



Healthy Teen Network

## POSITION STATEMENT ON SEXUAL & REPRODUCTIVE HEALTH SERVICES FOR ADOLESCENT & YOUNG ADULT MEN\*

*Adopted by the Healthy Teen Network Board of Directors on October 24, 2016*



### Position

Healthy Teen Network believes that adolescent and young adult men (AYAM, or young men) deserve comprehensive sexuality education and optimal sexual and reproductive health (SRH) services in order to achieve whole health.

SRH services should be designed and delivered with consideration for young men. While young men may enjoy many privileges and opportunities by virtue of their gender, the area of SRH is one exception. More SRH education and services that are friendly to young men and tailored to their unique needs are warranted.

## Issue

Sexual and reproductive health services are critical to the healthy development of young men, to help them define their identities and assist them in learning the role of sexual activity in intimate relationships. Without SRH services, young men risk missing important information and opportunities to incorporate health promotion behaviors into their SRH practices as they form relationships and engage in responsible sexual behaviors.

Generally, SRH services offered to young men do not meet their unique needs and life circumstances. Many SRH services—including sexuality education, pregnancy/HIV/STI prevention education, and sexual violence prevention education and response—are designed for and delivered to adolescent and young adult women. Few comprehensive sexuality education programs or prevention programs specific to young men exist. Even fewer resources for SRH health care services specific to young men are available, in either men’s or general health care settings.

SRH education and services targeted to young men are warranted in light of studies that indicate 42 percent of young men are sexually active, and young men tend to be sexually active earlier, account for a large number of those with STIs, report a greater number of sexual partners, and are often the initiators of sexual activity.<sup>1, 2</sup> In addition, researchers report that about 15 percent of adolescent men have contributed to a pregnancy.<sup>3, 4</sup>

## Supporting Information

The dearth of SRH education and services for young men may be attributed to a variety of factors. Experts surmise that this scarcity of services may be related to the realities that women sustain pregnancies, current health care practices focus on women’s health and positive birth outcomes, and there are limited contraceptive options for men.<sup>5</sup> In addition, while accepted screening guidelines are available for post-puberty young women, routine health guidelines do not exist for post-puberty young men. Finally, the large number of youth-supporting service providers and advocates who are women may contribute to a lack of social and political advocacy for services oriented to men.<sup>6</sup>

\* *Healthy Teen Network recognizes that not all people subscribe to social constructs of gender or a binary gender system. We use the term “man” (and associated nouns and pronouns) to refer to people who identify as men.*

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<sup>1</sup> Sonenstein, F. L. (2001). *Young men’s sexual and reproductive health: Toward a national strategy*. Washington, DC: Urban Institute.

<sup>2</sup> Martinez, G., Copen, C. E., & Abma, J. C. (2011). Teenagers in the United States: Sexual activity, contraceptive use, and childbearing, 2006–2010 National Survey of Family Growth. National Center for Health Statistics. *Vital and Health Statistics. Series 23, Data from the National Survey of Family Growth*, 23(31), 1–50.

<sup>3</sup> Martin, J. A., Hamilton, B. E., Osterman, M. J. K., Curtin, S. C., & Mathews, T. J. (2013). Births: Final data for 2012, *National Vital Statistics Report*, 62(9), 1–20.

<sup>4</sup> Martinez, G. M., Chandra, A., Abma, J. C., Jones, J., & Mosher, W. D. (2006). Fertility, contraception, and fatherhood: Data on men and women from Cycle 6 (2002) of the National Survey of Family Growth. *National Center for Health Statistics. Vital Health Statistics*, 23(26), 1–142.

<sup>5</sup> Brindis, C. D., Barenbaum, M., Sanchez-Flores, H., McCarter, V., & Chand, R. (2005). Let’s hear it for the guys: California’s male involvement program. *International Journal of Men’s Health*, 4(1), 29–53.

<sup>6</sup> Gavin, L., Moskowsky, S., Carter, M., Curtis, K., Glass, E., Godfrey, E., ...Zapata, L. (2014). Providing family planning services: Recommendations of CDC and US Office of Population Affairs. *Morbidity and Mortality Weekly Report*, 63(4), 1–63.