



YOUNG MALE HEALTH: SEXUAL AND REPRODUCTIVE HEALTH

By the time most American adolescents reach the age of 13 they've stopped seeing a pediatrician – over 80% of all pediatric visits are by children under 13.¹ Less than half of adolescent and young adults have primary care visits within the last year.² Males are less likely than their female counterparts to seek care.^{3,4,5} Females have a relatively seamless transition with age with gynecologists accounting for 23-42% of AYA female preventive visits.⁶ For males, however, there is no similar continuity of care. On the whole, with the exception of episodic school exams, sports physicals and visits to the ER, once they leave the pediatrician's office adolescent and young adult males are left outside of our health care system, a pattern that extends into adulthood.

Yet, according to the US Centers for Disease Control and Prevention, young males, or males within the age range of 10 to 27, are at higher risk than their female contemporaries for:

- ▶ Certain eating and body disorders
- ▶ Certain sexually transmitted infections, including HIV
- ▶ Violence and trauma, including homicide
- ▶ Abuse of certain substances
- ▶ Certain mental health conditions, including ADHD and autism spectrum disorders
- ▶ Suicide
- ▶ Accidental injury

SEXUAL DEVELOPMENT

- ▶ In general, girls reach puberty earlier than boys. Delayed puberty is more common among boys and is defined as lack of testicular enlargement by age 14, lack of pubic hair by age 15, or a time lapse of more than 5 years from the start to the completion of genital enlargement.
- ▶ Although adolescents are typically uncomfortable about being different from their peers, boys in particular are likely to feel psychologic stress and embarrassment from delayed puberty.⁷
- ▶ On average, the age of first male masturbation occurs between 12 and 14 years of age. Young male masturbation is common, ranging from 36% reporting masturbation 3 to 4 times per month to 10% reporting every other day or daily.⁸
- ▶ Sexual minority youth include those who identify as gay, lesbian, and bisexual and those who are not sure about their sexual identity as well as those who have sexual contact with only the same sex or with both sexes.

Dissonance between sexual identity and sex of sexual contact occurs, particularly among youth. Some youth who identify as heterosexual, gay, lesbian, or bisexual and some youth who are not sure of their sexual identity might not have had any sexual contact. Some youth who have had sexual contact with only the same sex or with both sexes might identify as heterosexual and some youth who have had sexual contact with only the opposite sex might identify as gay, lesbian, or bisexual or might not be sure of their sexual identity. Sexual identity and sex of sexual contacts can change throughout the life span.



SEXUAL INTERCOURSE

- ▶ Among adolescent males in 2017, 58.9% had had sexual intercourse by the 12th grade. A recent study⁹ found that 3.6% to 7.6% - or 1 in 13 boys - say they are having sex before age 13. This is over twice the rate of similarly aged females. The rate varies considerably by location; for example, in San Francisco, 5% of boys reported having sex before age 13, while, in Memphis, that number was 25%.
- ▶ Among high school students in 2017 sexual intercourse was higher among male (41.4%) than female (37.7) students.¹⁰

SEX AND SUBSTANCE USE

- ▶ A substantial number of young men report engaging in high-risk sexual behaviors. Data from the 2017 Youth Risk Behavior Surveillance indicate that among currently sexually active male high school students, 21.6% reported using alcohol or drugs before last sex and 11.6% reported 4 or more lifetime partners.¹¹

SEXUALLY TRANSMITTED INFECTIONS

- ▶ Adolescent and young adult males bear a disproportionate share of STIs relative to other male age groups. In a national sample of 18- to 22-year-olds, 3.7% were infected with

Chlamydia, 17% with Trichomonas, and 0.4% with gonorrhea.^{12,13}

- ▶ The incidence rates of syphilis among males age 15-24 is from twice to five times that of females.¹⁴
- ▶ As much as 40% of young men presenting with genital herpetic lesions are co-infected with HSV-1 from oral sex.¹⁵
- ▶ Data indicate that HPV infections in young males are common, with HPV infection rates between 29% and 65% in different young adult (18 to 25 years of age) male populations.¹⁶
- ▶ The Advisory Committee on Immunization Practices recommends that males between the ages of nine and 27 be administered the HPV vaccine. Current HPV vaccination rates among males are lower than among females.

Despite all of this, young males' use of sexual/reproductive health care services is low. This is for a variety of reasons. Principal among these is the fact that the components of young men's sexual/reproductive health care have been poorly defined and have historically received little attention. In addition, data show that primary care providers are 3 times more likely to take sexual health histories from female patients than male patients and twice as likely to counsel female patients on the use of condoms. Finally, sexually transmitted infections are more likely to be asymptomatic among males.

TRANS YOUTH

Transgender patients seeking sexual and reproductive health care often fear that they will be treated in ways that are disrespectful or judgmental because of their gender identities or sexual choices, or because aspects of their bodies may not conform to gender norms. Too often those fears are justified. Many providers assume that transgender patients do not need services such as pelvic exams or contraception, or that treating transgender patients is too complex for their practice. These dynamics contribute to significant disparities in sexual and reproductive health for transgender people.¹⁷

¹ Bocian AB, Wasserman RC, Slora EJ, Kessel D, Miller RS. Size and age-sex distribution of pediatric practice: a study from Pediatric Research in Office Settings. *Arch Pediatr Adolesc Med.* 1999.

² Rand, Cynthia M, Goldstein, Nicolas P.N. Patterns of Primary Care Physician Visits for US Adolescents in 2014: Implications for Vaccination. *Academic Pediatrics.* Volume 18, Issue 2, S72 - S78.

³ Lau JS, Adams SH, Boscardin WJ, et al. Young Adults' Health Care Utilization and Expenditures Prior to the Affordable Care Act. *J Adolesc Health.* 2014;54:663-671.

⁴ Callahan ST, Cooper WO. Gender and Uninsurance Among Young Adults in the United States. *Pediatrics.* 2004;113:291-297.

⁵ Fortuna RJ, Robbins BW, Haterman JS. Ambulatory Care Among Young Adults in the United States. *Ann Intern Med.* 2009;151:379-385.

⁶ Rand, Cynthia M, Goldstein, Nicolas P.N. Patterns of Primary Care Physician Visits for US Adolescents in 2014: Implications for Vaccination. *Academic Pediatrics.* Volume 18, Issue 2, S72 - S78.

⁷ Calabria, Andrew, MD. Delayed Puberty. *Merck Manual Professional Version.* 2018 October.

⁸ Arik V. Marcell, Charles Wibbelsman, Warren M. Seigel and the Committee on Adolescence . Male Adolescent Sexual and Reproductive Health Care. *Pediatrics*; originally published online November 28, 2011.

⁹ Lindberg, Laura D., Maddow-Zimet, Isaac, Marcell, Arik V. Prevalence of Sexual Initiation Before Age 13 Years Among Male Adolescents and Young Adults in the United States. *Jama Pediatrics.* 2019 April.

¹⁰ Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance – United States, 2017. 2018.

¹¹ Ibid

¹² Farrow, James A, MD Male sexual health during adolescence and young adulthood: contemporary issues. *Journal of Men's Health.* 2009 September.

¹³ Miller WC, Swygard H, Hobbs MM, et al. The prevalence of trichomoniasis in young adults in the United States. *Sex Transm Dis.* 2005;

¹⁴ Neilstein, Lawrence S., MD. The New Adolescents: An Analysis of Health Conditions, Behaviors, Risks and Access to Services Among Emerging Young Adults. 2013.

¹⁵ Farrow, James A, MD Male sexual health during adolescence and young adulthood: contemporary issues. *Journal of Men's Health.* September 2009.

¹⁶ Arik V. Marcell, Charles Wibbelsman, Warren M. Seigel and the Committee on Adolescence . Male Adolescent Sexual and Reproductive Health Care. *Pediatrics*; originally published online November 28, 2011.

¹⁷ National Center for Transgender Equality. Transgender Sexual and Reproductive Health: Unmet Needs and Barriers to Care. 2012 April.