeared to show that men under the age of 25 were more likely to go to gyms.



Venue	Examples / areas named
Pubs	Dempsey's, All Bar One, Interval, Climax, Affinity, Lion's Lair, Vodka Revolution, S1, Club Xes, Crystal Lounge, Embrace, Broomhill, West Street
Clubs	Climax, Union, Plug, Leadmill, Dempsey's, Fab, Essential, OUT, Club Xes, The Bronx, Embrace, Bedroom
Cinema	Odeon, UGC Meadowhall, Centertainment, Cineworld, Don Valley, Showroom
Gym	S10 Health, Esporta, Millhouses, Ponds Forge, Virgin Active, Greens
Saunas	Bronx
Other	Theatre, restaurants
Cruising	None named

In the interviews, participants described where they tended to socialise in Sheffield, with friends and/or partners. This included pubs, bars and clubs: examples given were Dempsey's, Affinity, Lion's Lair, Climax, Club Xes, Fuel, Speed Queen, Plug, DQ, and West Street generally. The cinema, coffee shops and gyms were cited as

places where they might meet up with friends. Shopping was also described as a social activity.



Venue	Examples / areas named
Pubs	Birmingham, Blackpool, London, Leeds, AD2, Centro, Lower Parliament Street, Manchester, Via Fossa; Bridge, Old Penny, Leeds; Quest, Exchange, Wakefield; The Venue, Scunthorpe; The Vine, Doncaster; Angels, Lincoln
Clubs	Essential, Lower Parliament Street, London, Blackpool, Leeds; Queens Court, Fibre, Leeds; depends what drugs; Birmingham
Cinema	Birmingham
Gym	None named
Saunas	Greenhouse; Manchester; Birmingham; steam complex, Leeds
Other	None named
Cruising	None named

Areas where interviewees might go out outside of Sheffield included Leeds, Manchester, Brighton and London. One respondent referred to the “*thirty mile run*” that characterised gay men’s social networks.

When discussing socialising, men often spoke about whether or not a gay social scene was important to them. Most interviewees were happy to socialise in straight venues with other factors appearing more significant:

“I’m not so fussed as long as I get drunk! ... There’s no gay pubs or anything like that in [other town], there’s nothing but it doesn’t bother me. I do like it that’s why I come into Sheffield ... but I’m not one of those for like going there all time, there’s people I

bump into and things like that that I don't want to see all time... I've got a lot of straight mates" (Dave)

"They're usually suited to my music taste rather than to my preferences in any other way" (Peter)

"Where there's mixed environments... not just because they're gay bars... I won't just go to Dempsey's... I'll use West Street" (Frank)

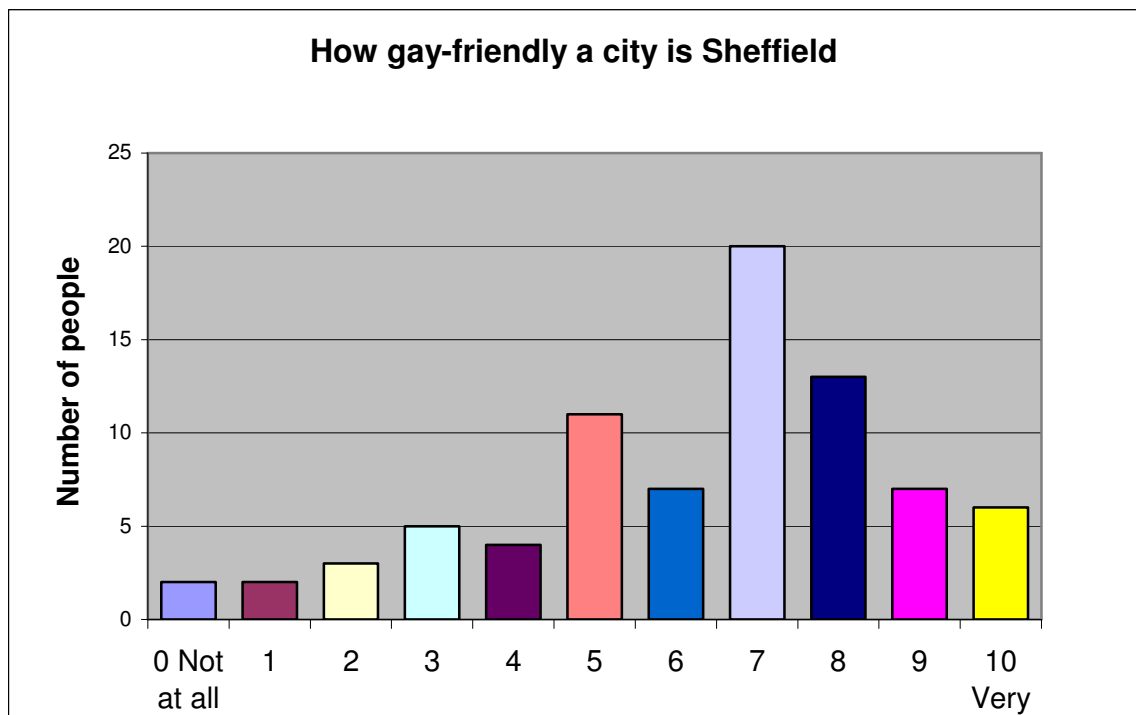
"The thing is I don't often get that sort of need to go meet men, a lot of people I understand do and that's all they want but I don't want my life to be ruled by my sex drive, I'd rather have fun and if it means that I don't meet anyone then that's fine... I usually have more fun with my straight friends anyway because they're not just driven by the fact that they're out" (Peter)

Nevertheless, participants also appeared to value the presence of gay venues in the city, which perhaps they did not have in surrounding towns.

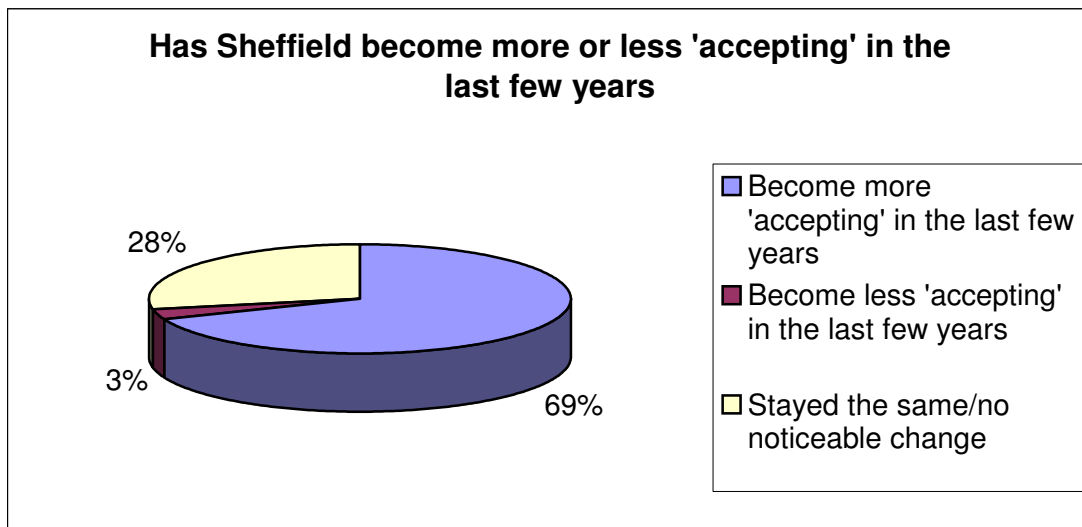
"I only ever go out gay in Sheffield" (Simon)

"There are a lot less gay people in my life... I haven't met anyone on my course out of maybe about 50 people who are out which is quite strange... when I didn't specifically look for gay people they weren't anywhere to be found!" (Peter)

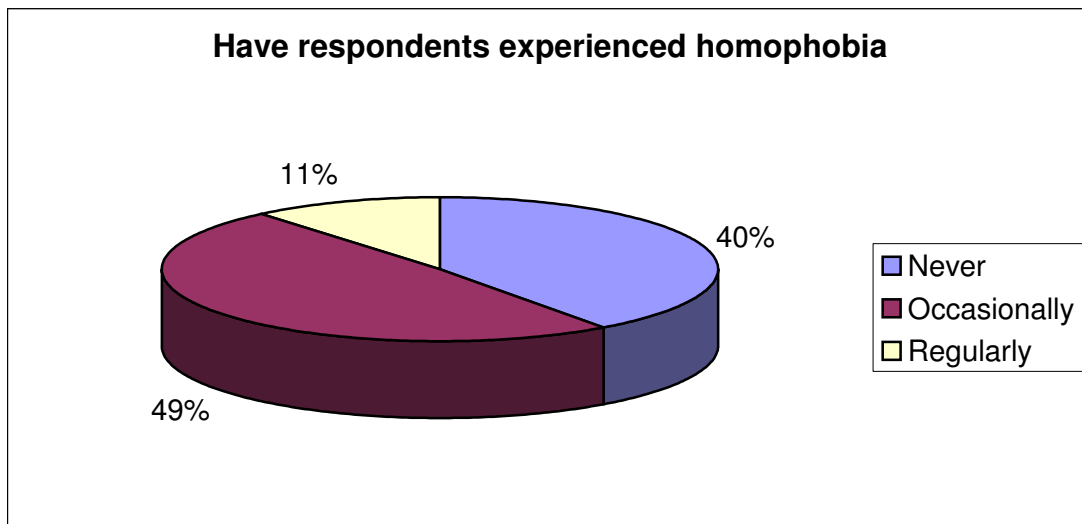
Survey respondents were asked how gay-friendly a city they found Sheffield to be on a scale of 0 (not at all gay-friendly) to 10 (very gay-friendly). Responses were more positive than negative (see below), with a mean average response of 6. It is worth noting that many respondents were given the survey whilst out on the gay commercial scene which may have influenced the types of men who accessed the survey, and the responses to this question.



Survey participants were also asked how 'accepting' they found Sheffield to be: the clear majority said that this had improved in recent years.



When asked whether prejudice or homophobia had ever been experienced, a minority responded 'regularly'. A perhaps surprisingly large proportion also reported that they never experienced prejudice or homophobia (40%). This could relate to the fact that individuals may understand prejudice and homophobia differently, and is therefore worthy of more in-depth inquiry. It would also be interesting to compare experiences / perceptions of homophobia across different age groups, but this is not possible with this sample which was dominated by younger men.



When asked about situations wherein respondents were open about their sexuality the following results were reported (overleaf).

Situation	% open about their sexuality
When socialising	78
At home	66
At work	62
With family	58
On official forms	42
At school / college / university	33

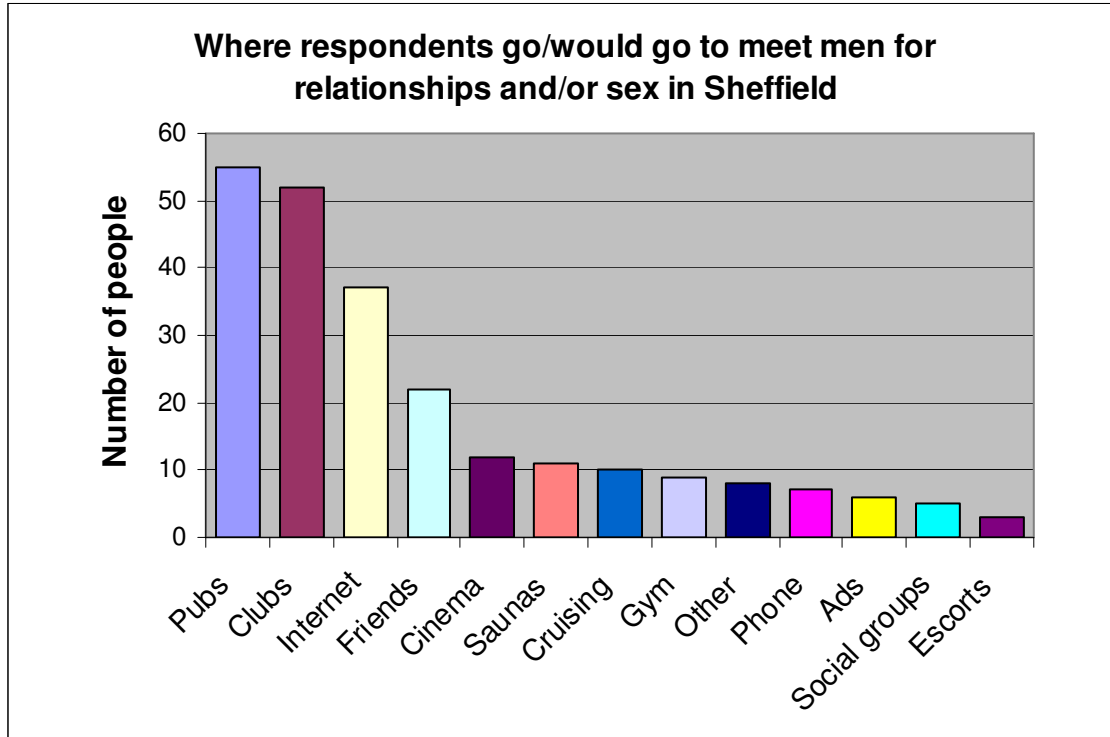
One respondent added an 'other' example which was being open about their sexuality in job interviews. Though these results may appear disappointing (for example less than 50% open about their sexuality on official forms or at school / college / university), this also includes those who did not respond or for who the question was not applicable, so the numbers are only indicative. The issue of confidentiality and disclosure warrants further specific and in-depth inquiry; for example, does a reticence to record sexuality on official forms lead to an under-reporting of the number of LGB people in the UK?

Summary: Socialising in and out of Sheffield

- Respondents socialised in a range of locations, including gyms, cinemas and pubs and clubs not aimed at the 'gay scene': this has implications for the provision of health promotion (e.g. information and condom distribution) targeted at gay and bisexual men.
- Sheffield gay and bisexual men also socialise outside Sheffield, for example in Leeds, Manchester, Brighton and London: this also has implications for the health promotion that CHIV is able to offer.
- Sheffield was seen to be 'gay friendly' by the majority of participants, though 60% identified experiencing homophobia regularly or occasionally.
- The majority of respondents (69%) thought that Sheffield had become more 'accepting' in the last few years. This may partly be the influence of national improvements in legal equality in recent years, influencing people's perceptions of overall social equality.

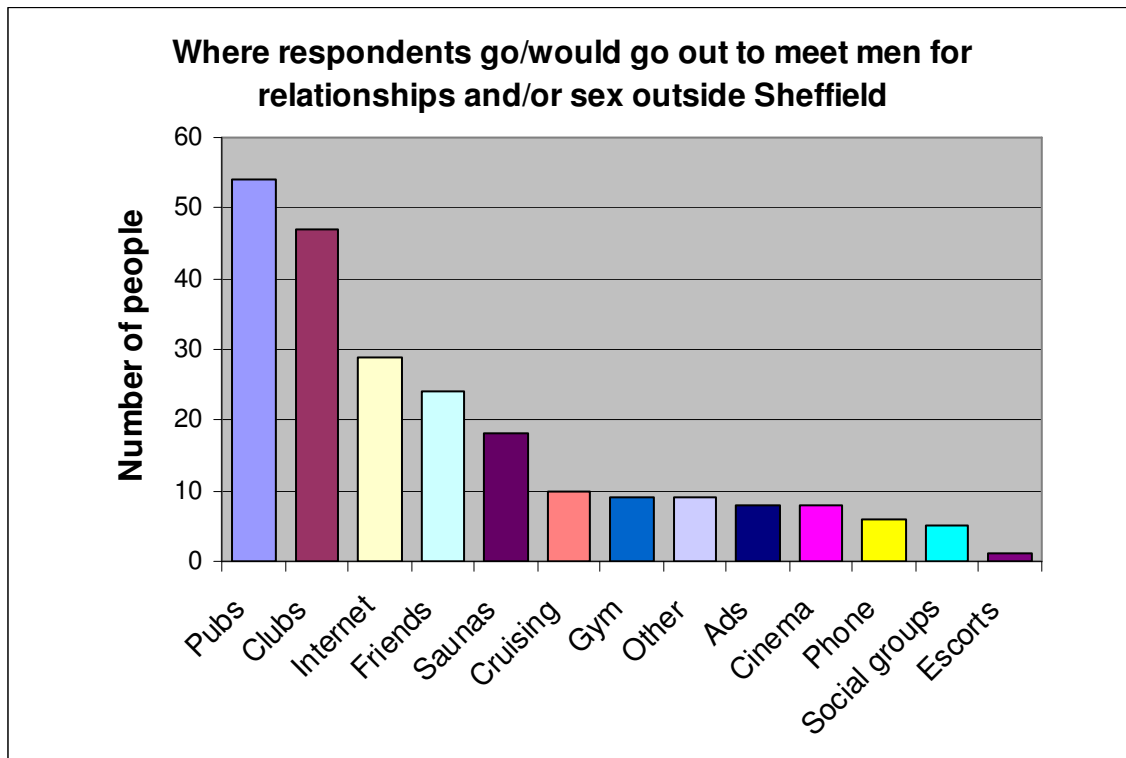
Context: Meeting sexual partners and having sex

Participants were asked where they did or would go to meet men in Sheffield: responses closely matched the places stated for socialising in general. Results and examples named are shown below.



Venue	Examples / areas named
Pubs	Dempsey's, Affinity, Lion's Lair
Clubs	Climax, Dempsey's, OUT, Fuel
Cinema	None named
Gym	None named
Saunas	None named
Other	None named
Cruising	None named

Participants were then also asked the same question for outside Sheffield: responses were relatively similar in terms of types of places, but in smaller numbers (see overleaf). Examples named are again given in the table below the chart.



Venue	Examples / areas named
Pubs	London, Leeds, Manchester
Clubs	London, Leeds, Mission, Federation
Cinema	None named
Gym	None named
Saunas	Greenhouse, Bronx, Manchester
Other	None named
Cruising	None named

When asked, most interviewees said that they would, or do, go to pubs, bars or clubs to meet men: it was reported to be the scene that they most associated with other gay men. This was often in Sheffield but sometimes included other commercial gay scenes, such as Leeds, Brighton, Manchester, or even abroad. One respondent discussed going to saunas in the past when he was single, and one commented:

“The Internet’s by far the main thing, by absolutely far” (Simon)

In the survey, participants were asked specifically if they had ever used the Internet to meet men: 65% said that they had, and 35% said that they had not. The most popular websites were: Gaydar (used by 51%), Facebook (34%), Fitlads (28%) and Myspace (19%). Other examples used (by a total of 17%) were: Face party, Recon, Gay.co.uk, Chat avenue, Ladslads.com, Gumtree, Eurowoof, Orange, and Gay.com.

They were then asked specifically if they had ever used newspapers or magazines to meet men: 11% reported that they had, whilst 89% said no. Papers or magazines named for this purpose included Sheffield Star, Shout, Pink Paper, Chesterfield Express, Capital Gay, and Gay Times. Though not statistically significant, survey results appear to indicate that men over the age of 25 are more likely to use newspapers to meet other men.

Respondents were asked about accessing porn/erotica, if applicable. The most popular methods were: DVDs (used by 64%), the Internet (61%), magazines (32%), mobile phone (20%), TV (19%) and file sharing (19%). Internet sites named included: Xtube, Pornotube, Fitlads, Adamsdorm.com, Bangbus, Mr big dick's hot chicks, Red tube, Edengay, and Squirt.

Safer / unsafe sex

In terms of sexual practices, respondents were asked what 'safer sex' meant to them. As this question was open-ended the responses have been coded into categories of similar responses (see below), though the vast majority of answers related to using a condom.

Summary of comment	Number of respondents
Use a condom	56
Choice of partner / asking for sexual history	8
Use protective / preventative measures	6
Feeling comfortable and/or relaxed	3
No exchange of bodily fluids	3
No penetration	2
Regular tests / health check-ups	2

Similarly, participants were asked what 'unsafe sex' meant to them: again, answers have been coded below and tended to focus on condom use.

Summary of comment	Number of respondents
Not using a condom / barebacking	57
Choice of partner / promiscuity / one night stands	10
Risk-taking	10
HIV / AIDS	4
Early withdrawal / fluids in anus / swallowing fluids	3
Careless / stupid	2
Sex under the influence of drugs or alcohol	2
Direct skin contact	1

In an attempt to explore the influences on decisions and practices around safer sex, participants were asked a series of questions. The first asked what would make it more likely for them to have safer sex. Open-ended responses have again been coded in the table overleaf.

Summary of comment	Number of respondents
Having a condom with me	9
One night stand / casual partner	7
The availability of condoms	6
Drinking less alcohol	6
Partner requesting or providing condom	5
Free condoms	4
Health adverts / shock tactic campaigns / knowing local prevalence of STIs	3
Feeling comfortable / at home	2
Previous health scare	1
If condoms were less constrictive	1
If condoms were thinner or smaller and therefore easier to carry around	1
A virgin	1

When specifically asked what would make it more likely for them to use a condom (in a closed question format), responses are listed below. An 'other' factor added was "*sex with a stranger*".

Factor	% said made more likely to use
Having one with you	73
Having condoms available in places where you meet men for sex	46
Alcohol/drugs	11

The next question asked what would make it more likely for them to have unsafe sex. Coded open-ended responses are included below.

Summary of comment	Number of respondents
Alcohol/drugs	35
Long-term / trusting relationship	6
No condoms available	5
Knowing partner's sexual history	4
Casual sex and/or sex in public places	2
Pleasure	2
Pressure / duress	2
No HIV / AIDS	1
Partner did not mention	1

When specifically asked what would make it less likely for them to use a condom (in a closed question), responses can be seen overleaf. 'Other' factors raised included:

- being in a (long-term) relationship (x 2)
- enjoy unprotected sex (x 1)
- lack of experience with condoms (x 1)

Factor	% said made less likely to use
Alcohol/drugs	48
Not having one with you	43
Not having condoms available in places where you meet men for sex	25
Cost of buying them	21
Reduces sexual pleasure	18
Partner prefers sex without condoms	15
Allergic to condoms	11
Don't have penetrative anal sex	11
Embarrassment about using them	10

A later question asked if the places or situations where they had or would have sex influenced how safe it was. Responses were open-ended and have been coded below.

Summary of comment	Number of respondents
Places / situations do not influence sex	33
Alcohol/drugs	8
Places / situations do influence sex but unspecified how	7
Cruising / sex in public places influences	6
Adrenalin influences sex	1
Other person influences sex	1
No access to condoms	1
Unfamiliar places influence sex	1

Answers tended to be slightly longer for this question; some example quotes are provided below.

"In the past I have had casual sex in parks and cottages but this I realise now could have been very dangerous especially after dark"

"Yes – if drunk – easy to get caught up in the moment"

"Sex in toilets generally means unsafe sex in my history"

"Sometimes – drunkenness means I'm less likely to ask for a condom"

"You don't always think of safety, especially if drunk"

It is interesting to note that while many responses to this survey tend to focus on a bio-medical / disease model of safe sex, some answers to this question appear to focus more on physical safety.

A later question specifically asked if the cost of condoms was a factor in their use: 23% of respondents said that it was. The remainder said that it was not because they could afford to buy them and/or because they got free ones.

In the interviews the importance of where or how one met a sexual partner was discussed in terms of its influence on the subsequent sexual activities, specifically if safer sex was adopted or not. As above, alcohol was raised as a key factor:

"Alcohol, you lose your inhibitions don't you so it does make a difference" (Matt)

“Definitely I think where you meet someone is absolutely... the alcohol one is the one that tips the balance isn't it? Really does, every time” (Frank)

The importance of being able to talk to the person before having sex was also identified as important:

“I think it's more how you meet them in the club rather than the environment... if it's later on in night or if you don't really talk and you're just dancing and that” (Dave)

“If you've say been on one or two dates with someone and you've already got a rapport, you can converse, you don't just like each other when you're drunk then you're more likely to bring up something a little bit touchy like safe sex... It's the stranger factor not the drunken or inebriated” (Peter)

Simon, who discussed seeking to meet men on the Internet, also commented:

“These sites that you meet them and just the kind of way they've got their pictures and stuff... If you're on a website and they've got kind of nice pictures of their face or whatever, like I have, if I was looking for someone like that then I'd think they're probably a nice person... Then you compare that with someone who's got almost ubiquitous pictures of their nob and have said stuff like 'I like to have lots of rough sex', or something... If you went to go and meet both of those people off the Internet then I think yeah, you would be expecting different things. You'd probably be expecting that kind of cuddly, cosy blow job from the first one and hard, rough, raw anal sex from the second.” (Simon)

When asked what would make them more likely to practise safer sex or use a condom, participants again raised the importance of being able to talk comfortably with potential sexual partners, or feeling able to raise the issue of safer sex:

“It's a good old fashioned one: being able to talk and not boring talking, can be having a laugh, it can be whatever, and being able to say, you know like 'no means no'... in the main I would say it's about if people have their own self-confidence... how d'you keep hold of that and not let some smart arse... come and destroy who you were because they can in one fail swoop if you're that fragile... It's about having confidence, or lack of... being confident about who you are, yes I fancy that person to hell AND this bit means no” (Frank, his emphasis)

“I'm not talking about this in a purely like S&M type, there's dominant, submissive isn't there and if in certain situations you're in the submissive one... say for once you're the one taking the lead you should feel the responsibility... who's taking this in a certain direction and are they doing the right things” (Peter)

“It's awkward, it can be awkward, if you're really drunk and that you don't tend to care whether you are or you're not gonna... you don't know how they're gonna take it... sometimes I've met someone out and not even spoke to them until I've got in taxi or something like that” (Dave)

For Dave, he was more likely to talk to a potential sexual partner if he met them earlier on in his night out.

The availability of condoms was also highlighted as key:

"Packets of condoms and lube do make a big difference... it's the availability of condoms and lube and the fact that they're free as well... you don't have to go to the petrol station and get all embarrassed do you" (Matt)

Simon discussed safer sex in terms of a risk assessment of each potential partner. This was linked to where or how he had met them, for instance in his explanation of Internet profiles cited earlier, but also related to his perception of what kind of person they were:

"I suppose the factors which can nuance and mediate... You automatically kind of gauge a level of risk and I think there's several factors come into play there. I think race is a factor. It's very, very bad, but just kind of popular discourse and popular understandings and conceptualisations of what it means to be HIV positive, if you were going to have sex with a black gay man, I mean I think that would invoke a kind of, without sounding racist... I suppose it's sexual racism. It's kind of linking the sexual kind of role to someone's race, or sexual stereotype to one's racial stereotype. You would perhaps synonymise a black gay man with HIV more than a white gay man and pretty much the same, as I just said, with an older gay man than a young gay man. They're the factors which probably impact some people's decision of condom use." (Simon)

Two participants referred to a 'male thing' that prevented some men from discussing or practicing safer sex, and in some cases seeking medical advice or treatment.

"It [safer sex] is of such importance but a lot of people don't want that, again I think it's a male thing, it's a 'I'm not gonna get a disease', that sort of thing and obviously with two men in a relationship it's twice as bad!" (Peter)

This echoes some research findings that men are less likely than women to instigate discussion of sex or related emotional / relationship issues, disclose worries, and more likely to delay seeking advice or medical treatment (e.g. see Busfield, 2000; Charles and Walters, 2008). However, much of these data relate to heterosexual men or relationships and less is known about gay and bisexual men or MSM (e.g. see Cant, 2008). That men might not be as willing / able to talk about these issues should not infer any less desire for or experience of intimacy. In the context of sexual health the important issue is whether poor communication impacts on levels of safer sex and/or reticence to seek health advice or treatment.

In more concrete terms, issues raised that were more likely to lead to unsafe sex and/or not using condoms included the availability of condoms, relationship status, alcohol and/or recreational drug use, and perceptions of risk.

"It's whether you can get your hands on them... it all comes down to availability... I suppose in respect it depends who you're out with as well, I mean if you're out with your straight friends and they're coming with you on the gay scene you're not gonna automatically pick a packet of condoms up in front of them, although all my friends love picking them up, usually the straight girls, 'ooh look at these, I'm taking these home', I think they like them more than we do!" (Matt)

"I think a lot of people in a long-term relationship probably aren't as safe as maybe they should be from my experience, I suppose you build up a trust don't you... it's different... it's difficult, I suppose you do sort of like get complacent... it does matter how well you know the person" (Matt)

“If I’m very drunk it’s either you sort of don’t care about it or you’ll just, you’ve got the confidence to mention it... there’s like the drunk when you’re confident and then there’s when you’re far gone and you don’t know what you’re doing... you don’t care so much when you’re far gone” (Dave)

“I mean I would never ever have anal sex with someone who I met in a sauna just because I would be under the assumption that they were probably quite riddled. I know it’s a really bad thing to say...” (Simon)

Of the five interviewees, only one said that he always used condoms when having anal sex. Three said that they did not as they were in long-term relationships. For those interviewees who had or did use condoms they tended to access these free from health or commercial venues, such as the GUM clinic or from jars or outreach workers in gay bars/clubs. Some of the younger men had never bought condoms. Most men said that they would buy them if needed, however, though that was not necessarily their preference, either because of the potential for embarrassment or financial reasons.

“If I go to Boots I go for deodorant or I go for razorblades but I don’t go for condoms. It’s just kind of psychological.” (Simon)

Occasionally a sexual partner they met was mentioned as the source of condoms, implying that they did not carry their own supply of condoms. Discussing where more free condoms could be available in the future, individuals suggested venues that were not only aimed at gay customers, for example:

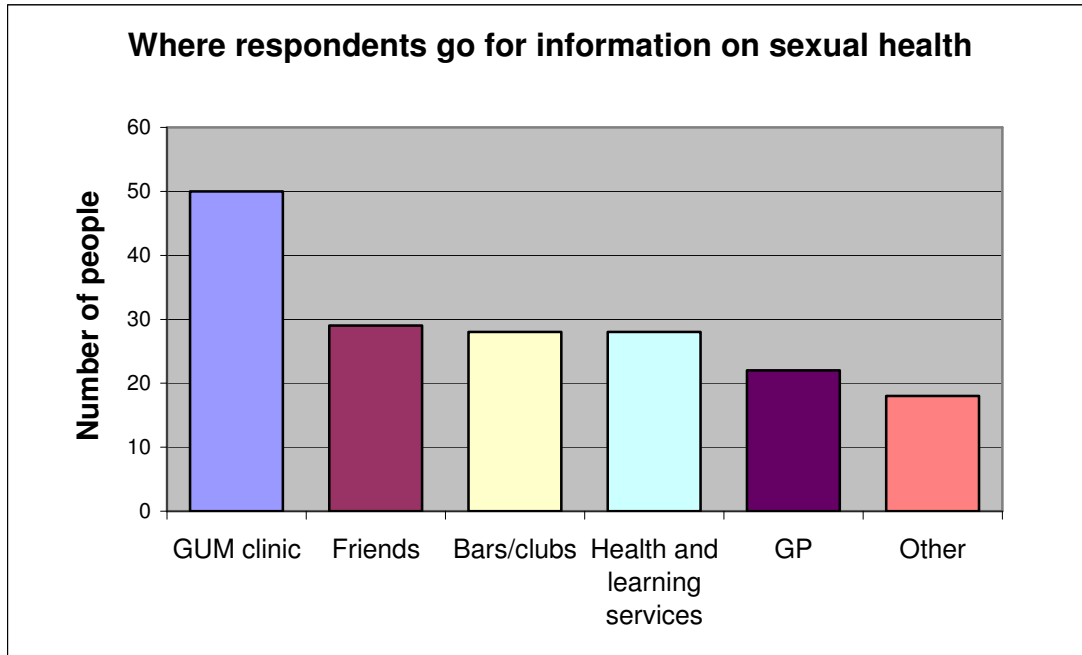
“There’s straight and straight isn’t there? You know, there’s mixed, studenty, there’s plenty of places round here” (Frank)

Summary: Meeting sexual partners and having sex

- After the gay scene, the Internet was a very popular way of meeting men for relationships and/or sex: 65% of respondents had used the Internet in this way. This included a range of websites (both gay-orientated and non gay-specific) e.g. Gaydar, Facebook, Fitlads, Myspace. The Internet was also commonly used for accessing porn/erotica.
- Safer sex was largely associated with using a condom when having anal sex (and conversely not using a condom in unsafe sex), with perceptions of partner choice the second most dominant factor. These perceptions were often based on assumptions about age and ethnicity in relation to the prevalence of HIV. This may point to educational needs for gay and bisexual men about the reliability of ‘risk assessments’ (often solely based on level of acquaintance, or appearances) in relation to sexual practices. Health promotion materials, for example, might usefully highlight the diversity of people living with HIV to combat some of these beliefs.
- Alcohol and/or drugs were the most common factors identified in increasing the likelihood of unsafe sex and/or not using a condom: this came out strongly in both the quantitative (survey) data and the qualitative (interview) data.
- Interviewees also discussed confidence and oral communication skills in relation to negotiating safer sex methods, and specifically using a condom.
- Access to condoms where men meet men to have sex was also highlighted as important, with a range of locations identified, including public sex environments, saunas, the gay scene, and wider pub, bar and/or club venues.

Evaluation: Information on sexual health

Participants were asked where they went to get sexual health information: the responses can be seen below. The 'other' sources of information described included LGBT society at university, Sexplored university project, the Internet, THT, SHOUT Centre, magazines, BASHH website, professional training, and leaflets. The Internet was named by a number of respondents and came out strongly as a source of information in the interviews. Based on the interview date it is likely that many people might 'Google' for information and therefore come across potentially unregulated information; only one respondent specifically named a particular website (BASHH).



Respondents were then asked if they had seen specific health promotion materials. The majority of respondents had not seen most of the materials pictured in the survey (see appendix), with the exception of the local free condom packs (accessed in gay venues, by post, or from outreach workers), which 69% said that they had seen.

Campaign	% of respondents NOT seen
Get it on	63
Essential wear	61
Proximity	86
HIV, Gay Men Sheffield	75

Comments provided on Get it on included four individuals who described the slogan or logo as "good" / "catchy" / "strong" / "groovy", and two who were unsure about what the campaign meant. Comments provided on Essential wear included:

"Not really aimed at gay men, find it funny and not serious. Give us the statistics!"

"Makes the point well"

"Looks distinctive but not clear what the message is"

“Strong message illustrated well”

No additional comments were provided about the Proximity campaign. Comments given on HIV, Gay Men Sheffield included *“helpful”* and *“well put together and worded but could do with more details”*. Comments about the free condom packs were largely positive, including:

- *“never read”*
- *“very good, should be available in more places”*
- *“very useful and convenient”*
- *“good resource”*.

The Internet and the commercial gay scene were the most commonly used sources of sexual health information for the interviewees. Respondents explicitly made reference to the fact that they would ‘Google’ or ‘Wikipedia’ information if they needed it. This seemed a preferred option to seeing posters or leaflets when they were out which they would not necessarily look at in detail or take the information on board. One participant mentioned a university sexual health project (Sexplored) and the LGBT society as sources of information. In relation to Internet information, one participant felt the variety of sexual health information sometimes led to contradictory information:

“Sometimes it can be quite conflicting things sometimes. For example, you can read somewhere that, I don’t know, you can’t catch HIV from oral sex and stuff like that when other places will say well actually you can... Do you know what I mean? It’s sometimes contradictory.” (Simon)

When asked about sources of information on sexual health, local sexual health services that the men named included the GUM clinic, CHIV, GPs, and Shield. GUM was felt to be the *“main one”* for gay men. CHIV visibility was related to condom packs and/or outreach workers. One participant did not know of any services in Sheffield, but did know of a service outside Sheffield, where he lived. For those that were unsure of services, or only knew of the GUM clinic (three of the five men interviewed), comments were made to the effect that they were sure there were more services and that they could find out on the Internet if they chose to.

“If the need came then I’d look... the thing is I’m sure it’s there because you’re constantly told that it is there, you constantly get given free condoms and stuff but where it is specifically I’ve never actively found out and I suppose that’s no one’s fault but mine” (Peter)

Men were then asked if they felt that the provision they knew of met their needs. Most men thought that it did, though one commented:

“I’m not sure... I know what my [needs] can be at different times of my life but they’ve changed again because now I’m in a relationship... We all know who, for example, who the men on the scene who aren’t gay but have sex with men, and even if they’re newcomers you can smell it in about ten seconds flat, therefore they are, I’m generalising but they are some very dangerous people I would argue... they’re fairly vulnerable, volatile and the rest of it that goes with it, and pissed usually!” (Frank)

The prevalence and nature of health promotion in commercial gay venues or publications was often raised by participants. Comments were made about the potential risk of too much health promotion; whether or not there is a need for ‘fear’

tactics; the need for health promotion in straight venues, and the focus of much health promotion. In relation to magazines, two men commented:

"I'm not big on advertisement. I think it's important in some places like, you know, saunas... but you don't want to be bombarded with it. I'm fed up of turning pages of gay magazines and just seeing another 'wear a condom' advert. They're all the same after a while, aren't they?" (Simon)

"I sort of get tired of the fact that magazines just feature sex things when there's a lot more to gay culture and existence than problems and the sex" (Peter)

Peter went on to discuss information provided on the scene:

"This is something I've always been struggling with, obviously the reasons that these things are there is because statistically you're more likely and I think it's really great thing that it happens but the fact that it only happens to one group and that's gay people, and not others is something I find a bit strange... I do value their existence because obviously, I'm not gonna turn down free stuff especially if it might save my life... I started this course this year and I mentioned to my friends that you can get free condoms from the union and they're like 'really, where? You know, I had no idea'. And I'm just like, well, that seems really obvious to me but that's only because people have sought me out as a gay person to give me free condoms... That's another reason why I fell out of love with the LGBT is because I didn't want to just be gay and be sought out for that, I just wanted to be... you don't have to let it rule your life, but every so often, I don't know, you have to indulge it I suppose! That's why stuff like gay bars exist, right?"

Specific comments were also made about particular sexual health campaigns. Simon spoke about the Terrence Higgins Trust Proximity campaign:

"It's very scare-mongering like, but it helps to know when there's different places as well. Because Manchester, for example, those campaigns let you know that it's not actually, well it is bad for HIV, but it's not perhaps as bad as London, but it's got absolutely ridiculously high numbers of it's either chlamydia or syphilis, I forget which one, and so you kind of know that if you're giving a blow-job or getting a bit of pre-punk, you know, in your mouth whatever, it's actually there going to be a bit more risky." (Simon)

Similarly, he commented on the Essential Wear campaign:

"I'm not a fan of [Essential Wear] the new kind of very, very mainstream campaign... I'm not a fan of that just because it... just shows everyone riddled!" (Simon)

Going on to discuss whether there might be a need for 'fear' tactics in health promotion he said:

"I don't know, it's difficult. I mean this isn't the '80s and not everyone is dropping down and dying with AIDS. I know I wasn't alive then, but that was very much the extreme picture. It's very much the picture that's conveyed. I think these people need to perhaps know the facts and if it's the truth then it's good to know the truth, but suggesting that everyone is going to get it and it's a gay disease as in 'this is what all gay people will die of' is actually really quite bad and numbers can do a lot of good and they can also do a lot of bad if they're presented in completely the wrong way... So young people I think are the people who haven't lived through an AIDS epidemic in the way a lot of older gay men have and they often are the people who're making,

if you go on, I don't know, fit lads forums or something, it's young people who are making these ridiculously naïve statements or stuff about HIV and they're probably the people who have less of a clue about it... I think when I grew up as well I thought HIV was very much an older gay man disease. It's like I would be guilty of kind of looking at an older gay man like 'HIV!' and you kind of think that the younger are immune to it. If I was suggesting to an HIV charity or whatever where they could perhaps make the most impact, it would definitely be in conveying that young people too can get HIV. And I've got a friend who's HIV positive and he's a year older than me, he's 21, and like when I found out he was positive, that was perhaps the biggest shock to my system, as in 'He's only 21' than any campaign stating numbers could ever be... Perhaps like a poster with a picture of a young person, 'He's 21. He's HIV positive.' That would be, I think, an incredibly effective campaign." (Simon)

The above extract demonstrates some contradictions between health promotion that might be using too strong 'scare tactics' and therefore perceived to not be the 'truth', and a desire for realistic assessments of local / regional risks, such as the Proximity campaign. The quote also emphasises some assumptions that may be held about HIV, risk assessments, and older gay men. Simon appears aware that he might make assumptions on the basis of age whilst also suggesting here and elsewhere that other young men may be ignorant around some sexual health issues.

Another participant commented on the potential to have health promotion aimed at gay and bisexual men in wider numbers of venues locally:

"Where there's mixed environments... not just because they're gay bars, which I think there's a trick to be had somewhere along the way in terms of these services... I won't just go to Dempsey's... I'll use West Street" (Frank)

Simon also raised the issue of what sex was discussed in health promotion materials:

"I think that's probably the biggest problem with sexual health literature as it stands. I think it's actually quite dangerous, I mean as a gay man when I was, I came out at about 15, but I didn't have anal sex until I was like, well 'til this year when I was 20, and not only does that kind of information, I think it's getting better, but not only does it kind of suggest that kind of the only sex gay men are meant to have is anal sex, it also doesn't really tell you about the risks that you can get, I know they're obviously a lot less, but there still are risks of a lot of other sexually transmitted infections if not HIV... It probably does come from the gay scene as in it's very sexualised, everyone at least vocally is expressing 'I want to have sex', but actually that sex doesn't always mean anal sex and I think that's... their biggest weakness... People aren't complete fools and they don't need to be told what a blow job is, but then kind of they need to know if there are risks associated. Do you know what I mean? ... They essentialise and stereotype and really make it narrow what being a gay man is about."

Turning to specific comments on the need for specialised sexual health services for gay or bisexual men, or men who have sex with men, two younger participants suggested that specific services might not be necessary, whilst Frank again highlighted that information in straight venues was important.

"Clinic provision is fine, but it's not specialised... I'm always happy to go to the mainstream... I've never been to a specialist service. I've been maybe eight times to mainstream... I don't think a place for gay men is actually that necessary... It might be a good idea to have, I don't know, maybe just someone who's trained and specialised in gay things in a clinic." (Simon)

"More segregation is bad I think" (Peter)

During the interview, Peter said that he was aware he held some contradictory views about the need for specialist provision or not, and the need for a confidential / discrete or more public sexual health service. This perhaps demonstrates his wider uncertainty or anxiety around accessing sexual health provision.

"There are things that are so inherently different for gay people that I think it is still necessary... maybe it's a bit idealistic to say you know that everything should be the same" (Peter)

"It's not easy, it's a bloody hard job they've got, seriously difficult job, how d'you pitch it? ... How many gay young men knock about with straight young women and go in straight bars? You've got to do your publicity in a way that catches all." (Frank)

When asked who they would feel comfortable discussing sexual health with, partners and friends were the most common responses. Most men said that even though they might feel comfortable talking about sex they knew other (gay) male friends who would not be. Two participants mentioned family members in relation to talking about sexual health:

"I don't really discuss that sort of thing... sometimes do with like my Mum... We get on... we can talk about that sort of stuff" (Dave)

"I suppose the first time I ever did get one I did tell my family, but yeah, I'd normally tell my family if I'm going for treatment. Well, I'm sort of making it sound like I've had loads of STIs! A few times I've needed to have treatment and I actually have told my family, but I've never talked to them about it." (Simon)

Apprehension about talking about sex with Doctors was also apparent. Equally, it appeared that younger participants were wary of discussing sex with anyone much older than themselves, whether that be professionals or parents, for example. It is worth remembering that younger people feeling uncomfortable discussing sex with older people is a common research finding, and certainly not specific to young gay or bisexual men (Buston, 2004).

"He's a bit old, I don't feel very comfortable talking to him about that sort of stuff... it's just coz' of his age and his profession" (Dave)

"It's a male thing isn't it, it's like an arrogance, 'I don't need a Doctor'... maybe I just don't like the idea that I'm relying on someone else" (Peter)

"I don't think I've ever mentioned it to my GP, but they kind of move round... If they asked I wouldn't deny it." (Simon)

"Especially with parents it feels like they're of a different sort of generation and it's not just sexual health that I don't feel comfortable talking to them about" (Peter)

In terms of specific sexual health knowledge gaps, most of the interviewees did not know of any particular areas, though most suggested that if they did they would feel able to research the area on the Internet. Simon appeared to suggest that the information was there for people if they were willing to receive it, whilst Peter seemed to think that the wealth of information might put people off taking in the information. Specifically, he said that he thought there was possibly too much detail on scientific

information about sexual health rather than simple messages about key symptoms of different STIs.

“I’d say I was probably pretty well clued up on kind of routes of transmission and stuff like that... I think gay men these days they do have, there’s a lot of information out there and I think those people who are naïve or aren’t quite fully aware, then it’s often because of their own kind of unwillingness to read rather than the fact that it’s not there. Do you know what I mean?” (Simon)

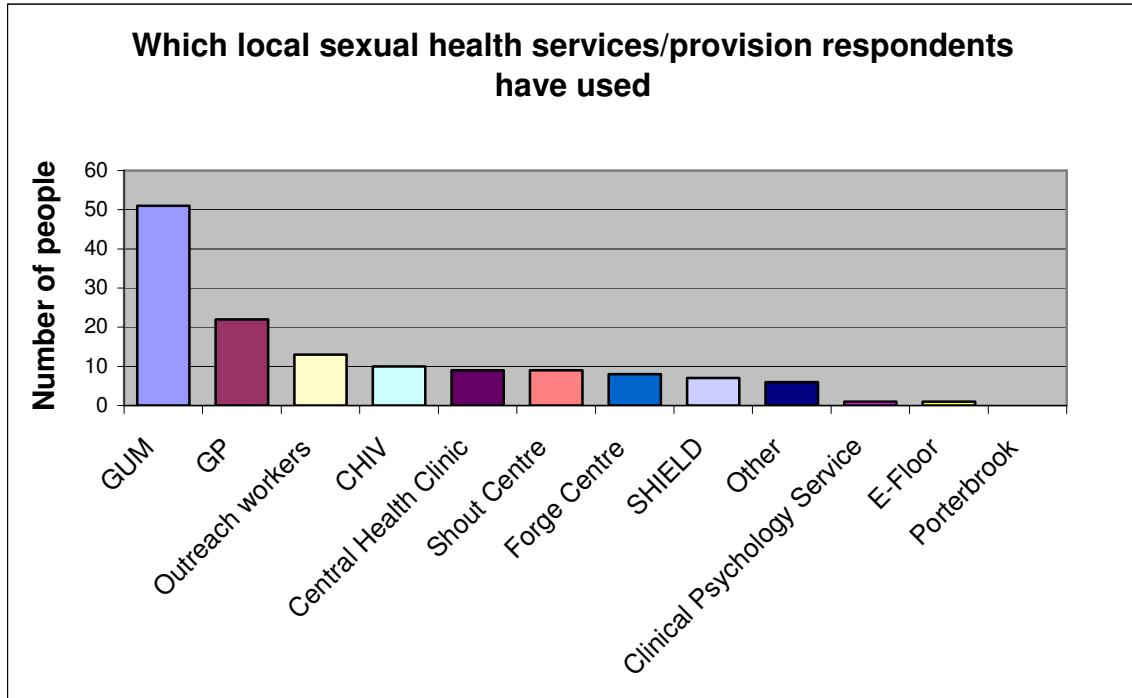
“That’s totally possible because like, just with the sheer volume of things out there and like they’ve all got names that you can’t spell... If you’re not constantly battling these things then it just seems a little bit irrelevant knowledge, I think the most important things are just to protect yourself.” (Peter)

Summary: Information on sexual health

- The Internet was a very popular source of sexual health information, perhaps concerning given the specified use of non-specialist websites such as Google and Wikipedia. The regular use of different websites also led some men to identify contradictory or confusing information, for example around the safety of oral sex.
- Low numbers of men participating in the survey recognised the specified campaigns (e.g. Get It On, Essential Wear, Proximity). This may point to the need to mainstream some health information if promotion in gay venues and/or publications does not always work.
- GUM Clinic was often mentioned as a source of information and advice.
- Sexual health workers have a hard balance to strike in relation to the provision of information on the commercial gay scene, as some participants did not like the intrusion of health promotion into their socialising space. This may also account for the low recognition rates of particular campaigns if men choose to ‘switch off’ (consciously or unconsciously) and do not look at the information available.
- Participants were most comfortable discussing sexual health with peers (partners and friends), though not all men felt comfortable discussing sexual health, particularly with older people, Doctors and/or other health professionals.

Evaluation: Experiences of local sexual health services

Participants had accessed a wide variety of services locally, though the GUM clinic was by far the more common response (see below). The GUM had been relatively evenly used by both men in and not in relationships.



Additional responses volunteered about services used included:

- *“The GU is safe and independent”* (GUM)
- *“Generally never enough drop-ins and wait for an appointment too long”* (Central Health Clinic)
- *“They do a good job”* (Outreach workers)
- *“Excellent services”* (SHOUT Centre)
- *“It was very good”* (GUM)
- *“Very supportive”* (Shield)
- *“They are very good and always around”* (Outreach workers)
- *“Very friendly and relaxed approach”* (GUM)
- *“I think the support and health services provided in Sheffield are adequate enough... my main problem as a gay man is lack pf places to go, where I can meet people. I feel the best way to improve support for gays in Sheffield would be to get involved in the ‘scene’ more and with organising events... I feel it’s the only support lacking in my life”.*

In terms of local services used, two men in the interviews discussed their experiences of the GUM clinic. Matt spoke positively of the clinic with regard to meeting his needs and being able to attend outside of his working hours:

“The fact that they’re not judgemental when you go there is a big thing... the fact that you can make an appointment that suits yourself as well” (Matt)

Frank mentioned going to the GUM clinic for check-ups and said that he would rather prevent ill health than cure it. He felt that he might be unusual in this respect as he thought many men *“crisis manage”* their health. He spoke positively about his

experiences at the clinic, saying that they put him at ease, it was centrally located, and that he preferred to get specialist advice or treatment there, rather than see his GP:

“They know what they’re going for, finite in what they’re looking for, and they’re not just general are they?” (Frank)

Dave had not used any services in Sheffield and said that he would not know where to go in the city (he did not live in Sheffield), nor was he aware of any specific services where he lived. Peter commented that he found it difficult to go to his Doctor because he had to ring early in the morning to get an appointment and he was reluctant to miss any of his university course.

When asked about their overall impression of sexual health services locally, most comments were positive. Matt described how he had been to London recently and had been shocked at the lack of health promotion supplies/materials available on the scene: he felt Sheffield was better provided for. The general consensus appeared to be that Sheffield was adequately or well provided for, for what was a relatively small gay population.

“I think the information’s there and it’s a choice to whether or not you read it and take it on board” (Matt)

“Stuff in Sheffield like that sort of thing seems a bit more student orientated, you know for people at uni and that... wouldn’t put me off but I think it’s more aimed and advertised and that sort of thing for them... there’s a gay scene in Sheffield, there isn’t one in [my town] anywhere!” (Dave)

“I still feel the Sheffield gay population’s really so small and shit that it’s not, like you go somewhere like Manchester and you’ve got places on Canal Street, you’ve got very specifically gay places, and you go to London and you’ve got a billion gay men’s clinics. You don’t have any of that in Sheffield because of the pool of people it wants to go to is so small.” (Simon)

“I think they’re fit for purpose... AND they still need to get back into that mainstream run of services... capacity building to the wider world... about right for what it is but the challenge is getting other service providers... opening up that discussion” (Frank)

“I grew up in a town where everyone knows each other and if you went to some place like this it would be a big deal... so on that respect I think it’s a good thing” (Peter)

Peter suggested that the University of Sheffield might be more gay friendly and/or better equipped at providing sexual health supplies and/or advice than Sheffield Hallam University.

When discussing potential barriers to accessing sexual health services, participants described a variety of factors. These can be summarised as:

- fear and/or stigma attached to accessing sexual health services;
- lack of awareness of sexual health services;
- concerns about confidentiality and/or coming out to a Doctor, and
- practical problems around the times of service delivery.

Matt commented that whilst attending the GUM clinic had never bothered him he knew people that it would and that it was difficult for the clinic to overcome this stigma. Simon and Frank's comments were more focused on confidentiality:

"Well I guess you go in and you say 'I'm gay', and they go 'Okay', and are just kind of like, you can see it go through their head like 'Okay, this means high risk', and you're fine doing that, but some people are maybe put off by actually going to a mainstream site of service provision and saying 'I am gay' if they're not quite comfortable with it or in the closet... The only thing I would say is that – and I was very worried about this the only time I had an HIV scare, if you call it that – is that you don't want to go to your Doctor. I wouldn't mind them knowing anything else, but if I was ever diagnosed as HIV positive there's no way I'd want my GP knowing, at least not automatically because it automatically brings in a lot of kind of connotations and then just kind of official things like you're then put on lists and you can't go to America and stuff like that... I think they have to just know that it's anonymous, which most clued up people are. As a kid I perhaps wasn't... and the fact that it's quite distinct from any kind of GP record – well, unless you want it to not be... Had I got a problem with my Doctor knowing or my GP knowing I was gay, which I don't, but had I got one and I thought that they were in communication with each other, the STI clinic and the Doctor's surgery, then that would be a barrier to me." (Simon)

"being found out... there's a massive amount to do there... it's still a lot of men are married in Sheffield that are out there, they go back into their little cocoons don't they?" (Frank)

Peter described his own apprehensions about attending a GUM clinic:

"It's like before you go you're normal and then when you come back you've got an STD! It's just a big deal I suppose, I don't even know why, it's like it's one of those big deals that only is because other people say it is and when you actually go I'm sure it's fine. Perhaps it's just something I tell myself as an excuse for why I don't go and I don't really know why I don't go... doesn't really sound that scary I suppose, I can't really explain it... whenever I suppose I've seen them represented in, you know on TV or anything like that it just seems really clinical... just a bit faceless... I value, you know, my own well-being over my pride or whatever it is that may be questioned, but it's just, say that you know you should go because you haven't been in a couple of years or something it's just like it seems like a big deal just for something that you don't see as that necessary... It does seem like you're finding a lot of things out about your body and to have it done by someone you don't know in a place you're not familiar with... even if you get your friend there it's not the same as having your family... The first time I've ever been to a new group of any kind or like when I started on my course.. you're always afraid there's going to be people looking down at you.. or you're gonna do something wrong, that's why I think a really friendly atmosphere where it's not clinical, the place isn't silent, where you don't feel like you're gonna do something wrong... When you're going through it in your mind you're trying to, like you're saying well OK 'when I leave the house is that when I'm feeling awkward, is it when I go through the door into the clinic is that when I'm feeling awkward?'... maybe it's just the sitting waiting not knowing" (Peter)

In terms of services provided by CHIV, feedback from the survey was not very detailed. However, the following (positive and negative) comments were made by a number of participants about the outreach workers:

'Things I like'	'Things I don't like'
<ul style="list-style-type: none"> • <i>"ensure an adequate supply of free condoms"</i> • <i>"friendly guys"</i> • <i>"good staff"</i> • <i>"so friendly, very convenient"</i> • <i>"helpful"</i> • <i>"responsible"</i> • <i>"easy to access"</i> • <i>"friendly, always around"</i> • <i>"friendly, approachable and confident"</i> • <i>"it's a good service"</i> 	<ul style="list-style-type: none"> • <i>"not around enough"</i> • <i>"encourages public sex, reinforces negative stereotypes"</i> • <i>"a bit in your face"</i>

Similarly, limited feedback was provided on the SHOUT Centre:

'Things I like'	'Things I don't like'
<ul style="list-style-type: none"> • <i>"meet people"</i> • <i>"it's relaxed, the team are knowledgeable and trustworthy"</i> • <i>"group discussion"</i> • <i>"access to one-to-one help"</i> 	(no responses provided)

Only two participants commented on Indigo, one saying that it was *"helpful"*, and the other commenting *"target audience do not seem aware"*. Fruitbowl was described as *"helpful"* and *"people are caring"*, whilst CHIV training courses/workshops were also described as *"helpful"* and *"heightens awareness"*. Similarly, there was only positive feedback about Spring Out:

- *"good chance to get info in an informal and fun setting"*
- *"helpful"*
- *"heightens awareness"*.

Feedback on sexual health leaflets and publicity was slightly more mixed:

'Things I like'	'Things I don't like'
<ul style="list-style-type: none"> • <i>"educational"</i> • <i>"very blunt and to the point"</i> • <i>"good idea"</i> • <i>"factual and means I don't have to ask the question"</i> • <i>"helpful"</i> • <i>"heightens awareness"</i> • <i>"anonymous"</i> • <i>"informative"</i> • <i>"good source of information"</i> 	<ul style="list-style-type: none"> • <i>"sometimes long winded"</i> • <i>"often makes anal sex a 'deviant' act"</i>

Comments provided on the free postal scheme are provided overleaf:

'Things I like'	'Things I don't like'
<ul style="list-style-type: none"> • "ease" • "good idea" • "discreet and easy" • "helpful" • "heightens awareness" • "very useful" • "privacy" • "don't have to carry them, easy" • "they are free" • "very good" • "easily accessible" 	<ul style="list-style-type: none"> • "didn't know it existed" • "no privacy"

The free condom scheme in gay venues was also commented upon by survey participants:

'Things I like'	'Things I don't like'
<ul style="list-style-type: none"> • "promotes safe sex" • "availability" • "condoms are available where people usually go to meet people for sex" • "discreet and easy to use" • "very useful" • "they're free" • "conveniently helps reduce drunken mistakes" • "very helpful because if you forget to take some out with you then you can always get good quality, safe condoms" • "heightens awareness" • "anonymous" • "easy access for protection if needed" • "it's responsible" • "carrying them around" • "makes you aware to be safe" • "good idea, always on hand" • "very important" 	<ul style="list-style-type: none"> • "on the bar – not very discreet" • "not always big enough" • "sexualisation of scene can be off-putting for some people" • "bar staff watching you get them"

When asked about outreach workers, most interview participants seemed uncertain who these were. It was explained that they were the individuals who handed out condoms at Climax, for example. The participants appeared unsure quite what their role or level of expertise was, though Matt commented that handing out condoms in particular was a good idea.

"Builds awareness... some people do get embarrassed by it occasionally but because it's out in a drinking place people are less likely to get embarrassed so it's not so bad" (Matt)

"You have things like whenever there's a big night on in places like Climax... it's their version of Sheffield Pride, but it's completely awful... They do have people from, I don't think it is the Terrence Higgins Trust, but it's some kind of HIV / AIDS charity workforce or whatever you want to call it kind of there to give information and take

donations and stuff. They're the only kind of group with a lot of visibility on the scene I would say and even then it's quite hit and miss and they only come out at proper big times... They're just kind of giving out condoms... I think I don't know who they are...

I've never asked them a question. I don't even know that particularly they were educator kind of outreach people per se. I'd say they were, I'd have just thought they were volunteers kind of, you know. You never know how much expertise someone's got... They could perhaps go to a few more venues." (Simon)

"They always seem a little bit disinterested... it's almost like selling things sometimes, and you've got to engage with people and that's sometimes where they've fallen down a little bit" (Peter)

When asked about the SHOUT Centre, four of the men were aware of the centre but none had ever been, and some were not quite sure what or where it was. Similarly, three men had heard of Fruitbowl but not all were sure what it was. Peter commented *"I remember thinking that would have been really good when I was at school"*. Two interviewees were aware of CHIV training courses/workshops, though neither had attended one. Matt said that he was usually at work in the day and was therefore unable to go. None of the participants were aware of Spring Out. When discussing sexual health leaflets or publicity available in Sheffield interviewees appeared to be aware of CHIV and information available on the scene, though not all said that they necessarily took the information home with them:

"You see a lot of leaflets and things like that but you don't tend to pay a lot of attention to them, you get loads handed out... you get ones for different things, you just don't pay attention" (Dave)

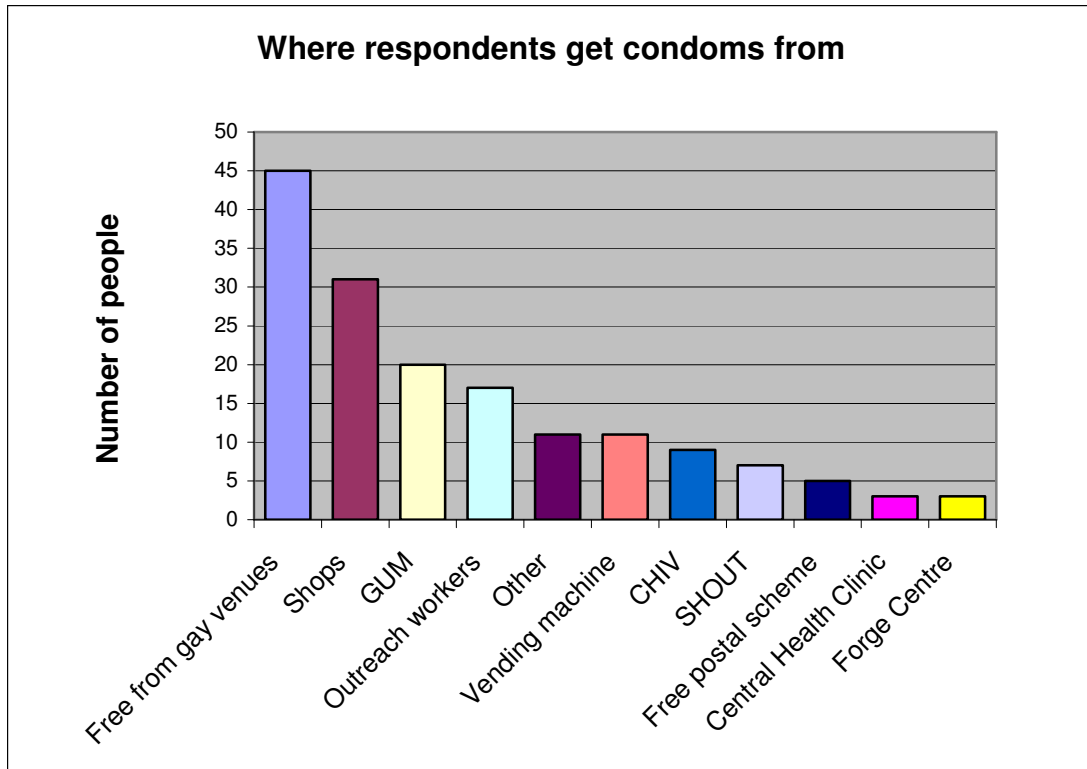
When asked if they could be open about being gay or bisexual with Doctors or other health and social care service practitioners 63% of survey respondents said that they could be. Some interviewees were out to their Doctor and in other health settings, whilst others were not. Several of the men interviewed discussed the issue in depth, and were aware of concerns that they themselves or other gay/bisexual men might have about coming out, or the anxiety that could surround health-related interactions. Dave noted that staff being comfortable with him put him at ease, whilst Simon commented:

"I don't think they're closed, but it's just like you've just got this kind of heteronormativity or whatever in greater society and that just influences and trickles down into health settings too. It would be great to think that, to not walk into a hospital and have it assumed that you're straight, but it's just impractical, isn't it?" (Simon)

Peter was not sure about rules around confidentiality concerning receptionists, nurses and other staff employed in health settings (as opposed to Doctors who he knew were bound by confidentiality rules):

"..are they bound by the same things? And you see people around and you think, shit what if they overheard. I've never been that ashamed of being gay but it's that actual act of coming out is the worst thing! ...I tell myself that coming out is easy and really fine and then I meet a new person and I just don't want to, just because, especially with older people" (Peter)

Survey respondents were asked where they got condoms from, if they used them: the answers can be seen overleaf. The 'other' examples given were university student unions.



The survey contained a small section specifically about the free condom scheme locally. Participants were asked if they accessed any CHIV free condoms (in gay venues, by post, or from outreach workers): 47% said yes but this is likely to be lower than 'reality' given that the chart above shows larger numbers accessing free condoms (for example, 19% from outreach workers, 10% from CHIV, 50% free from gay venues and 6% free via the postal scheme, though these are not each mutually exclusive). Whilst not being statistically significant, survey data suggests that men not in relationships, and those aged over 25 are more likely to access the local free condoms. There is evidence from the interviews that whilst men access the free condom packs they are unaware who supplied these and the role of CHIV.

Survey respondents were also asked more detailed questions about the free condom packs available locally. 70% said that they liked the current design (as pictured in the survey), though 46% said that they would prefer more images. 90% said that they would pick up the free pack and 81% said that they would carry it with them. 68% said that the way it was packaged did not matter to them. Additional remarks about the packaging included:

- *“clinical, good that it’s plastic though”*
- *“adequate”*
- *“any chance of making them smaller so they fit in a pocket or wallet?”*
- *“cool”*
- *“more colours”*
- *“I like discreet”*
- *“good it’s eye catching”*
- *“very handy”*
- *“bit too obvious”*
- *“acceptable”*
- *“bland but useful”*
- *“boring and business like”*
- *“very well established but possibly needs updating now”*

- *“people who don’t know how to use condoms will not know how to use them because unlike in the packets from shops they do not contain information”*
- *“great”.*

When asked if the packaging mattered, some participants commented:

- *“I’m an artist and the look of everything matters to me”*
- *“doesn’t matter about packaging, it’s what’s inside that counts”*
- *“something funky, but clearly states what it is”*
- *“needs to be pocket sized”*
- *“if pocket sized, good enough”*
- *“more colourful”*
- *“not if I’m only going to take it home to use. To be carried around I’d want a sturdier pack as lube tends to split”*
- *“contents more important”*
- *“talks about gay/bisexual men, would be embarrassing for me”*
- *“discreet”*
- *“needs to be clear what the content is”*
- *“it’s too bulky and obvious what it is so don’t like carrying it about”*
- *“needs info but not vulgar looking”*
- *“easy to carry”*
- *“could do with a groovy logo like Get it on”*
- *“should be branded”*
- *“currently easily recognisable, a change in packaging could cause confusion”.*

Very few men mentioned other packaged condoms that they had seen. Examples included:

- *“in Manchester – more fun / jokey!”*
- *“in Hull, given away at Pride. Plastic box, size of square condom wrapper, can just fit one condom and one lube pack. Ideal for carrying with you”*
- *“been given similar ones in cardboard packaging”*
- *“ones bought from shop”*
- *“fag package”*
- *“the package in other cities I have visited is not as good, often with no paper details even in the pack”*

In terms of the content of the packs, almost all the feedback was positive with words used such as *“very good”, “great”, “good quality”, “brilliant”, “excellent”, and “fantastic”.*

Other specific or constructive feedback included:

- *“The silver TLC packaged lube reacts with my skin”*
- *“not big enough”*
- *“condoms are fine but lube a bit sticky”*
- *“lube impossible to open”*
- *“condoms should be gossamer thin but strong”*
- *“use better lube – a thinner lube, the one supplied is thicker”*
- *“crap lube”*
- *“I would prefer some variety, having different types of condoms and lube”.*

Suggestions given for other places where they would like to get condoms generally included student’s unions, college, newsagents, Aldi, Morrisons, Tesco, Doctors, cruising areas, straight venues, and via the Internet. Suggestions for other places apart from gay bars and cruising areas where they would like to pick up the free

condom packs specifically included post offices, straight venues, local health centres, GPs, pharmacies, hospital clinics, and universities: within these the most commonly suggested were straight venues and from GPs.

Interview participants were also asked about the free condoms packs distributed by CHIV (the interviewer had an example to show). Of the five men, only one had not been given or used one at some time in the past: Dave said that he did not “pay attention” to them while he was out. Matt, however, suspected it was how most gay men locally accessed their condoms. Simon commented:

“They’re an absolute god-send. Like me and my boyfriend never have condoms. It’s not something you go and buy in a shop, or at least it’s not something I’d go and buy in the shops, and lube especially... We don’t use condoms anymore, but we used to like swear by those packs... I’d have had them in my drawer from when I was like 16 and I was going out a lot and thought it was cool to come back with a safe sex pack and it would just be kind of left in my drawer and then I’d be using them kind of 4 years later, you know, making sure they were still in date obviously... I remember the first time going in to Climax and getting a shag pack and I thought ‘This is it’... I just hoarded them I guess, so I suppose when it came to me needing them it was quite good that I’d hoarded them... Well, not hoard, you know, I’d taken one each time I’d gone out, sort of a couple a month for two years or whatever.” (Simon)

When asked specifically about the postal scheme, two of the men were aware of the scheme but not had used it in the past (Simon and Frank). Matt and Dave said that it might possibly be something they’d use in the future, though Dave said that he would not post off for them, it would have to be a phone number to ring or website ordering system for him to use it. Peter suggested that it might be good for people too nervous to pick up packs when they were out, which was not the case for him so he could not imagine using the service.

“I remember seeing that. I never knew that existed and I’d be really interested to know like how many people do use that because it seems a very weird kind of thing to do, send off for a condom in the post... I don’t think I ever would use it. It feels very pre-meditated.” (Simon)

It is interesting that by implication being pre-meditated about sex / sexual health is seen as negative or unusual. This perhaps suggests that there are still attitudinal barriers around safer sex, for example around accessing and carrying condoms.

Interview participants were then asked specifically about their views on the current packaging of the condom packs. Respondents were, on the whole, either positive, or indifferent, suggesting that the packaging was not important to them. Matt felt that they were the right size, easily available, and not too “in your face”. He felt wording was better than having images on the packet. He said he felt able to pick them up in public, and might carry them with him, use them whilst he was out, and/or take them home when he was in a relationship.

“The plainer they are the better... more likely to take them if you know they’re not so like obvious what they are” (Matt)

Dave said that he would pick them up if he needed them at the time but would not carry them around with him.

"It just looks like health information... it's not really something that wants me to go and grab it! ...I think if you're gonna pick one up you're gonna pick one up whatever it looks like" (Dave)

Similarly, Simon suggested that packaging was not important in the decision to pick up condoms or not.

"A shag pack's a shag pack. It's kind of given to you... It's not something you choose. It's not commercial. It kind of doesn't have to be aesthetically pleasing or well marketed." (Simon)

Frank also suggested that packaging was not important but did highlight the role of outreach workers in giving them out and/or encouraging men to take them. He had used the packs in the past.

"It's just the personality of the person giving them out... but so many of the young ones don't take them over and over again... it could be as simple as one number on it to ring if you need some support" (Frank)

Only one participant (Peter) raised any potentially negative comments about the packaging, though he said that he personally felt happy to pick them up and carry them in his wallet.

"I think when it comes to thinking about condoms a lot of people don't like the whole slimy plastic feel so maybe to wrap it in plastic would be a bit of a, I don't know... when we used to give them out with LGB we used to put them in paper bags that were opaque as well because people don't like to be seen having condoms" (Peter)

Only one respondent raised any issues with the contents of the packs:

"The ones I've got at home are the black extra strong. I mean I'm not picky about condoms because well (a) I never really had anal sex and when I do now it's unprotected... extra strong, thick ones can put people off, can't they? And also I know the last few times I've used them or my boyfriend has tried to use them, they, it's not like he's got an absolutely massive penis or something, but they actually haven't been able to fit. Like they've been really, really tight and it's not, like other condoms have been fine, but those ones have been very close fit, but maybe they were out of date or something, I don't know... We open the packs for the lube and then don't use the condom." (Simon)

Interview participants then discussed the availability of the condom packs. Though most interviewees were happy with where they currently were provided, a number of comments or suggestions for changes to future distribution were offered. Dave's preference was to pick up condoms himself from toilets or bars rather than have them handed to him. Overall, there seemed to be a desire to have both jars to pick up the condoms yourself for those that preferred that, and outreach workers to hand them out to those that might not otherwise pick them up. As one participant remarked, *"it takes that responsibility away"*.

"That's where gay men congregate so I think they are the best places, especially at Climax which is like once a month coz' you get people that don't necessarily go out all the time going there... at Climax coz' they actually give them you as you're going in so there's no need to go pick them up" (Matt)

"I guess it could be improved definitely, but whether it would actually make that much difference, I'm not sure if anyone... But then you don't want these volunteers everywhere, do you know what I mean? ...Maybe having them at the bar in a bowl or somewhere like that in other gay venues is a good idea, but then you'd obviously have to keep going to refill that bowl, wouldn't you, and some people just take the piss and take 30 shag packs as if they're gonna get laid 30 times and they just waste money." (Simon)

"Why is it just in the gay bars where you can get condoms from? Why isn't it up in S1... what's the problem?" (Frank)

"I think free condoms in toilets would be a really good idea because at the moment you have to pay for them, right? ...When they're sitting there a lot of people are quite happy to ignore them whereas I think having a person engaging you and probably like forcing it in your face... it's just easier and, I don't know, makes you feel like someone wants you to be safe rather than just casually there, lying around... It's about finding an appropriate time to talk about sex, isn't it? And for people who are out on the pull maybe in the toilets are a good idea... I definitely think the union would be a good place to have them but again say you had a big bowl of condoms on the reception desk and then there was some like old lady on the reception a lot of people would feel sort of you know the whole awkwardness" (Peter)

The apprehension some younger participants had about older people in relation to discussing sexual health (as mentioned earlier), or the visibility of safer sex materials, is again highlighted above. One of the student respondents noted that he had been able to get free condoms from the University of Sheffield student union but not at Sheffield Hallam University.

Summary: Experiences of local sexual health services

- Generally, participants appeared to have faith in their ability to access sexual health services in Sheffield, and believed that they were adequately provided for. GUM Clinic was accessed the most, and had largely positive feedback.
- When discussing potential barriers to accessing sexual health services, however, participants described a variety of factors, including: fear and/or stigma attached to accessing sexual health services, lack of awareness of sexual health services, concerns about confidentiality in health settings (e.g. with receptionists) and/or coming out to a Doctor, and practical problems around the times of service delivery.
- There was some uncertainty about the identity and role of CHIV, particularly involving the outreach workers, which could usefully be addressed in future 'branding' investigations and subsequent service developments.
- The vast majority of participants accessed condoms via CHIV (a total of 75%), including free condoms in local gay venues, from outreach workers, and using the free postal scheme. This emphasises how key this service is.
- There were relatively few concerns raised about the current free condom packaging, though some respondents identified wider sources where it would be useful to access free condoms, particularly in local straight pubs, bars and clubs, or through their GP.
- There appear to still be some barriers about the acceptability of carrying condoms and appearing to 'plan' for sexual activity, which could usefully be addressed in future health promotion activities.

Evaluation: Future sexual health services

Towards the end of the survey, participants were asked to make suggestions and recommendations for future changes to services. Wider issues that were raised included:

- *“gay people in politics”*
- *“media and society generally more gay friendly”*
- *“better campaigning/advertising against homophobes”*
- *“somewhere to go to meet other gay people socially”*
- *“total acceptance”*
- *“not fearing being judged or labelled”*
- *“support groups to come out”*
- *“anti-discriminatory and equality legislation, positive representation in media”*
- *“educating the uneducated”*
- *“increase in the number of gay people would help”*
- *“inform Sheffield council that there is a need for gay men to enjoy more freedom by opening gay friendly pubs and saunas, instead of sweeping it under the carpet! We need to be more liberated!”*
- *“get closer to young people who think it’s an occupation not a way of life”*

More specific commentary that was related to sexual health included:

- *“Please ensure plenty of drop-in testing sessions. Reduce time it takes to get tested (all the waiting time makes it take hours). Make home testing kits (e.g. for Chlamydia) available for free, pass through gay shops, etc.”*
- *“more info on STI and STD e.g. more posters on symptoms and where to go if you have them”.*

In terms of specific feedback given on what an ideal sexual health service would look like, suggestions were made on the location, timing and advertising of such a service. Comments were open-ended and have been coded below.

Location

Summary of comment	Number of respondents
Central location	12
Discreet	4
In gay venues	3
On campus	1
In Chesterfield	1
In residential areas	1

Timing

Summary of comment	Number of respondents
Evenings	13
Weekends	6
All day	2
24 hours	2
9am – 3pm	1
9am – 8pm Mon-Fri, 9am – 12pm Sat	1
2-8pm	1
Every day	1
Flexible	1
Lunch times to have more staff	1

Advertising

Summary of comment	Number of respondents
Advertise opening times in local gay venues	8
Advertise in newspapers / magazines	3
Advertise on the Internet e.g. Gaydar, Fitlads	3
Advertise everywhere / as much as possible	2
Discreet advertising	2
Advertise services in cruising areas / public toilets	1
Advertise via the local gay community	1
Use local radio	1
Advertise on TV	1
Advertise on university campuses	1
Discuss non anal sex more	1

Additional issues raised included parking; reducing waiting times and/or having open appointment sessions; developing a 24 hour telephone advice line, and strengthening links with local community bodies and university LGBT societies. Further comments provided were:

- *“not just about sexual health but a well-man service where you would feel comfortable as a gay man accessing a wide range of health screening – which may include sexual health if appropriate”*
- *“more sexual health advertising GUM / safe sex in toilets, cruising areas, gyms and public health centres, swimming/changing areas”*
- *“special events at student unions/clubs so you can get tested on the spot (e.g. unis do blood drives why not test people as student life is very promiscuous)”*
- *“specific sessions designed to cater for groups and potentially unmet needs of ethnic groups”.*

A final question asked what one thing might help them have good sexual health. Responses were open-ended and have again been coded overleaf.

Summary of comment	Number of respondents
More information and/or specific or graphic advertising	8
A long-term / monogamous relationship	6
Free condoms	3
Acceptance / cultural change	2
Regular health check-ups	2
Self-esteem / self-respect	2
Provision of different lube	1
Better nightlife	1
Reducing alcohol intake	1
Screening campaign	1
Better sex education	1

Example quotes included:

“A change in culture, at the moment it seems to be accepting of unsafe sex”

“Enjoy a good sexual relationship with another man who enjoys sex with me, and being able to offer love and affection”

“Feeling good about being a gay man and having high self esteem”

“I think more information on safe oral sex – I know about it but I don’t find many other people that do“

When asked about improvements to future sexual health provision interviewees raised a number of issues, including the need for more / better sex education.

“I think there needs to be more awareness... not so much having free condoms and lube but sort of like in colleges and schools, university, I mean sex education was just pathetic really. I’m 28 and when I was at school it was sort of like watch this video and that was it, that was it, there was no discussion of it or anything. So I think sex education does need to be more detailed and possibly at a younger age now. And there’s no mention of sort of like gay or lesbian partnerships or anything like that which I think to be honest there should be” (Matt)

Matt also felt that posters with help lines were important and would help a lot of people, including those who would want or need to talk to someone they didn’t know about sexual health related matters. He said that currently he was unsure of any numbers to ring and did not see many, particularly in local gay venues, as opposed to those advertised in magazines, where you might have to be more pro-active in seeking them out.

Dave also mentioned posters: *“..rather than leaflets, I think you tend to pay more attention to posters coz’ you get thousands of leaflets handed out”*. He suggested posters behind the bar, in toilets, and in Doctors. He also would like more gay friendly services outside of Sheffield: *“I don’t want to come into Sheffield just to have to go to a clinic... it’s too far to just be going somewhere like that”*. It is interesting to note that he was not aware of any specific services in Sheffield either, but felt that there would be if he looked. For him, an ideal service would be located near to the commercial gay scene that he was familiar with, and open in the evening.

Speaking from experience, Simon raised the issue of targeted work with young people, and weekend opening to enable young people to attend outside of school hours:

"I actually think it's good to have stuff like this on weekends. When I had my first STI scare and I didn't want to tell anyone, I did in the end, but I didn't actually want to tell anyone. In fact I didn't actually do anything about it until I got like, well, basically when I was about 15 or something ridiculous I did have, well, it was only oral sex but like, semen was, right I swallowed someone's come and then for the next like literally a year or so, two years or whatever, I was worrying, absolutely shitting myself that I'd caught something. I completely convinced myself that I had and I just didn't do anything about it and then I got crabs which you can't help but notice that you've got something and I got a full check-up and that was fine. But yeah, things that would have perhaps encouraged me to go would be being open on a weekend so I didn't have to skip school. Stuff like that. Maybe even going into schools and talking to people about it because I think schools do an incredibly, incredibly bad job of talking about sexual health and especially about talking about gay sexual health. I mean it just isn't mentioned." (Simon)

Similarly, Frank mentioned that more evening and weekend opening for GUM would be good.

Peter's comments centred on how to make a sexual health service more approachable for him to feel comfortable and confident enough to attend:

"If say going into a sexual health clinic looked exactly the same as walking into Starbucks even though the first time I walked into Starbucks I was still concerned that I was doing something wrong! Just comfortableness I suppose, exposure as well.. if say sexual health things were big, open, glass fronted, you know, huge letters.. that looked exactly the same as something else then it wouldn't feel like it was such a big deal I suppose" (Peter)

Peter would prefer a drop-in, not an appointment-based service which he felt would be more formal and "regimented".

Specific improvements that were suggested for CHIV included "more details about who they are". Matt, for example, said that there was not much information on the free condom packs about who CHIV are and what they do. He thought the packaging was "vague". He suggested that tubs on bars could say more about what the organisation is, what it does, its aims and what it is trying to achieve, and how to access it. He thought the outreach workers at Climax were good as then they could tell you, but this was not available at all venues at all times so different forms of information were required in addition to the workers: "is a nice way of doing it, but obviously can't do that all the time". He suggested that posters, condom packaging, and tub information could have the CHIV website and email, for example.

Frank felt that there needed to be closer links between CHIV and other services, for example those working with young people under 19. He also felt that there needed to be lobbying to get more work for gay/bisexual men to be provided outside CHIV, for instance within mainstream drug support/education provision. He felt that senior commissioners of services in Sheffield needed greater awareness of LGB issues. He felt that CHIV could successfully be advisors in setting up wider provision in mainstream services. He also discussed more targeted work in specific areas of Sheffield such as Hyde Park:

“You’ve got a ghetto there, you’ve got something to work with there, how d’you get involved in that kind of networking of people? They’re still there on Hyde Park.. with it being on edge of city centre, people’s financial situations, short-term employment, a lot of gay people involved in that, fragile industries like food, retail, all that stuff. And it’s the times the services are offered as well isn’t it? That’s the trick in this.. Actually a lot of the issues are going off after 10pm and it’s how d’you move people into those arenas?” (Frank)

At the same time Frank also discussed having more health promotion materials in straight venues:

“A lot of people will start in those other places before they come on the scene... and how d’you catch them in-between the two? How d’you catch that middle ground? ...has got to be heard across the board, has got to be learnt behaviour... which is mainstream services” (Frank)

When asked how they would like to access sexual health information or advice in an ideal world, interviewees raised a variety of issues. Matt again highlighted help lines, and wondered if GUM would change its name to something more generic and possibly less stigmatising. He also suggested more city centre drop-in clinics. Dave emphasised more posters and a website that could link to the official NHS website rather than having to search for a specific one.

Peter suggested drop-in advice sessions (*“it’s the casual vibe”*), and Internet sources. He seemed less sure of leaflets as an effective information source, which he thought might sit in racks unread or be thrown in the bin.

“This is really troublesome because like it’s to do with, any form of information is hard to get across to people... something that is of vital importance but how to get it across... The thing is, like every way that information can be communicated is so vast that unless you’re actively seeking it or in the right place at the right time exactly it’s just like pouring money down the plug” (Peter)

Similarly, interviewees were asked how they would access sexual health care in an ideal world. Matt commented that he thought more people would feel comfortable going to GUM than their GP because GUM feels more confidential. His Doctor had almost added to this perception by saying that they would not record his sexuality on his notes as ‘it affects things’. He felt that GUM’s location and out of hours provision was good but thought that it could advertise more with posters, and not only on the gay scene. He felt it would be hard for someone not familiar with the scene to know about it as it is mostly known about through word of mouth from friends.

Dave would ideally like a service outside of Sheffield that had comfortable staff, a central location, evening and weekend opening, and advertised through posters and on the Internet.

Peter had experience of an STI screening campaign where the service came to them and they just *“had to pee”*, which he thought was good. He stressed evening and weekend opening, and an on campus location:

“This is the thing, if you’re going out of your way for an appointment it’s like, it’s you know, a really big deal, but if you’re say dropping in to a sexual health clinic like you drop in to the library then it’s really casual, I think that would be good... even though it might make me feel uncomfortable at first I think it would get people talking about it

at the very least and talking about things like that I think is a good step, even stuff that makes you feel uncomfortable in the end is good” (Peter)

He thought student portals or email lists could be used to advertise services, such as the location and opening times, and any specific events.

Summary: Future sexual health services

- Breaking down negative attitudes towards gay people and promoting more positive attitudes appeared key to some of the changes participants wanted to see, for example with greater visibility and positive role models among gay and bisexual people in public life.
- The importance of a central location and evening opening hours were raised in relation to accessing local sexual health services, particularly for testing services (with prompt results).
- Posters were suggested as more acceptable than leaflets within the gay commercial scene, particularly those that clearly advertise the opening times of local services.

Conclusions

On the whole, feedback from survey and interview participants was positive about Sheffield as a place to be safe and socialise as a gay or bisexual man or man who has sex with men. There was some suggestion that perhaps the commercial scene could be bigger, or that there could be a broader range of gay social venues.

In terms of meeting men and sexual behaviours, the Internet appeared to be an important source of connection / introduction, which mirrors other research (Elford et al, 2005). A clear finding was that in our study notions of safer sex appear almost synonymous with condom use during anal sex. The data suggests a conceptualisation of sexual health that is closely connected with preventing fluid exchange and therefore disease or infection, rather than, for example, broader notions of physical safety or harm, or sexual pleasure (World Health Organization, 2006).

Influences on practices around safe sex include alcohol and/or drug use, the availability of condoms, and assumptions and perceptions of risk. The latter may be made on the base of appearance, age, or ethnicity, for instance, with evidence to suggest that men are aware of safer sex issues when having sex with strangers. Men may, however, be perhaps overly confident, or “*complacent*” as one participant noted, when in a relationship, or of possible more concern when they ‘know’ the person, either through previous acquaintance or via social networks. This perhaps suggests concerning beliefs around the ability to ‘see’ sexual health risks in a person. Related to these ‘risk assessments’, results from the UK’s Gay Men’s Sex Survey (GMSS) carried out in 2006 highlighted that 74% of respondents expected a HIV positive man to disclose his status prior to having sex (91% among those UK respondents aged under twenty, and 82% among respondents from Sheffield). This is a concern “because around a third of people with HIV do not know they have it and because many people who do know they have HIV will not tell sexual partners before sex” (Weatherburn et al, 2008: 36). The authors noted that this level of trust has increased in the period 2002 – 2006, which they speculate may be due to criminal prosecutions of people with HIV passing on their infection, resulting in people believing HIV positive men will disclose their status.

Other barriers to safe sex that this evaluation has highlighted include alcohol and/or drug consumption, not feeling comfortable buying condoms, and lacking in confidence or ability to ask to use condoms which could relate to broader cultural / attitudinal barriers around initiating safer sex. Each of these factors are concerning given recent evidence on STIs among gay and bisexual men: last year, the Health Protection Agency’s annual report on HIV and other STIs in the UK reported that among MSM in the UK between 2002 and 2006:

- newly diagnosed cases of gonorrhoea rose by 25%;
- new syphilis cases rose by 117%;
- new cases of chlamydia increased by 97%,
- and genital warts increased by 21% (The UK Collaborative Group for HIV and STI Surveillance, 2007).

In addition, 2006 saw the highest ever increase of newly diagnosed cases of HIV among MSM in the UK, the majority of who were aged 25-34 (The UK Collaborative Group for HIV and STI Surveillance, 2007). Of MSM aged 15-44 it is estimated that 5% are HIV positive; of those living with HIV in the UK aged 15-59 it is estimated that 43% are MSM (90% of whom are white), equating to around 31,000 men (The UK Collaborative Group for HIV and STI Surveillance, 2007).

The Internet came out as key in participants' accessing sexual health information, or assuming that they would be able to find appropriate local sexual health services when needed. This brought about a confidence and security in assuming adequate service provision was available locally, even if they had no knowledge that this was the case. Similarly, participants did not identify strongly any gaps in their own knowledge about sexual health, which appeared to be largely based on a bio-medical rather than an holistic model of health, in focussing on scientific / epidemiological STI transmission routes and the absence of disease, for example. Some people were quick to identify complacency, ignorance, or naivety amongst others, however. How much participants felt able to discuss sex with partners, friends, family or health professionals varied, with age appearing significant in choices around disclosure.

In terms of local services accessed, the GUM clinic was reportedly the most commonly used sexual health service. The overall sense of services available locally appeared to be largely positive. Barriers to accessing sexual health care or advice identified in this evaluation included:

- fear and/or stigma attached to accessing sexual health services;
- lack of awareness of sexual health services;
- concerns about confidentiality and/or disclosure within health care settings and amongst health care practitioners;
- practical problems around the timings of service delivery, and
- experiences of heterosexism (also mirroring other research, see Fish, 2006).

This evaluation showed high use and satisfaction with free condoms packs available locally (either from gay venues, through postal services, or from outreach workers). This strengthens the need to continue (and potentially expand) these services. There may be a difficult balance to be reached between responding to feedback on the condom packaging, and keeping the current high recognition factor. Some uncertainty or lack of awareness around wider CHIV services and organisational role and aims, particularly involving the outreach workers, may be cause of some concern and could usefully be addressed in further consultation and/or promotional activities.

Recommendations

Service provision

Evaluation results point to a number of potential service developments / refinements, including:

1. Continue and try to expand current free condom provision. Consider exploring ways to distribute the packs in 'straight' commercial venues, SHU campus locations and/or in GP surgeries. Think about including information on how to use condoms in the packs, and where to access further sources of support and/or information. This evaluation suggests that having condoms where men meet other men is crucial as they may not carry them with them; this may also point to the need for a specific campaign about the acceptability of carrying condoms and 'preparing' for sex.
2. Consider developing training sessions or resources / health promotion materials for local men on negotiation skills¹ and risk assessments and the need to be wary of basing these on factors such as appearance or age. HPA figures strongly contradict some participants' perception that HIV is more common among older, non-white men (The UK Collaborative Group for HIV and STI Surveillance, 2007). Specifically target some information to combat current confusion around oral sex practices and safety levels. Remember the popularity of the Internet and the number of existing websites that could be linked to in designing any future training / advice materials. Also consider the feeling among some men that there is too much health promotion work on the scene. Building on NICE guidance (NICE, 2007), contemplate the capacity (and need) for one to one interventions with gay/bisexual men, such as 'motivational interviewing' and other structured one to one risk reduction / behaviour change techniques.
3. Investigate ways, for example via joint consultation / planning practices, to have an input into GUM service developments, offering suggestions from this survey on ideal clinic locations, timing, advertisements, and other relevant feedback.
4. Attempt to link in more closely with local university projects and activities, such as Sexplored, student's union work, and local LGBT societies. This could help to address particular concerns about young people and unsafe sex. Steps could include the incorporation of messages and information about CHIV on student portals and web pages.
5. Examine ways to highlight to local men, through training sessions or health promotion materials, that confidentiality concerns are addressed in local health service provision, among workers of all ages. Related to this, continue to stress to local health care workers that confidentiality concerns and levels of heterosexism maintain a potential barrier to men accessing health services.
6. Attempt to analyse the need for further health promotion, information or resources on sexual health aimed at young (LGBT) people specifically. Utilise links with other local / CHIV projects such as Fruitbowl, Parent to Parent and PASH, and investigate peer education opportunities². This would respond to a recommendation from the 2006 GMSS: "HIV prevention programmes should aim

¹ According to GMSS 2007: of respondents in Sheffield, 23% find it difficult to 'decline sexual contact from other men'; 12% find it difficult to 'have safer sex during sexual encounters'; 19% find it difficult to 'negotiate the sex that you want', and 17% find it difficult to 'maintain condom use in your sexual encounter' (Sigma Research, 2008b).

² 51% of GMSS 2006 respondents in Sheffield agreed with the statement 'I would like to be more involved in promoting the health of gay and bisexual men', which may indicate future peer research opportunities (Sigma Research, 2008a).

- to increase their contribution to meeting younger gay men's sexual health needs, especially those under twenty" (Weatherburn et al, 2008: 40).
7. Begin to promote CHIV services more widely, including specific services such as Indigo, through the use of posters, information for condom tubs, and website links. Consider targeting this within particular postal code areas of the city. Explore the balance between not too much on the commercial gay scene and a potential expansion in wider Sheffield venues. Mainstreaming / normalising free condoms and the provision of sexual health information may be a way to tackle heterosexism and homophobia in wider society. Consider the need to investigate further issues of 'branding' with regard to CHIV.
 8. Consider promoting positive findings from this evaluation to attempt to influence wider social attitudes in Sheffield, for example the perception that Sheffield is 'gay friendly' and has become more 'accepting' in the last few years. Conversely, continue to support anti-homophobia work (e.g. IDAHO) as some form of prejudice was still experienced by the majority of respondents (60%).
 9. Contemplate ways to work with local gay and bisexual men who socialise outside Sheffield, for example provide health promotion information and materials on coaches to regional or national Pride events. Related to this, investigate the possibility of closer partnership working with other organisations working with gay and bisexual men in the region, such as Yorkshire MESMAC (Leeds, Bradford, Wakefield and North Yorkshire) and The Lesbian and Gay Foundation (Manchester).
 10. Hold a feedback session with outreach workers discussing some of the findings from this evaluation. Focus on issues of identity and expertise.
 11. Investigate the feasibility of setting up a local sexual health telephone advice line, which could be LGBT specific or not. Because of capacity issues this could perhaps be limited to particular hours / days that could be advertised as a safe, confidential space for questions, or operate as an answer phone message with information on local services. Explore other telephone advice lines in operation: can any examples of good practice be replicated? Alternatively, can other advice lines be promoted locally e.g. THT Direct?
 12. As evidence from this evaluation and the 2006 GMSS³ suggests there is still isolation of some gay and bisexual men, consider ways to engage as widely as possible in local gay communities and commercial venues, as well as investigate ways to broaden non-scene networking. As Weatherburn et al (2008: 37) note, "[there is] a very large potential for community projects which combine opportunities for men to meet each other in non-sexual environments and for projects where community members are mobilised to meet each others health needs."
 13. Begin to explore ways of highlighting the need (at both local and national levels) for LGBT sex and sexual health issues to be raised in SRE, along with broader education on sexuality, homosexuality, heterosexism, and homophobia.
 14. Think about the feasibility and need for any specific screening campaigns locally to increase the up-take of sexual health services, particularly STI testing services.

Future research

The evaluation findings also point to potential areas of further research:

1. More qualitative research in general into the views and experiences of local gay, bisexual and MSM.

³ 76% of GMSS 2006 respondents in Sheffield agreed with the statement 'I'd like more ways of meeting other gay men that don't revolve around sex' (Sigma Research, 2008a).

2. Ongoing evaluation of service developments / refinements as a result of this work (this could include the establishment of a permanent consultation / reference group for this purpose).
3. Discreet consultation / research projects could focus on:
 - more detailed understanding of the effect of alcohol consumption on safe sex practices;
 - how risk assessments are made and the extent to which these are based on perceptions of appearance, age, and ethnicity;
 - the views and experiences of older men locally (this may involve exploring other recruitment pathways);
 - an assessment of the need to 're-brand' CHIV;
 - a detailed exploration of the popularity and use of CHIV outreach workers, and/or
 - the extent of concerns about confidentiality and disclosure among local gay, bisexual and MSM.

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Appendix: The survey

Socialising & Sexual Health 2007 / 2008

Sheffield Gay and Bisexual Men and other Men who have Sex with Men

Hi, the Centre for HIV and Sexual Health, Sheffield Hallam University and diva are conducting an evaluation of current services and support for gay and bisexual men and men who have sex with men who live, work or socialise in Sheffield. We want to ensure your views and insights are central to current and future services and would be very grateful if you could complete this survey.

Our questions aim to give us a broad view of some key issues. These include how you socialise, meet sexual partners, access information and support services, what you think about local and national sexual health campaigns, and how all this is influenced by society and feelings of inclusion or exclusion.

All responses will be kept confidential and you will not be identifiable.

If you would like to complete an online version of this survey instead, please go to: www.sexualhealthsheffield.nhs.uk/projects/5-5.php

1. Socialising in and out of Sheffield

1.1 Where do you go out/socialise in Sheffield? (please tick as many as apply and name them if you don't mind):	
<input type="checkbox"/> Pubs:	<input type="checkbox"/> Gym:
<input type="checkbox"/> Cinema:	<input type="checkbox"/> Nightclubs:
<input type="checkbox"/> Saunas:	<input type="checkbox"/> Cottaging/cruising areas:
<input type="checkbox"/> Friends' houses (if appropriate just tick, we don't need to know who your friends are!)	<input type="checkbox"/> Other places – include "official" and "unofficial" venues:

1.2 Where do you go out/socialise outside Sheffield? (please tick as many as apply and name them and the town/city if you don't mind):	
<input type="checkbox"/> Pubs:	<input type="checkbox"/> Gym:
<input type="checkbox"/> Cinema:	<input type="checkbox"/> Nightclubs:
<input type="checkbox"/> Saunas:	<input type="checkbox"/> Cottaging/cruising areas:
<input type="checkbox"/> Friends' houses (if appropriate just tick, we don't need to know who your friends are!)	<input type="checkbox"/> Other places – include "official" and "unofficial" venues:

2. Seeking sex/meeting sexual partners/having sex

2.1 Where do you or would you go to meet men for relationships and/or sex in Sheffield? (please tick as many as apply and name them if you don't mind):	
<input type="checkbox"/> Pubs:	<input type="checkbox"/> Gym:
<input type="checkbox"/> Cinema:	<input type="checkbox"/> Nightclubs:
<input type="checkbox"/> Saunas:	<input type="checkbox"/> Cottaging/cruising areas:
<input type="checkbox"/> Friends' houses (if appropriate just tick, we don't need to know who your friends are!)	<input type="checkbox"/> Other places – include "official" and "unofficial" venues:
<input type="checkbox"/> Internet	<input type="checkbox"/> Phone lines

<input type="checkbox"/> Contact ads.	<input type="checkbox"/> Escorts
<input type="checkbox"/> Social/support/interest/political groups	

2.2 Where do you or would you go to meet men for relationships and/or sex **outside Sheffield? (please tick as many as apply and name them and the town/city if you don't mind):**

<input type="checkbox"/> Pubs:	<input type="checkbox"/> Gym:
<input type="checkbox"/> Cinema:	<input type="checkbox"/> Nightclubs:
<input type="checkbox"/> Saunas:	<input type="checkbox"/> Cottaging/cruising areas:
<input type="checkbox"/> Friends' houses (if appropriate just tick, we don't need to know who your friends are!)	<input type="checkbox"/> Other places – include "official" and "unofficial" venues:
<input type="checkbox"/> Internet	<input type="checkbox"/> Phone lines
<input type="checkbox"/> Contact ads.	<input type="checkbox"/> Escorts
<input type="checkbox"/> Social/support/interest/political groups	

2.3 Do you use or have you ever used the Internet to meet men for relationships and/or sex?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

If yes, please list the sites you have used:

- gaydar
- facebook
- myspace
- Fitlads
- Any other (please state):

2.4 Do you use or have you ever used newspapers or magazines to meet men for relationships and/or sex?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

If yes, please list those you have used:

2.5 What does 'safer sex' mean to you? Please describe in your own words:

2.6 What does 'unsafe sex' mean to you? Please describe in your own words:

2.7 What would make it more likely for you to have safer sex?

2.8 What would make it more likely for you to have unsafe sex?

2.9 Do the places and the situations where you have sex or would have sex influence how safe it is? Please explain your answer:

3. Information on sexual health, services and support

3.1 If you look at or use porn/erotica, how do you access it?
<input type="checkbox"/> DVDs/videos <input type="checkbox"/> Internet sites (please state): <input type="checkbox"/> TV <input type="checkbox"/> Magazines <input type="checkbox"/> Mobile phones <input type="checkbox"/> File sharing (bluetooth, linewire, etc.) <input type="checkbox"/> Other (please state):

3.2 Where do you go to get information on sexual health? e.g. services, support groups, Internet sites, TV, magazines
<input type="checkbox"/> Health and learning services <input type="checkbox"/> GP <input type="checkbox"/> GUM clinic <input type="checkbox"/> Friends <input type="checkbox"/> Bars / clubs <input type="checkbox"/> Other (please state):

3.3 Which local sexual health services/provision do you use or have you used? (please tick as many as apply)
<input type="checkbox"/> Department of Genito-Urinary Medicine, Royal Hallamshire Hospital
<input type="checkbox"/> Forge Centre, HIV social work team
<input type="checkbox"/> SHOUT! Centre
<input type="checkbox"/> Outreach workers (provide free condoms on the scene and in cruising areas)
<input type="checkbox"/> Central Health Clinic, Mulberry Street
<input type="checkbox"/> E-Floor, Department of Infectious Diseases, Royal Hallamshire Hospital
<input type="checkbox"/> Clinical Psychology Service for Sexual Health
<input type="checkbox"/> GP surgery
<input type="checkbox"/> Porterbrook Sexual Health Clinic
<input type="checkbox"/> SHIELD HIV support service
<input type="checkbox"/> Centre for HIV & Sexual Health
<input type="checkbox"/> Other (Please state):
Is there anything you'd like to say about any of these services? Please state:

3.4 In the table below, please list the things you like and do not like about each of the following services provided by the Centre for HIV and Sexual Health:		
Name of Service	Things I Like	Things I Don't Like
Outreach workers (provide free condoms on the scene and in cruising areas)		
SHOUT! Centre		
Indigo (support group for LGB people from black and minority ethnic communities)		
Fruitbowl (support group for LGB young people)		
Training courses/workshops		
Spring Out (annual LGB community event)		
Sexual health leaflets and publicity		
Free postal condom scheme		
Free condom scheme in gay bars and clubs (in tubs/baskets on the bar)		

3.5 If you use condoms where do you get them from?
<input type="checkbox"/> Department of Genito-Urinary Medicine, Royal Hallamshire Hospital
<input type="checkbox"/> SHOUT! Centre
<input type="checkbox"/> Outreach workers (provide free condoms on the scene and in cruising areas)
<input type="checkbox"/> Central Health Clinic, Mulberry Street
<input type="checkbox"/> Centre for HIV & Sexual Health
<input type="checkbox"/> Forge Centre
<input type="checkbox"/> Free from gay venues (in jars on the bar)
<input type="checkbox"/> Free in 24 bulk pack from gay and bisexual men's postal scheme
<input type="checkbox"/> Buy them from shops, supermarkets, garages, chemist/pharmacy
<input type="checkbox"/> Vending machine (please state where):
<input type="checkbox"/> Other (please state):

3.6 Are there other places you would like to get condoms? (please state)

3.7 What would make it MORE likely for you to use a condom?
<input type="checkbox"/> Having one with you
<input type="checkbox"/> Having condoms available in places where you meet men for sex
<input type="checkbox"/> Alcohol/drugs

Other, please state:

3.8 What would make it **LESS** likely for you to use a condom?

Not having one with you

Not having condoms available in places where you meet men for sex

Alcohol/drugs

Embarrassment about using them

Partner prefers sex without condoms

Allergic to condoms

Cost of buying them

Reduces sexual pleasure

Don't have penetrative anal sex

Other, please state:

3.9 An ideal sexual health service for gay and bisexual men and men who have sex with men would have the following features:
(Please include your thoughts about its ideal location, the time when the service would be open, how often it would be open and how it would be advertised)

Location (please state):

Opening times (please state):

Advertising (please state):

Other ideas (please state):

4. Sexual health information and resources

4.1 Have you seen the following sexual health information and resources aimed at gay and bisexual men and men who have sex with men?
 Please comment on what you thought of each:

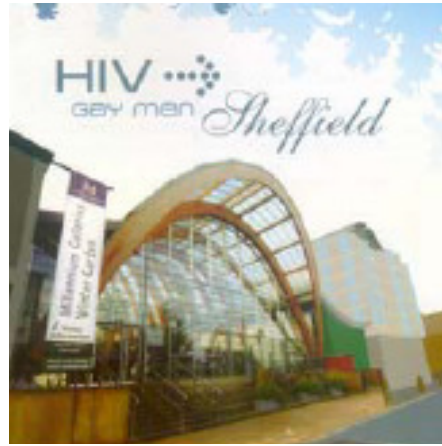
Get It On	Essential Wear
 <p><input type="checkbox"/> Seen <input type="checkbox"/> Not seen Comments:</p>	 <p><input type="checkbox"/> Seen <input type="checkbox"/> Not seen Comments:</p>

Proximity



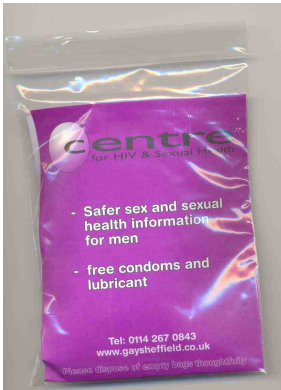
Seen
 Not seen
 Comments:

HIV, Gay Men Sheffield



Seen
 Not seen
 Comments:

Sexual Health Information For Men



Seen
 Not seen
 Comments:

Any other sexual health information/resource (please state):

Comments:

4.2 The Centre for HIV and Sexual Health provides free condoms for gay and bisexual men and other men who have sex with men through a range of schemes (in gay venues, by post, from outreach workers). Have you ever accessed any of these schemes?

Yes No

4.3 What do you think of the current packaging of the Centre for HIV and Sexual Health's free condoms and lube?



- Do you like the design? Yes No
Would you prefer more images? Yes No
Would you pick this up? Yes No
Would you carry this with you? Yes No
- Does the way it's packaged matter to you? Yes No
Please explain:

Have you accessed any other condom packs/packageing that you have really liked? If so please describe:

4.4 What do you think about the condoms and lube in the pack?

4.5 In addition to gay bars and cruising areas, are there any other places where you would like to pick up these free condom packs? Please state:

4.6 Is the cost of condoms a factor in your use?

- Yes
 No, I can afford them
 No, I get free condoms

5. Society/context: The following questions are about attitudes towards lesbians, gay and bisexual men

5.1 In terms of lesbians, gay and bisexual men, and in your opinion and experience, do you think Sheffield has:

- Become more 'accepting' in the last few years
 Become less 'accepting' in the last few years
 Stayed the same/no noticeable change

5.2 As a city, do you think Sheffield is gay-friendly?
(please put a cross on the line below to indicate your opinion)

Yes, very -----10-----9-----8-----7-----6-----5-----4-----3-----2-----1-----0----- No, not at all

Please provide any examples:

5.3 Have you experienced prejudice/homophobia because of your sexuality?

<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Regularly
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We would welcome more detail on your answer:

5.4 Can you be open about being gay/bisexual in the following environments? **(tick as many as apply)**

<input type="checkbox"/> At work	<input type="checkbox"/> At home
<input type="checkbox"/> When socialising	<input type="checkbox"/> At school/college/university
<input type="checkbox"/> With family	<input type="checkbox"/> With Doctor or health and social care service
<input type="checkbox"/> On official forms	<input type="checkbox"/> Other, please state:

5.5 Are there any issues/factors that do or could help you feel more positive, more open, safer about your sexuality? Please explain:

5.6 Is there anything else that we need to consider or that you want to tell us about you and/or how to improve services and support for gay and bisexual men and men who have sex with men?

5.7 Please say one thing that might help you to have good sexual health:

6. Finally, about you

6.1 How would you describe your sexuality?		
<input type="checkbox"/> Gay	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual
<input type="checkbox"/> Man who doesn't identify as gay or bisexual but has sex with men or would like to	<input type="checkbox"/> None of these (please describe yourself):	

6.2 In the past 12 months have you had sex with:		
<input type="checkbox"/> Only men	<input type="checkbox"/> Men and women	<input type="checkbox"/> Only women
<input type="checkbox"/> Only myself	<input type="checkbox"/> None of the above	

6.3 Are you in a relationship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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6.4 Is there anything about you and your identity that has affected the answers you have given to any of the questions above? e.g. social class, ethnicity, disability, religion/faith, age, confidence, not being 'out'
Please explain:

6.5 Please state the FIRST HALF of the postcode for the area where you live e.g. S6	
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6.6 Please state your:	
Ethnicity:	Disability?
Social class:	Age:

Further involvement

We are also collecting gay and bisexual men and men who have sex with men's views and opinions in interviews and small discussion groups. If you would be interested in being involved, please let us know by inserting your details below.

This sheet will be separated from your completed survey to ensure anonymity of responses.

Name (You don't need to give us your full or real name):	
Preferred means of contact:	
Phone Number:	
E-mail address:	
Postal address:	

Please return this survey in the stamped addressed envelope enclosed. If the envelope gets separated, please return to:

Eleanor Formby
CEIR Unit 7 Science Park (FDS)
Sheffield Hallam University
FREEPOST SF 98
City Campus
Pond Street
SHEFFIELD
S1 1AY

If you would like more information about this survey, please contact Eleanor, one of the evaluators, at Sheffield Hallam University:

Eleanor Formby (Sheffield Hallam University)
Tel: 0114 225 6065 or 0787 526 9054

Email: e.formby@shu.ac.uk

If you would like more information about local services/support on sexual health, please contact the Centre for HIV and Sexual Health:

Centre for HIV and Sexual Health
Tel: 0114 226 1900

Please return completed questionnaires by Wednesday 30th April 2008.

Thank you for your time



SHARPENS YOUR THINKING



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