

SEXUAL AND REPRODUCTIVE HEALTH BEHAVIORS AMONG TEEN AND YOUNG ADULT MEN: A DESCRIPTIVE PORTRAIT

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OVERVIEW

When it comes to the reproductive health behaviors of teens and young adults, far more public attention has focused on women than on men. That's not surprising. After all, men don't actually have the babies. Yet the importance of understanding men's reproductive health behaviors should not be overlooked, given their potential implications for men themselves, as well as for their sexual partners and for children.

For example, risky sexual behaviors may lead to an unintended pregnancy or to acquiring a sexually transmitted infection (STI). As it is, STI rates are high in the United States, and teens and young adults (aged 15-24) account for one-half of new STI diagnoses.¹³ Thus, it is particularly important to examine reproductive health behaviors among men in this age group. It is important for other reasons as well. Men who father children at a young age are less likely than are other fathers to marry the mother of their child, and these young fathers have lower educational attainment and earnings than do older fathers.^{9,10} Moreover, children of young parents or children who result from unwanted pregnancies face economic disadvantage and have lower cognitive attainment and greater behavioral problems than do other children.^{2,3,8,9}

Recent data allow us to develop better insights into men's reproductive behaviors and motivations. This Research Brief draws on the male data file from the 2002 National Survey of Family Growth to present a descriptive portrait of reproductive health behavior among U.S. teen and young adult men. To develop this portrait, we examined survey results on several dimensions of reproductive health by age and by race/ethnicity. Specifically, we looked at nationally representative data for men between the ages of 15 and 24 related to sexual experience and activity, access to reproductive health services, condom use and motivation, and fertility.

Results of our analyses show that levels of recent sexual activity are fairly low, especially among teen men. However, we also found that receipt of reproductive health services among men—even among those who are sexually experienced—is also low, which is a cause for concern. Among other findings derived from our analyses was that more men reported that they use condoms for pregnancy prevention than to ward against disease.

SEXUAL EXPERIENCE AND ACTIVITY

This brief distinguishes between "sexual experience" and "sexual activity." A "sexually experienced" teen or young adult man has had sexual intercourse (defined here as heterosexual vaginal intercourse) at least once in his lifetime. A "sexually active" man has had sexual intercourse in the past three months. Sexually experienced men are at risk for both causing pregnancy and contracting a sexually transmitted infection (STI). Because not all

sexually experienced men may have been sexually active recently, current sexual activity is a better marker of sexual risk-taking than whether men have ever engaged in sex.

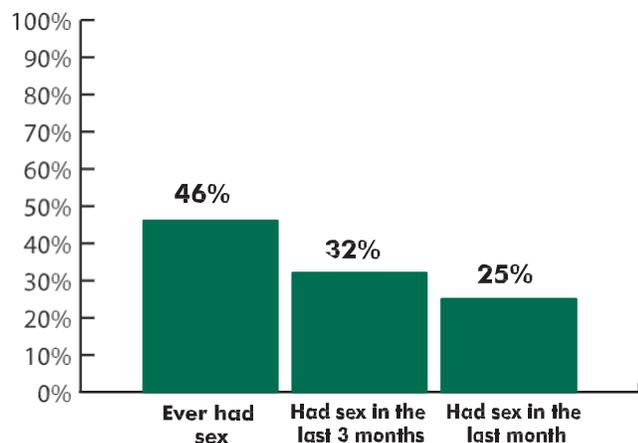
Note that all the data presented in sections of this brief pertain to 2002, the most recent year for which such data were available. Also, note that because male reproductive behaviors often differ by age, throughout this brief we present data separately for teens (aged 15-19) and young adults (aged 20-24).

ABOUT THE DATA SOURCE FOR THIS BRIEF

The 2002 National Survey of Family Growth (NSFG 2002), conducted by the National Center for Health Statistics, is designed to provide reproductive health information about men and women between the ages of 15 and 44.⁵ We used a sample of 2,059 men who were between the ages of 15 and 24 in 2002 for our analyses, including 1,121 teens (aged 15-19) and 938 young adults (aged 20-24). We examined the full sample of teen and young adult men for all outcomes except condom and contraceptive use. We restricted analyses of contraceptive use and condom use to unmarried men, because we expected that the contraceptive methods used would be different for married men. For analyses of condom use at the first sexual experience, we further restricted the sample to unmarried teen men who may be better able to recall their first sexual experience than older men.

For Figure 1 (sexual experience and activity), we restricted our analyses to teens. We used the full sample of teens and young adults for Figure 2 (racial/ethnic patterns in the receipt of sexual and reproductive health services). For analyses of condom use at the first sexual experience (Figure 3), we used a sample of 1,116 unmarried teens. For analyses of contraceptive use at the last sexual experience (Figure 4), we used a sample of 888 unmarried men aged 15 to 24 who had had sex in the three months prior to the interview; and for analyses of the reasons for condom use (Figure 5), we used a sample of 248 unmarried teens who had sex in the three months prior to the interview and who used a condom at the last sexual experience. For our analyses of births (Figure 6), we used the full sample of 2,059 men aged 15-24. For analyses of characteristics of recent births (Figures 7 and 8), we used a sample of 178 fathers aged 15-24. To measure intentions of recent births, we used only births that occurred in the five years prior to the survey. All analyses are weighted to present population-level estimates, and all differences presented in this brief are significant ($p < .05$).

Figure 1 Sexual Experience and Activity, Among All Teen Males Aged 15-19



Source: Child Trends Analyses of NSFG2002 Data

Not all sexually experienced young men are currently sexually active. Whereas almost one-half (46 percent) of teen men reported having ever had sexual intercourse, one-third of teen men reported having had sex in the last three months, and one-quarter of teen men reported having had sex in the last month. (See Figure 1.)

- Young adult men (aged 20-24) were more likely to be sexually experienced and sexually active than were teen men (aged 15-19). Among young adult

men, 87 percent reported having ever had sex, 69 percent reported being sexually active in the last three months, and 58 percent reported having had sex in the last month.

- Black and Hispanic teen men (aged 15-19) were more likely than were white teen men to report being sexually experienced (63 percent and 56 percent versus 41 percent) and to have been sexually active in the last three months (41 percent and 39 percent versus 29 percent). Almost one-third of black teen men (32 percent) reported that they had sex in the last month, compared with 23 percent of white teen men.
- Hispanic and black young adult men (aged 20-24) were also more likely than were white young adult men to be sexually experienced and active.

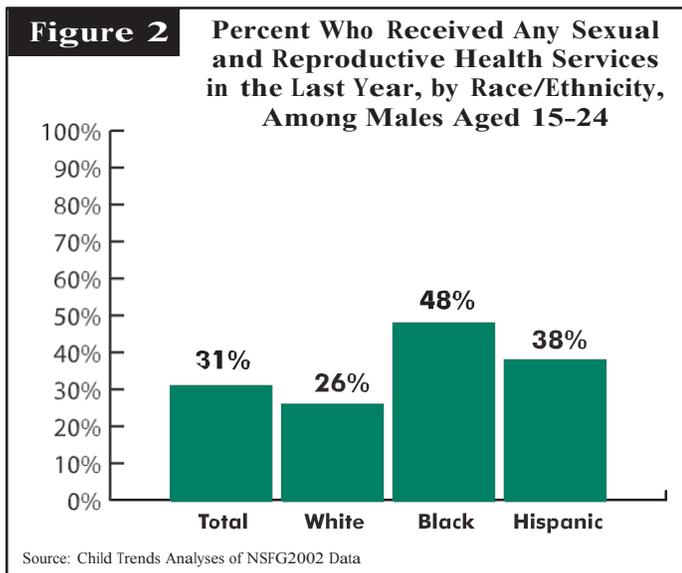
ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES

To help sexually active teen and young adult men to protect themselves and their partners against pregnancy and STIs, they would benefit from access to sexual and reproductive health services, including testing, treatment, and advice. However, women are far more likely to receive these services than are men, and men account for only five percent of

participants in Title X programs (the U.S. government's programs that provide funding for family planning services).¹¹

In our analyses, sexual and reproductive health services include receiving advice, testing, treatment, or other services relating to STIs, HIV/AIDS, birth control, or sterilization. Men may benefit from receiving advice or services related to these issues so they can make informed decisions about engaging in sexual activity, can share the responsibility of testing and treatment, and can help prevent pregnancy and STI transmission.⁷

Just under one-third of all men aged 15-24 received any sexual and reproductive health service in the last year. Thirty-one percent of men aged 15-24 received at least one sexual and reproductive health service in the past year, compared with 52 percent of women aged 15-24 (in separate analyses not shown here). While teen men and young adult men were equally likely to have received a service, receipt of sexual and reproductive health services varied by race/ethnicity and sexual experience.



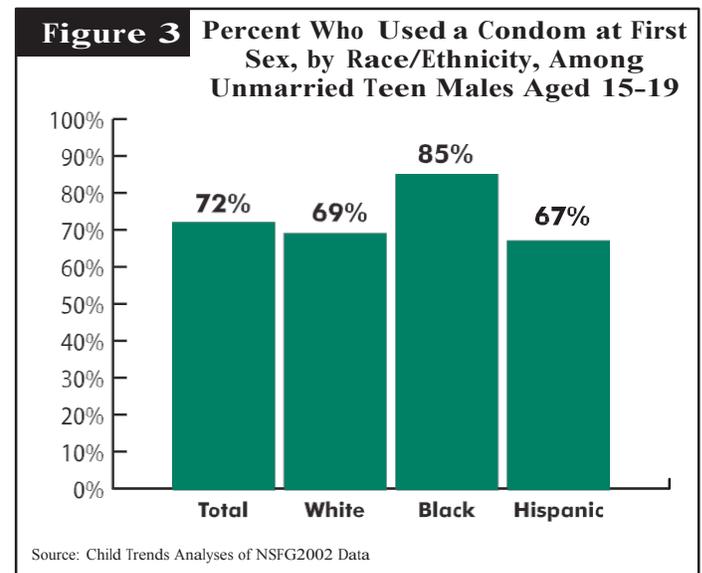
- Black men were more likely to have received a reproductive health service in the last year than were white and Hispanic men (48 percent of black men, compared with 38 percent of Hispanic men and 26 percent of white men). (See Figure 2.)
- Men who had ever had sex were more likely to have received any sexual and reproductive health service in the last year than were men who had never had sex (37 percent, compared with 21 percent).

CONDOM AND CONTRACEPTIVE USE

Men and their partners can help prevent pregnancy by using contraception and can help prevent STIs and pregnancy by using condoms. This section provides information on condom use at the first sexual experience and contraceptive use at the last sexual experience, as well as information on men's reasons for using condoms. We specifically highlight condom use because condoms require men to participate actively in pregnancy and STI prevention. Knowing the reasons that men decide to use condoms may help program providers encourage condom use by developing and disseminating more targeted messages about the effectiveness of condoms for STI and pregnancy prevention.

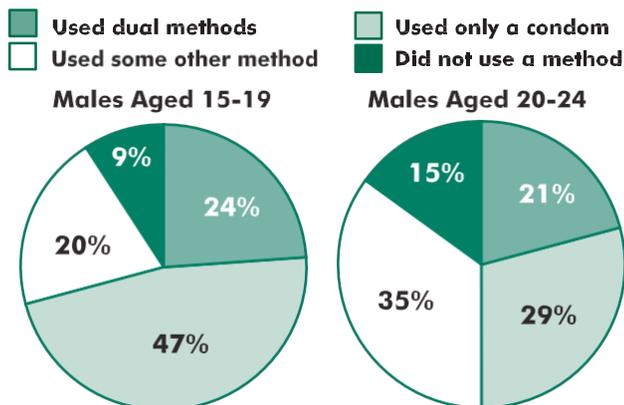
Most young men aged 15-19 report using a condom the first time they had sex. Seventy-two percent of all sexually experienced teen men reported that they used a condom the first time that they had sex.

- Black teen men were more likely than were white and Hispanic teen men to have used a condom the first time that they had sex (85 percent of black teen men, compared with 69 percent of white and 67 percent of Hispanic teen men). (See Figure 3.)



Teen men were more likely to use condoms than were young adult men, whereas young adult men were more likely to have used a different method. The majority of unmarried teen men (91 percent) and unmarried young adult men (85 percent) who had sex in the last three months reported using some method of contraception at

Figure 4 Contraceptive Use At Last Sex, By Age Group, Among Unmarried Males Aged 15-24



Source: Child Trends Analyses of NSFG2002 Data

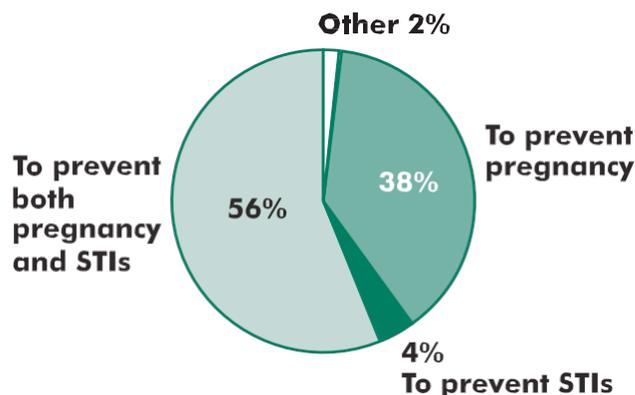
their last sexual experience. However, they differed on the type of method used. Unmarried teen men were more likely than were unmarried young adult men to have used condoms alone (47 percent, compared with 29 percent) at their last sexual experience, but young adult men were more likely to have used some other method, including hormonal methods used by a partner (35 percent, compared with 20 percent). (See Figure 4.) A similar percentage of teens and young adults reported dual method use at their last sexual experience, including a condom in combination with a hormonal method used by their partner (24 percent of teen men and 21 percent of young adult men).

- Black men were more likely than were white men to have used only a condom at the last sexual experience (51 percent versus 30 percent); and black men were less likely than were either white or Hispanic men to have used any other contraceptive method, such as a partner's use of birth control pills at the last sexual experience (12 percent versus 35 percent and 30 percent, respectively).
- Additionally, white men were more likely than were Hispanic men to have used dual methods at the last sexual experience (25 percent versus 13 percent). Twenty-one percent of black men reported that they used dual methods.

Nearly all men cite pregnancy prevention as a reason for using condoms, regardless of age or race/ethnicity. Among unmarried teen men, 56 percent reported that they used a condom at their last sexual experience to prevent both pregnancy

and STIs, whereas 38 percent reported that they used a condom to prevent pregnancy only, less than 5 percent reported that they used a condom to prevent STIs only, and 2 percent reported that they used a condom for some other reason. (See Figure 5.) Findings were similar among unmarried young adult men: 63 percent reported that they used a condom to prevent both pregnancy and STIs, 32 percent to prevent pregnancy only, 3 percent to prevent STIs only, and 2 percent for some other reason.

Figure 5 Reasons for Condom Use at Last Sex, Among Unmarried Teen Males Aged 15-19



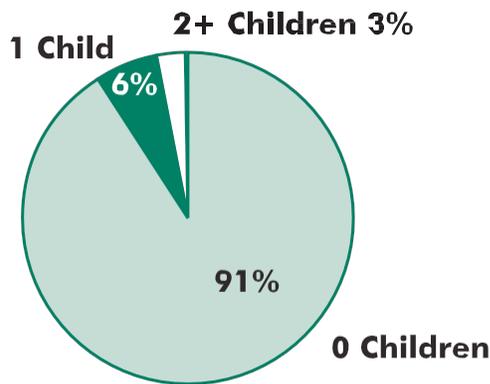
Source: Child Trends Analyses of NSFG2002 Data

- Thus, almost all teen and young adult men reported using condoms for pregnancy prevention (94 percent of teen men and 95 percent of young adult men). Fewer reported using condoms as a way to protect against STIs (60 percent of teen men and 66 percent of young adult men).
- Among men aged 15-24, blacks were more likely than were whites to report using condoms to prevent STIs only (10 percent, compared with 1 percent). In comparison, 2 percent of Hispanic men report using condoms to prevent STIs only.

BIRTHS

Births that occur outside of marriage, births to young parents, and births that are unintended or unwanted are all associated with negative outcomes for parents and their children. Fathers who are young, unmarried, and whose sexual relations result in unintended births are less likely to provide financial and time resources to their children, putting the children's cognitive and behavioral development at risk.^{1,3}

Figure 6 Number of Children Fathered, Among Men Aged 15-24

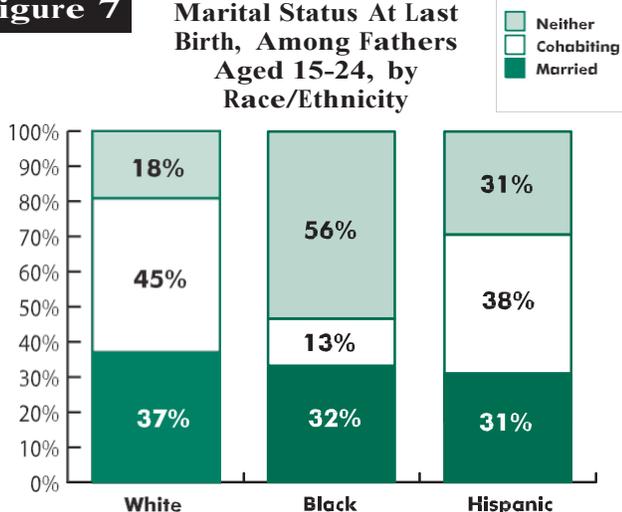


Source: Child Trends Analyses of NSFG2002 Data

Almost one in ten men aged 15-24 (9 percent) report that they have fathered at least one child. Six percent had fathered one child and 3 percent had fathered two or more children. (See Figure 6.) These figures differ by race/ethnicity. (We do not show any comparisons between teen and young adults on fatherhood because of small sample sizes).

- Hispanic and black men aged 15-24 were more likely than were white men to have fathered any children. Specifically, 20 percent of Hispanic men and 13 percent of black men reported that they had fathered children, compared with 6 percent of white men.
- Seven percent of Hispanic men and 5 percent of black men aged 15-24 reported that they had fathered two or more children, compared with 2 percent of white men.

Figure 7 Marital Status At Last Birth, Among Fathers Aged 15-24, by Race/Ethnicity

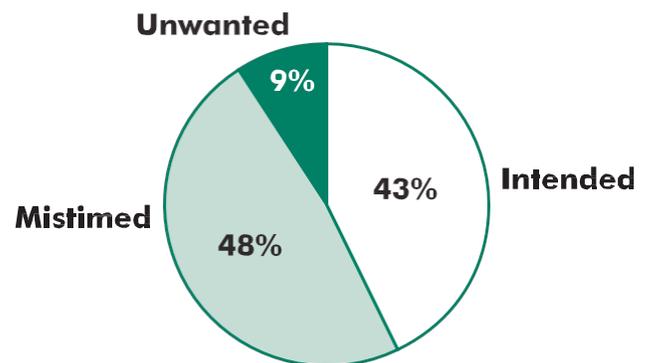


Source: Child Trends Analyses of NSFG2002 Data

Two-thirds of fathers aged 15-24 were unmarried at the time of the birth of their most recent child. One-third of fathers reported that they were married at the birth of their most recent child (33 percent), 38 percent reported that they were cohabiting with their sexual partner, and the remaining 29 percent reported that were neither cohabiting nor married.

- Similar proportions of white, black, and Hispanic fathers aged 15-24 reported that they were married at the birth of their most recent child.
- Black fathers were less likely than were white and Hispanic fathers to report that they were cohabiting at the time of the birth (13 percent versus 45 percent and 37 percent, respectively). (See Figure 7.)
- The percentage of black fathers aged 15-24 who reported that their most recent child was born outside of a marital or cohabiting union was three times that of white fathers (56 percent versus 18 percent). In contrast, 31 percent of Hispanic fathers reported that the most recent child that they fathered was born outside of a union.

Figure 8 Intendedness of Most Recent Birth in the Last 5 Years, Among Fathers Aged 15-24



Source: Child Trends Analyses of NSFG2002 Data

The majority of fathers aged 15-24 reported that the birth of their most recent child was unintended. Among all fathers (both married and unmarried), more than one-half of recent births (57 percent) were not intended—that is, the father reported that he did not want the pregnancy at that time or any time in the future (unwanted, 9 percent), or that he wanted the pregnancy at some time in the future but not yet (mistimed, 48 percent). (See Figure 8.)

- Similar proportions of white, black, and Hispanic fathers reported that the birth of their most recent child was unintended.
- Among unmarried fathers, 62 percent reported the most recent birth as unintended, including 49 percent that were mistimed and 13 percent that were unwanted.

SUMMARY AND DISCUSSION

This Research Brief has highlighted several dimensions of reproductive health among teen and young adult men, including sexual experience and activity, use of reproductive health services, condom use and contraceptive use, and fertility. The findings highlight some positive news about young men's reproductive health:

- **Levels of recent teen sexual activity are relatively low.** We found that fewer than one-half of teenage men aged 15-19 had ever had sexual intercourse and only about one-quarter were sexually active in the past month. National trends suggest that these percentages have been declining since the early 1990s,⁴ thus reducing the risk for men and their partners of acquiring STIs and having an unintended pregnancy.
- **A majority of unmarried teen men use condoms, especially the first time that they have sex.** Teens report historically high levels of condom use,⁴ thus reducing their risk of STIs and unintended pregnancies. The very high levels of condom use among African American men have been cited as one reason for dramatic declines in teen births among African Americans.¹²

These positive findings are counterbalanced by evidence of some male reproductive health concerns that merit attention:

- **Very few sexually experienced men have received reproductive health services.** Almost two-thirds of sexually experienced men aged 15-24 reported they did not receive any sexual or reproductive health service in the past year. Research has shown that women often have greater access to reproductive health services than do men, in part because women rely on clinics and doctors for contraceptive advice and services.⁷ However, reproductive health services are also important for men in order for them to make informed decisions about reproduc-

tive health and to be tested for STIs. Consensus among policy makers and providers of health services about the reproductive health services men should receive might help increase men's receipt of reproductive health services. It might also be helpful to develop better training for clinicians so that they will be prepared to provide these services to men and to foster better communication with and outreach to men to convince them of the importance and appropriateness of receiving these services.⁷

- **Condom use is lower among young adult men than it is among teens.** Unmarried young adult men are less likely to use condoms than are teen men. These young adult men are also more likely to rely on a partner for a contraceptive method. However, young adults report some of the highest rates of STIs,¹³ and one in four sexually active teens and young adults will contract an STI in a given year.¹⁴ This finding suggests the need to reinforce messages to keep using condoms to help avoid STIs. Sexually active young adults who are seeking to avoid unintended pregnancy should not decrease their use of condoms in favor of reliance on hormonal methods, which address only pregnancy prevention, but should continue to use condoms for disease prevention. Thus, dual method use—including condoms in combination with hormonal methods—represents the most effective approach for preventing pregnancy and STIs among those who are sexually active.
- **Overall, men are more likely to think of condoms as a way to prevent pregnancy than as a way to prevent disease.** Whereas the majority of condom users report that they use condoms to avoid both pregnancy and STIs, those who cite a single reason for condom use are much more likely to mention pregnancy prevention than disease prevention. This finding, which is consistent with prior research,¹⁵ suggests the need for programs to reinforce messages about the role of condoms as a method for avoiding STIs as well as unintended pregnancies, while also highlighting messages about the high risk of STIs among teens and young adults.
- **The families of young fathers may be at particular risk of poor outcomes.** Among

young adult men, one-fifth of Hispanics, 13 percent of blacks, and 6 percent of whites had ever fathered a child. Few of these young fathers were married at the birth of their most recent child, and the majority of men reported that these births were unintended (mostly because they had a child too soon instead of because the child was unwanted). Because of negative outcomes for parents and children associated with unintended pregnancy (including mistimed and unwanted pregnancies),² these numbers point to the potential benefits of helping men reduce their risk of fathering children they do not intend.

CONCLUSION

One premise underlying this Research Brief is that a better understanding of men's reproductive behaviors and motivations can help health providers, policy makers, and even parents to learn more about the circumstances of men in the teenage and young adult years. Our findings indicate that men are concerned about pregnancy and STIs. However, even though many teen and most young adult men are sexually experienced, relatively few have received reproductive health services that may improve the testing and treatment of STIs or provide advice about using condoms and birth control for pregnancy and STI prevention. In addition, recently released data indicate slight increases in sexual experience and activity, slight decreases in condom use, and higher rates of teenage childbearing,^{4,6} showing the importance of improving reproductive health behaviors among males and females. More targeted intervention approaches focused on male involvement in reproductive health in school, clinic, and community settings—as well as a better understanding of sexual and reproductive health decision-making among men, women, and couples—may help reduce high rates of STIs and teen, nonmarital, and unintended pregnancy and childbearing in the United States.

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