Promoting Adolescent Males’ Health: Utilization of School-Based Youth Health Centers in Nova Scotia, Canada

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Abstract

The purpose of our mixed-methods study was to explore adolescent males’ perceptions of health service needs, utilization of youth health center services, as well as perceived barriers and facilitators to such utilization. The qualitative phase included interviews with educators and service providers, as well as youth of both sexes in order to gain preliminary information regarding the broader contextual issues related to males’ use of youth health centers. In-depth interviews were followed by separate focus group discussions with youth, health and social service providers, teachers and educators. The focus group discussions produced a number of key themes believed to influence youths’ decisions to access youth health centers, including: perceptions of help-seeking as a gendered social practice, lack of knowledge regarding the range of services offered by youth health centers, perceived stigma, and finally concerns related to issues of confidentiality and anonymity. Based on the qualitative analysis, the emergent themes were used to inform the development of a 76-item self-completion survey designed to provide an aggregate of male students’ perceptions of factors related to the use of youth health centers. Although more than 50% of the male respondents reported that they would feel comfortable using youth health center services in their school, only 16.5% had ever accessed a center, and only 5% indicated frequent use. The findings of this mixed methods study indicated a tension between certain gendered beliefs or what students should do in the event of a presenting health concern and intention or what students would do in the event of a health issue. This tension is governed, in part, by well-established gendered social norms and expectations regarding health seeking behaviors. Results also suggested a potential role for teachers and parents in further promoting youth health centers. Creating a supportive environment for male youth and normalizing male utilization of youth health centers represent necessary steps to addressing males’ chronic underutilization of these important services.

Keywords: Male adolescents; Youth health centers; Use of health services; Health seeking behaviors; Underutilization of health services; Gendered social norms; Mixed methods

Introduction

Despite calls for increased knowledge about adolescent males’ use of health services, including youth health centers (YHCs), limited evidence exists to assist policy and programming staff in augmenting access and use among this population. This remains an important public health issue particularly in relation to the fact that adolescent males are at greater risk (than females of the same age group) for alcohol use and related harms, accidental trauma, and violence including self-harm [1,2]. Males also contribute to the spread of sexually transmitted infections (STIs) and unintended pregnancies, which present serious concerns for female sexual partners [3-5].

Previous research has identified certain barriers to healthcare utilization by adolescents such as concerns related to privacy and confidentiality [6,7]. Importantly, adolescents who avoid healthcare for privacy reasons are at increased risk for depression, unwanted pregnancy, and STIs [8]. Additional barriers have been identified in the literature including gendered social norms [9,10] as well as deficits in knowledge about services [11]. School-based YHCs are noted in the literature as a potentially effective means of supporting at-risk youth in meeting their healthcare needs [12]. YHCs have been introduced in several communities in an effort to help address prevailing structural barriers among adolescents such as proximity to mainstream health services.

The province of Nova Scotia, situated on the east coast of Canada, currently has a network of 52 school-based and school-linked YHCs, which offer a wide range of services and programs such as health promotion and counseling [13,14]. In the Cape Breton District Health Authority (CBDHA) region of Nova Scotia, YHCs provide physical, mental, reproductive, and preventive health services to students at several high schools in rural and urban Cape Breton communities.

Despite the proximity of YHCs to in-school students, male students rarely use these important health services [15].

The purpose of this exploratory, mixed methods study was to examine adolescent males’ utilization of YHCs in the CBDHA region. Both qualitative and quantitative methods were employed to better understand both the micro- and macro-level contextual factors associated with adolescent males’ health seeking behaviors, as well as low rates of YHC utilization. Specifically, this study sought to address the following research questions:

1. What are males’ perceptions of health service needs, acceptability of YHC services, and barriers to and/or facilitators for YHC use?

2. How do these perceptions and barriers affect actual usage and intention to use YHCs?

Determining the perceptions associated with males’ use of YHCs can provide valuable information for informing local health policy and programming decisions concerning how to improve access to YHCs for male adolescents.

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Materials and Methods

Phase 1: Qualitative

In the initial qualitative phase of this study, the research team utilized a variety of available channels to inform potential participants about the purpose of the research. Educators and health/social service providers were recommended by participating community partners and collaborators based on their knowledge of YHCs and adolescent health. In addition, information about the study was posted and circulated among YHC staff. Youth, educators and health/social service providers were instructed to contact the project coordinator for information about the study and to schedule an interview. The project coordinator selected specific dates, times, and locations and confirmed these with interested community partners/collaborators. Additional information about the study, along with an information sheet about the study, was provided to potential participants at the start of in-depth interviews and focus groups.

The interviews and focus groups commenced once participants provided their informed consent. The interviews were recorded and transcribed verbatim with all personal, identifying information removed prior to analysis. Transcripts were then coded to facilitate data management and analysis. The constant comparative method of analysis was used, which involved simultaneous inductive and deductive analyses. Conceptual labels and codes were conceived and organized into a codebook used during the analysis, which assisted in identifying key themes and patterns in the data. Based on the key issues to emerge from interviews with male (n=22) and female (n=25) youth, teachers and educators (n=3), and health and social service providers (n=4), the initial interview guides were subsequently revised by members of the research team for use with the focus group sessions with each of three groups: health and social services providers (n=4), teachers and educators (n=3), and male youth (n=8).

Phase 2: Quantitative data

Based on key themes to emerge from the qualitative analysis, a survey instrument was developed and pilot-tested to assess its utility. A sub-sample of male students in grades 10, 11, and 12 at one of 16 high schools in Cape Breton were asked to voluntarily complete the survey and provide written comments regarding the overall layout, content and readability of the instrument. One week later, the survey was re-administered to the same students who were again asked to provide feedback on its layout, content and readability. The survey was revised following pilot testing to enhance the clarity of instructions as well as improve the layout and readability of the questions. The structure and design of the survey and individual likert-scale questions directly reflected and represented consistent themes that arose during the qualitative phase. For example, certain questions were purposely constructed and revised to represent the theme of gendered norms and help seeking (“I think that most males who get sick should try to tough it out”). Given that the purpose of this survey was to provide policy and programming stakeholders with aggregate descriptive statistics on YHC utilization among a large sample of male youth that would complement the qualitative findings, the psychometric properties of the instrument during the pilot test phase were not assessed. However, a full psychometric analysis of the survey in order to establish its utility in future research is underway and will be presented in a subsequent paper.

Male participants for the final data collection were recruited from four schools located within the CBDHA, a region in the north east of Nova Scotia. We used a non-probability sampling technique that included all eligible and available male students (n=≈1600). Based on previous survey research in the CBDHA region [16-17], we anticipated a 70% participation rate (~1120 respondents). Pre-study power calculations confirmed the adequacy of the sample size. The median subject age was 16 years and 90.8% of participants were between the ages of 15 and 17 years. The median school grade was grade 11 with participants somewhat evenly distributed across grades 10 (37.1%), 11 (30.3%) and 12 (32.7%).

In October of 2009, trained members of the research team administered the finalized 76-item surveys to a sample of 1607 male students enrolled in grades 10, 11, and 12 across four schools in Cape Breton. Male students from grades 10, 11 and 12 were informed of the survey and invited to the school auditorium or cafeteria to voluntarily complete it. Trained members of the research team briefed all attending students and obtained written informed consent prior to administration of the surveys. The Dalhousie University Human Research Ethics Board approved this study.

Results

Reported use and intention to use YHC services

This section summarizes male respondents’ prior use, current use and intention to use YHCs and linked health services. Information from this section can be used to determine the current state of YHC utilization by adolescent males in the CBDHA. Despite the fact that YHCs offer services for both males and females, the qualitative findings revealed that very few males in fact access YHCs in their schools. In contrast, most female participants confirmed prior access of YHCs for multiple services. Interestingly, some male participants reported knowing neither the location of their local YHC nor available health services.

This information was replicated in the quantitative findings (Table 1). According to the survey results, relatively few male adolescents access YHCs; however, greater percentages responded that they would still “feel comfortable using YHCs” (50%) or “would go to a YHC with a sexual health concern” (40.2%) if necessary. Many respondents also indicated that they “had never had a need to use the YHC” (50.6%), which parallels respondents’ reports of infrequent previous and current use of YHCs. This implies that either males experience few health concerns during adolescence or, and more likely, that males are reluctant to access youth health centers despite experiencing health concerns. Interestingly, 94% of respondents who reported that they currently frequent YHCs had also visited YHCs in the past suggesting that prior use of YHCs may be associated with current usage.

Perceptions of YHC utilization

This section includes themes and survey items that represent perceptions of male utilization of YHCs including whether and how YHCs should be accessed by male and female students. Although both male and female interview participants acknowledged that males could access the centers (i.e. YHCs are accessible to both males and females), YHCs were still largely perceived as places for females. During focus group discussions, most respondents described prevailing fears of ostracization from visiting a YHC, while females noted a lack of peer support for male utilization of YHCs. For many male participants, accessing a YHC contradicted certain beliefs regarding the way in which males should behave in health-related situations. These findings reinforced the assertion that males’ decisions to access YHCs are

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1 This particular sub-sample was not included in the final sample and analysis.
constrained by their perceptions of help-seeking as a gendered social practice. These tensions are illustrated in the quotes below.

**Interviewer:** So if you did [access], what do you think would happen?

**Male participant:** Everyone would stare at me.

**Interviewer:** …What sort of things do you think they might say?

**Male participant:** Why is a guy here? Like, this is for girls. I think they would think that it’s kind of their privilege to come here, not as much for guys. -3YM

**Male participant:** Males have a more of a rougher image. We don’t want to show signs of weakness ‘cause it feels emasculating to us. It’s kind of like, we don’t want to be the one to try to go down and feel feeble or feel weak about ourselves, and girls are, well some girls are more feminine and they don’t really have that tough image that they try to keep. -7YM

The related survey results for this section are presented in Table 2. Similar to the qualitative findings, results showed that YHCs are viewed by many males as a place where “both males and females feel they can go for help” (68.9%). Nevertheless, male adolescents still fail to utilize YHC services. Notably, 81% of respondents who responded that they “would feel comfortable using YHCs” also reported that YHCs are places where both females and males feel they can go for help. This suggests that respondents who would feel comfortable using YHCs are more likely to view YHCs as accessible services to both males and females.

Female participants appeared better informed than males, which may reflect adolescent females’ increased contact with YHCs. The health centers were also frequently misperceived as sexual health clinics by several male interviewees. A general “fear of the unknown” consistently emerged as a common theme during interviews and focus groups discussions, which is believed to negatively impact males’ YHC usage. These themes are illustrated in the quotes below.

**Male participant:** When I was in grade nine we were kind of taught that health centers were for sexual health and stuff like that, not really physical or mental health. -4YM

**Male participant:** …I never went to this health centre before, but I think it’s because most males are unsure of what procedure the nurse is going to do and they don’t really know what’s going on in here, they’re kind of nervous of what’s going on. -7YM

| Item                                                                 | Strongly Agree | Agree | Neither Agree Nor Disagree | Strongly Disagree | Agree | Disagree | Neither Agree Nor Disagree
<table>
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</thead>
<tbody>
<tr>
<td>“I would feel comfortable using the YHC in my school”</td>
<td>7.8</td>
<td>12.7</td>
<td>28.1</td>
<td>38.2</td>
<td>12.8</td>
<td></td>
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<tr>
<td>“I had the YHC before”</td>
<td>52.6</td>
<td>26.3</td>
<td>4.7</td>
<td>9.9</td>
<td>6.6</td>
<td></td>
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<tr>
<td>“I frequently use the YHC in my school”</td>
<td>61.1</td>
<td>27.6</td>
<td>6.2</td>
<td>3.4</td>
<td>1.6</td>
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<tr>
<td>“I have male friends that use the YHC”</td>
<td>27.9</td>
<td>21.2</td>
<td>31.2</td>
<td>16.0</td>
<td>3.7</td>
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<tr>
<td>“I have never had a need to use the YHC”</td>
<td>16.6</td>
<td>19.6</td>
<td>13.2</td>
<td>21.3</td>
<td>29.3</td>
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<tr>
<td>“I would use the YHC if more guys did”</td>
<td>17.5</td>
<td>30.9</td>
<td>33.5</td>
<td>15.0</td>
<td>3.2</td>
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<tr>
<td>“I would go to the YHC for help with the sexual health concern”</td>
<td>16.0</td>
<td>21.6</td>
<td>22.1</td>
<td>30.6</td>
<td>9.6</td>
<td></td>
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<tr>
<td>“I would go to the YHC to talk to somebody if I felt depressed or anxious”</td>
<td>16.2</td>
<td>31.6</td>
<td>20.6</td>
<td>24.9</td>
<td>6.8</td>
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<tr>
<td>“If I was worried about my health I would go to a YHC for help”</td>
<td>13.0</td>
<td>29.9</td>
<td>24.5</td>
<td>25.7</td>
<td>6.9</td>
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<tr>
<td>“I would go to the YHC for help”</td>
<td>14.2</td>
<td>23.6</td>
<td>32.4</td>
<td>24.5</td>
<td>5.3</td>
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</table>

*Figures for all tables in this paper represent the percentage of participants per level of agreement

*Row percentages for all tables in this paper may not total 100% due to missing values

Table 1: Percentages of Participants Reporting Use and Intention to Use YHC Services.

| Item                                                                 | Strongly Agree | Agree | Neither Agree Nor Disagree | Strongly Disagree | Agree | Disagree | Neither Agree Nor Disagree
<table>
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<tbody>
<tr>
<td>“I think that most guys in my school would use the YHC if they had a health concern”</td>
<td>12.0</td>
<td>30.1</td>
<td>28.3</td>
<td>25.2</td>
<td>4.4</td>
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<tr>
<td>“I think that the YHC is a place where both males and females feel they can go for help”</td>
<td>3.7</td>
<td>8.2</td>
<td>19.2</td>
<td>52.2</td>
<td>16.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“I personally do not feel that I should use the YHC”</td>
<td>7.8</td>
<td>23.6</td>
<td>37.6</td>
<td>21.7</td>
<td>9.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“I do not think that my male friends should use the YHC”</td>
<td>18.0</td>
<td>35.6</td>
<td>36.3</td>
<td>7.1</td>
<td>3.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“I think that the YHC is a place for girls”</td>
<td>12.7</td>
<td>27.1</td>
<td>35.3</td>
<td>16.6</td>
<td>8.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“I think girls should take care of getting condoms for their male sexual partners”</td>
<td>7.8</td>
<td>18.0</td>
<td>34.4</td>
<td>17.8</td>
<td>21.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“I get condoms from the YHC through female friends”</td>
<td>29.1</td>
<td>39.6</td>
<td>19.0</td>
<td>7.5</td>
<td>4.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“I get health information from the YHC through my female friends”</td>
<td>25.8</td>
<td>45.2</td>
<td>19.3</td>
<td>7.8</td>
<td>1.6</td>
<td></td>
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</tr>
</tbody>
</table>

Table 2: Percentages of Participants Reporting Perceptions of YHC Utilization.
In contrast, a comparatively high percentage of survey respondents not only appeared to know the location of their local YHC but also believed that they could obtain free condoms and access additional services (e.g. tobacco use intervention services) at YHCs. Table 3 presents the survey findings for this section. Not surprisingly, 97% of respondents who reported prior use of YHCs also reported knowing where the YHC is located in their school. It is likely that experience using certain YHC services (e.g. treatment for mental health issues) introduces students to other potential services (e.g. treatment for tobacco use) and thus encourages repeat visitations especially for students with comorbid health issues. In the absence of complete information, respondents may view YHCs as merely sexual health centers and hence may be less likely to use YHC services for additional health concerns.

**Gendered help-seeking and social norms**

This section includes themes and survey items that represent perceptions and/or beliefs about gender-related health issues and help-seeking behaviors. The majority of participants described socially regulated gender expectations that mediate and limit males' health seeking behaviors. Even students with an awareness of gender norms and their influence were affected by these norms and spoke of their role in the maintenance and enforcement of such norms. This quote illustrates the gender differences in social conduct surrounding health seeking issues.

**Female participant:** I just think that girls have more communication with their parents and teachers . . . Guys will just kind of hide it. They won't really tell anyone, they won't ask anyone's opinion on it, but the girls will want to get checked out. -7YM

The majority of male participants reported that their potential YHC use would be unsupported by peers unless they used specific services. For example, it was considered socially acceptable for male participants to access a YHC when trying to stop smoking, manage anger, or obtain condoms. It was also regarded by participants as somewhat acceptable for males to access YHCs when experiencing a severe health issue only after they had exhausted all other options and delayed seeking help in an attempt to deal with the issue on their own. Respondents also noted that a male's presence in the waiting room of a YHC would appear unusual unless there was a clear reason for the male's visit. Both males and females viewed this belief as a potential access barrier for males. Adolescents' understandings of gender appropriate health seeking conditions and services were related to their perceptions of male gendered social norms.

According to the survey results (Table 4), most respondents appeared to display a certain health maturity or intelligence in knowing how to proceed or react when confronted with a health concern. For example, the majority of participants believed that it is "imimportant for males (and females) to get tested for STIs" and "would discuss the problem with a partner." Conversely, very few reported that males "should not worry about their health" and "would wait as long as possible before going to a doctor about sexual health concerns." Nevertheless, respondents were still generally unlikely to discuss the concern with a male friend and visit a YHC. Over 50% of all respondents disagreed that "people would think that they are weak if they used a YHC in their school" and over 75% of all respondents disagreed that "males should not think about their health." Despite these findings, male students underutilize YHC services. The lack of male utilization of YHC services may be related to ambiguous and/or conflicting feelings with regard to the gendered nature of help-seeking behaviors.

**Perceived barriers**

This section describes the perceived barriers that may prevent male students from accessing YHCs. During the in-depth interviews, it became evident that many male students avoid using YHCs because of perceived gender- and peer-based stigma or discrimination. Male utilization was often viewed as unusual and thus drew unwanted attention from peers. Some participants suggested that males who access the centers may be viewed as weak and thus subject to ridicule, while others rationalized that the only reason a male would access a YHC was if he had a sexually transmitted infection; contributing to even greater stigmatization. These themes are demonstrated in the following quote (Table 5).

**Interviewer:** Are there any other specific reasons why you think males may not want to use these services?

**Male participant:** Maybe they think it's generally for females just for contraceptive reasons so they may not want to come down 'cause people might say oh you have a sexually transmitted disease or stuff like that so. -17YF

<table>
<thead>
<tr>
<th>Item</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree Nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;I know where the YHC is located in my school&quot;</td>
<td>14.4</td>
<td>13.1</td>
<td>5.4</td>
<td>24.6</td>
<td>42.4</td>
</tr>
<tr>
<td>&quot;I would prefer to see a male physician/nurse if I had a sexual health problem&quot;</td>
<td>21.8</td>
<td>16.0</td>
<td>32.0</td>
<td>19.8</td>
<td>10.3</td>
</tr>
<tr>
<td>&quot;I think the YHC would be a good place for me to go if I needed help to quit smoking&quot;</td>
<td>9.1</td>
<td>11.7</td>
<td>24.0</td>
<td>37.8</td>
<td>17.3</td>
</tr>
<tr>
<td>&quot;I think the YHC is only for sexual health problems&quot;</td>
<td>9.8</td>
<td>32.6</td>
<td>22.8</td>
<td>25.1</td>
<td>9.7</td>
</tr>
<tr>
<td>&quot;I can get free condoms from the YHC&quot;</td>
<td>2.6</td>
<td>4.5</td>
<td>20.7</td>
<td>45.2</td>
<td>27.0</td>
</tr>
<tr>
<td>&quot;I think that the YHC should be open all day long&quot;</td>
<td>3.4</td>
<td>8.8</td>
<td>28.8</td>
<td>39.4</td>
<td>19.5</td>
</tr>
<tr>
<td>&quot;I would prefer to use the YHC in the morning than in the afternoon&quot;</td>
<td>5.2</td>
<td>13.8</td>
<td>50.1</td>
<td>22.4</td>
<td>8.6</td>
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<tr>
<td>&quot;I could see a doctor at the YHC&quot;</td>
<td>6.4</td>
<td>16.3</td>
<td>38.4</td>
<td>32.0</td>
<td>6.9</td>
</tr>
<tr>
<td>&quot;I like the location of the YHC in my school&quot;</td>
<td>8.7</td>
<td>8.2</td>
<td>40.5</td>
<td>31.8</td>
<td>10.8</td>
</tr>
<tr>
<td>&quot;I would prefer the YHC to be located in a busy area of the school&quot;</td>
<td>22.2</td>
<td>39.5</td>
<td>26.9</td>
<td>8.3</td>
<td>3.1</td>
</tr>
<tr>
<td>&quot;I could receive help for mental health issues at the YHC&quot;</td>
<td>7.0</td>
<td>15.4</td>
<td>33.4</td>
<td>36.6</td>
<td>7.6</td>
</tr>
<tr>
<td>&quot;I could access special services through the YHC&quot;</td>
<td>5.6</td>
<td>11.9</td>
<td>27.3</td>
<td>44.5</td>
<td>10.6</td>
</tr>
<tr>
<td>&quot;I think that I know enough about the YHC and the services/programs they offer&quot;</td>
<td>12.1</td>
<td>25.5</td>
<td>28.6</td>
<td>26.8</td>
<td>7.0</td>
</tr>
<tr>
<td>&quot;I want to receive more information in school about the YHC and the services/programs they offer&quot;</td>
<td>11.6</td>
<td>16.2</td>
<td>33.0</td>
<td>26.8</td>
<td>12.4</td>
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</table>

Table 3:Percentages of Participants Reporting Perceptions and Knowledge of YHCs.
Male participant: ...They think that it’s, like, for condoms and birth control and all that stuff, but it’s just a place to feel comfortable and express your feelings. They’re not just here for regular, like, birth control and stuff. They’re here for everything. -16YM

The survey findings regarding barriers to YHC use were somewhat inconsistent. Contrary to the qualitative results, over half of the survey respondents disagreed that they “feel too embarrassed to use the YHC in (their) school,” “(are) less likely to use the YHC because (they) would have to sit in the waiting room with mostly females,” “think that the YHC is intimidating,” and “(are) worried that (their) parents might find out if (they) use the YHC.” These survey items all reflect fears of stigma arising from YHC use. The inconsistency between some of the qualitative and quantitative results may relate to characteristics inherent to the individual data collection approaches with closed-ended surveys preserving anonymity and focus groups facilitating more open and context-specific responses. Interestingly, almost 50% of the survey respondents also agreed that “…most guys are scared to use the YHC.” This finding suggests that certain respondents acknowledge the existence of stigma and gendered norms that determine health seeking behaviors, but may not necessarily be influenced by such norms. Over 50% of male students reported that “…school staff (other
and colleagues suggested two approaches to completing these tasks: (1) examining and reshaping the male role to promote the belief that seeking healthcare can be a sign of strength, and (2) promoting and providing health services in a way that is more congruent with the traditional masculine role [23]. Effectively reaching males with messages about YHCs will require a comprehensive health promotion strategy that addresses the gender-related barriers to accessing services and involves multiple stakeholders (lead by an advisory committee including students) within the broader school community. Health promotion messages must be monitored and evaluated over time to determine their effectiveness. For example, the qualitative data from this study identified teachers, coaches and athletes in the schools as positive role models whose endorsement of YHCs could lead to increased YHC utilization, particularly among males. Parents may also aid in YHC promotion as they play a critical role in facilitating male adolescents’ access to primary healthcare. It is encouraging to note that few male students feel that “…school staff (other than my teachers) and parents oppose student use of YHCs.”

Health promotion messages should be primarily directed at younger students. Ott’s work [24] and the qualitative data from this study support this suggestion as a means of ensuring that both males and females are familiarized and acclimatized with health promotion services offered, which may help to reduce gender biases in utilization. Early exposure to YHCs may also serve to ameliorate students’ misunderstandings of YHCs, as well as their concerns about privacy and confidentiality. These findings and their implications for health promotion practice add to the literature surrounding males’ use of health services, and address a need for information on how adolescent males access and use such services. Although the findings of this study regarding young males’ help-seeking behavior are somewhat disheartening, fostering a healthy relationship between students and YHC services is within reach. The health promotion implications of such a relationship may have a lasting impact on school and community health, and will go a long way to improving the gendered nature of health care service use that persists in adult populations.

Several limitations of this study design should be noted. First, the focus groups may have produced response biases associated with perceptions of “peer pressure” and/or demand characteristics. Second, despite the rigorousness of our approach, the survey instrument has not yet been statistically validated. As such, results should be interpreted as an aggregate of the data and used as such. And finally, certain elements of the survey procedure (e.g., length of surveys and administration) may have distorted responses. Despite these limitations, this exploratory study provides important health information that can be further examined in future research.

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