

Young Men's Sexual **AND** *Reproductive Health*

Toward a National Strategy

**FRAMEWORK AND
RECOMMENDATIONS**

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D E A R R E A D E R ,

The comprehensive health promotion effort presented here is a starting point for building a broader consensus about the value of enhancing the reproductive health of young men. It reflects the consensus of a working group of experts representing the major professional groups with leadership roles in this important policy area.

In this report we document the need for a broad new initiative to promote the sexual and reproductive health of young men, offer a comprehensive strategy to meet that need, identify the essential components of services that must be delivered, and recommend specific actions that can and should be taken immediately by community service providers and by federal agencies, in particular the Department of Health and Human Services (DHHS), to implement the new initiative.

The framework and recommended actions were developed by an interdisciplinary working group of experts, whose names and affiliations are listed on the following pages. They participated in a two-day working session at Airlie House in Virginia, September 28-29, 1999. The meeting was convened by the Urban Institute to address the lack of consensus about the scope, content, and delivery of reproductive health services for young men in the United States today. During the session, a group consensus developed about the need for a broad new initiative to promote the reproductive and sexual health needs of young men and the key elements of such an initiative. The papers prepared for the meeting form the foundation for the recommendations presented here. These papers were subsequently revised into chapters in a companion volume, *Young Men's Sexual and Reproductive Health: Toward a National Strategy: Getting Started*.

Freya Sonenstein, editor

This is a particularly opportune and critical time to launch a comprehensive health promotion initiative to address the unmet reproductive and sexual health needs of young men.

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CONTENTS

INTRODUCTION11

The introduction provides the context for the recommended health promotion effort. It explains why the focus needs to be on young men, the federal context of the proposed effort, and the source of the recommended initiative.

RATIONALE FOR ACTING NOW14

Section one provides the rationale for launching a new initiative now to promote young men's sexual and reproductive health. It describes the extent of unmet reproductive health needs of these young men and examines the reasons for their neglect. It documents the confluence of key demographic, policy, and service shifts that makes this a particularly opportune time to take action.

WHAT NEEDS TO BE DONE24

Section two offers the group's consensus on what needs to be done to overcome existing barriers to promoting young men's reproductive health. It explains the importance of placing young men's reproductive and sexual health within the broader context of adolescent development, offers a new definition of what constitutes sexual health, and develops a broad strategy to attain that vision. It identifies five key goals that must be met by a combination of services to effectively promote young men's reproductive health, and it explains how key elements of the strategy relate to these goals.

RECOMMENDED COMMUNITY AND FEDERAL ACTIONS32

The third section focuses on the implementation challenges and opportunities facing community service organizations and the relevant federal agencies, particularly DHHS. Specific recommendations suggest how to improve the capacity of communities and federal agencies to address the reproductive and sexual health concerns of young men.

BENEFITS OF A NATIONAL EFFORT42

The final section addresses the question of who benefits from expanding efforts to promote the sexual and reproductive health of young men. It suggests that, because of the universal value of this effort, the U.S. Surgeon General and DHHS take the lead to promote the dialogue and program experimentation required to ensure that these needs are addressed.

WHY FOCUS ON YOUNG MEN?

Human reproduction involves a man and a woman. In spite of this fact, efforts to improve reproductive health in the United States and elsewhere have typically targeted women.¹ But since men participate in sexual decisions and behavior associated with reproduction, the focus here is on the sexual and reproductive health of men in the United States and specifically on young men ages 12 to 24. While reproductive health is a concern for all men of all ages, the earliest part of the life course adolescence and early adulthood is of utmost importance. Promoting the sexual and reproductive health of young men is a keystone to enhancing their health overall, to reducing some of the major health risks they face, and to establishing habits that will protect them throughout their lives. Promoting sexual and reproductive health for young men, a population that has been largely ignored, can lead to new inroads in promoting healthier lifestyles, preventing disease transmission, and reducing the unplanned pregnancies and births that are implicated in poor outcomes for children.

FEDERAL CONTEXT OF HEALTH PROMOTION EFFORT

Making sexual and reproductive health an integral part of a broader health promotion effort for young men is consistent with the Surgeon General's *Evolving Health Priorities*. It also will contribute to achieving the health goals established

for the nation in the Healthy People 2010 initiative.² The initiative designates responsible sexual behavior as one of 10 leading health indicators for the nation, reflecting its status as a major public health concern as well as its amenability to change. The initiative targets the behavior of both men and women. But there is no traditional medical or public health infrastructure oriented to the sexual and reproductive health needs of men. Addressing these needs will require the development of new approaches and new partners for effective community health strategies. Such an effort can serve as a catalyst and model for other broad-based community health partnerships. Community partnerships are an important component of the Surgeon General's strategy to build a health system that balances treatment with disease prevention and health promotion.³

Reaching out to young men is not a new idea. The Office of Family Planning of DHHS funded a set of demonstration projects to encourage the involvement of men in the 1970s. The Office of Family Planning was established to administer Title X of the Public Health Services Act, to assist individuals and couples with the number and spacing of their children. Title X's federal family planning program, now a network of 4,600 family planning clinics, has grown and thrived for 30 years. In sharp contrast to this success, its early demonstration program designed to test the involvement of men in family planning clinics showed limited success and was discontinued.

The Title X program has now renewed its efforts to involve men, testing a variety of approaches to including men in promoting reproductive health. These approaches range from expanding family planning clinics' services for men to using community-based organizations already serving young men as venues for delivering reproductive health services. But lack of consensus about what reproductive health services for young men should look like and how this undefined complement of services should be delivered presents an enormous challenge.

SOURCE OF PROPOSED INITIATIVE

To help overcome this barrier, the Urban Institute convened a group of experts representing the major professional groups that could provide leadership for the development of reproductive health services for young men in the United States today. This group, whose names and affiliations are listed on pages 6-7, met for a two-day working session at Airlie House in Virginia on September 28-29, 1999, to review a set of working papers prepared for the meeting.⁴ The broad strategy and recommended actions presented here reflect the consensus developed by the participants at this meeting. The suggestions are grounded in part on the discussions held and on the information and analyses contained in the papers prepared for the meeting.

The following pages describe why the time is right for an initiative promoting young men's sexual and reproductive health, why it is so important, how it might be done, and how DHHS can help make it happen. The working groups' blueprint for action is presented as a starting point for building a broader consensus about the value of enhancing reproductive health among young men and for shaping promising intervention strategies.

Lack of consensus about what reproductive health services for young men should look like presents an enormous challenge.

Rationale for Acting Now

Recognition of mens crucial contribution to the healthy formation of families has increased remarkably over the past five years. This new awareness is apparent in the public policy realm, among service providers across the country, and among young men. The interest and energy of policymakers and service providers combined with the evident readiness of the men themselves make this moment particularly favorable for a new initiative promoting young mens sexual and reproductive health.

RECENT POLICY SHIFTS

More men than ever before are fathering children outside marriage and living apart from their children.⁵ Recognition of these demographic shifts, and their consequences for children who grow up without the economic or emotional support of their fathers, has led American lawmakers to require more men to take greater responsibility for their children, even when those children are unintended or are born outside marriage. Key elements of the nations welfare reform policy set forth in the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 discourage childbearing outside marriage, encourage abstinence until marriage, and step up efforts to link unmarried fathers with their biological children through establishment of paternity and enforcement of child support. A clear intent of this legislation, signaled by the name of the bill itself, is to encourage responsible behavior.

These legislative efforts parallel national campaigns and state and local programs that encourage men to get more involved with their families. Private initiatives range from faith-based campaigns to noncustodial fathers rights groups to programs aimed at shoring up fragile families.⁶ On the public side, the federal government has implemented the presidents 1995 memorandum to the heads of executive departments, which directs federal agencies to support the role of

fathers in families.⁷ And every state now has an initiative under way to encourage responsible fatherhood.⁸ At the individual level, attitudes about the father's role in the family have shifted, with increasing emphasis on his role as caregiver and nurturer, as well as breadwinner.⁹

Other more recent efforts are beginning to help men avoid unintended parenthood and become more active in choosing when to become fathers.¹⁰ This is, indeed, the first step in becoming a responsible father.¹¹ The past few years have brought many calls to include men in family planning strategies ranging from conclusions of the Institute of Medicine,¹² to the U.S. DHHS National Strategy to Prevent Teen Pregnancy,¹³ to the deliberations of the 1994 International Conference on Population and Development in Cairo and the 1995 Fourth World Conference on Women in Beijing. Thus, there is now general support for the goal of increasing men's participation in preventing unintended pregnancy. However, the type of male involvement, how the objective is to be attained, and how to pay for it are not yet clear.

There also is new interest and investment in identifying successful prevention programs, so that they can be more broadly implemented throughout the United States. These efforts range from rigorous reviews of the evidence about effective teenage pregnancy prevention programs conducted by the Centers for Disease Control and Prevention and the National Campaign to Prevent Teen Pregnancy¹⁴ to efforts to identify what makes HIV prevention programs succeed, especially community-based initiatives.¹⁵ Responding to criticism that no abstinence-only programs had undergone rigorous evaluation, Congress included funding in its 1996 welfare reform legislation for a scientifically conducted evaluation of the new abstinence-only programs. This evaluation is under way. While there is still more to learn, the reproductive health field is better equipped than before to take advantage of the accumulating knowledge about what programs and program elements work.

Recognition of men's crucial contribution to the healthy formation of families has increased remarkably over the past five years.

RECENT SHIFTS IN EXISTING SERVICES

Many family planning clinics around the country are finding new reasons to serve the male partners of their customary female clientele. A key concern has been the emergence of HIV and other sexually transmitted diseases (STDs) as major public health problems. Some clinics are discovering, for example, that breaking the cycle of reinfection requires them to treat the partners of the many women who test positive for STDs. The appearance of HIV and rising rates of STDs among their patients also have given clinics a more urgent interest in encouraging use of condoms, a contraceptive method that had languished during the 1970s as medical methods like the pill were increasingly the method of choice.¹⁶ Since 1979, condom use among adolescent men has more than doubled, and male condoms are now used more than half the time when teenagers have sex for the first time.¹⁷

The health care market is also putting new pressures on family planning clinics. Some clinics have sought to expand their clienteles. Some now offer a broader array of care for the whole family, including job and sports physicals as well as reproductive care STD testing and treatment, sterilization, fertility counseling for men. Other clinics forged partnerships with youth development and criminal justice agencies to provide reproductive services to underserved populations in these nontraditional venues.

Efforts of family planning clinics to serve men have grown substantially. In a 1995 survey of publicly funded family planning agencies across the country, 39 percent reported that some of their patients were men, and more than half (52 percent) of Planned Parenthood affiliates include male partners in education and counseling efforts.¹⁸ These efforts serve relatively few male clients overall, however. At the federal level, the Office of Family Planning is funding 30 projects to test new approaches to involving males in family planning. Some states also are

funding family planning services for men. California has one of the most comprehensive efforts, which includes funding by the state Office of Family Planning for 22 community-based agencies to develop and implement male involvement programs. A 1999 report issued by the Family Planning Councils of America, highlighting efforts in 10 states,¹⁹ calls meeting the reproductive health needs of men in our communities one of the best-kept secrets of Title X.²⁰

The past five years also have brought rapid growth in programs promoting men's involvement in families. The National Fatherhood Initiative reports more than 2,000 fatherhood programs across the country. Programs that include reproductive health promotion are more scarce. In 1995, about 100 such programs aimed at teenage and young adult men were identified across the country, and many were less than three years old.²¹

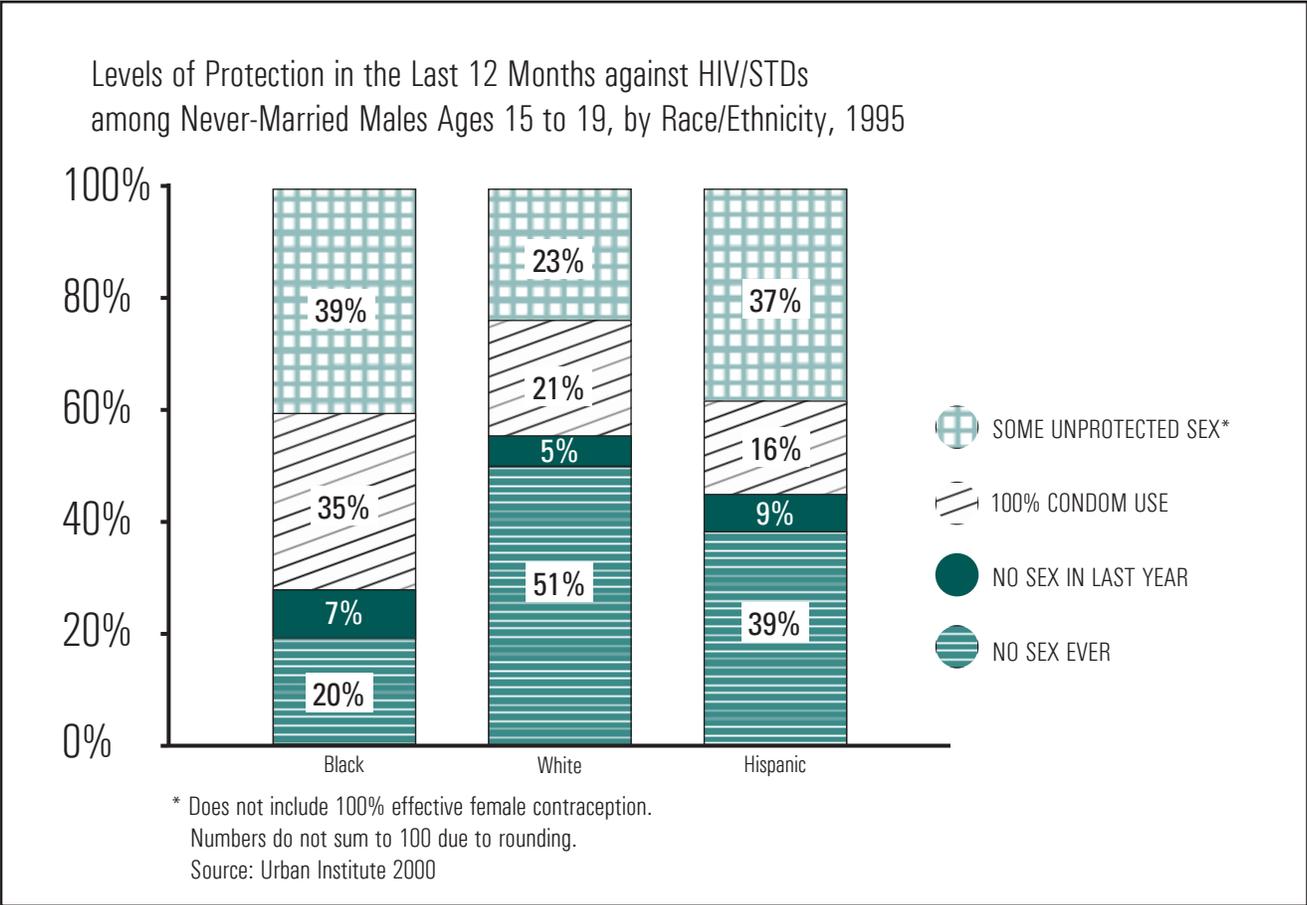
The field of male sexual and reproductive health is emergent. Much pioneering activity and enthusiasm are evident, not only among more traditional providers but also among the community-based agencies that often hold the trust of young men, particularly those disconnected from the mainstream. The next steps are to define the content of services, identify successful program models through inventorying program approaches, identify best practices, promote further innovation and partnerships, and invest in program evaluation for best bets.

RECENT POSITIVE CHANGES AMONG MEN

National surveys asking about men's attitudes and behaviors regarding sex, contraception, pregnancies, and births reveal that young men and women are still at high risk of unintended pregnancy and disease.²² The same surveys also show, however, that in recent years teenage men have begun to behave more cautiously in their sexual lives. Many of these men are highly motivated to use condoms and have dramatically increased their use of condoms since 1979.

There is now general support for the goal of increasing men's participation in preventing unintended pregnancy.

In addition, they have modestly cut back their levels of sexual activity since 1988. These two, in turn, have reduced the proportions of teen males who have had unprotected sexual intercourse in the past year. Still, the share of young men engaging in unprotected sexual intercourse remains high, and it is especially high among men of color. In 1995, just over one-fourth (27 percent) of all male teenagers reported having unprotected sex in the past year, but the proportions were substantially higher among African-American (40 percent) and Hispanic men (37 percent).²³



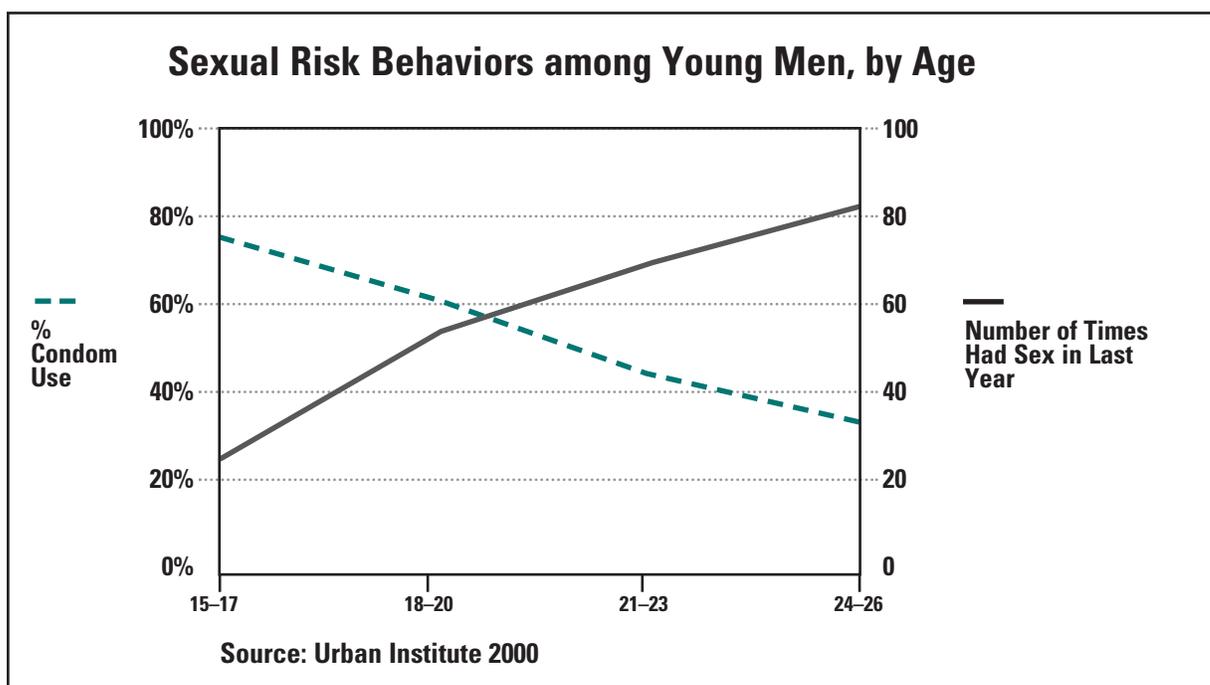
PARALLEL SHIFTS IN HEALTH OUTCOMES

As sexual risk-taking by adolescents declines, their health improves. National population data show declines in adolescent pregnancy and childbearing.²⁴ Disease surveillance data indicate that some STD rates among adolescents also have declined.²⁵ These declines, combined with the shift in health behaviors at the same time, strongly suggest that public health efforts to educate teenagers and the public at large about the dangers of HIV, other STDs, and unintended pregnancy are beginning to pay off. Even so, AIDS is the seventh leading cause of death among men ages 15 to 24,²⁶ and the physical, social, and economic costs of other STDs and unintended pregnancy remain great.

But adolescent men the targets of much of the public effort and rhetoric are not the age group with the greatest reproductive health risk. Young men in their early 20s actually face greater risks. They have sexual intercourse more often and use condoms less often (see chart on next page). One-third of unmarried sexually experienced men ages 22 to 26 have had three or more female sexual partners in the past year, compared with one-fifth of unmarried, sexually experienced men ages 18 and 19.²⁷ Not surprisingly, rates of STDs are also higher among men in their 20s. In 1998, the gonorrhea rate was 575 per 100,000 among men ages 20 to 24, compared with a rate of 355 among men ages 15 to 19.²⁸

These behavior patterns among men in their early 20s affect the health of female adolescents, because such men father most births to teenage girls. In 1988, 51 percent of births to girls ages 15 to 19 were fathered by men ages 20 to 24, for example; another 11 percent were fathered by men ages 25 to 29.²⁹ More generally, sexual relationships between teenage girls and older partners tend to be riskier than those between teen girls and their male peers, because use of contraception is lower with older male partners (Miller, Clark, and Moore 1997).³⁰ Among females, some STD rates peak among 15- to 19-year-olds, while among

Reducing sexual risk-taking among young adult men...is an important strategy for reducing high rates of STDs and childbearing among female teenagers.



males they peak among 20- to 24-year-olds. Thus, reducing sexual risk-taking among young adult men, as well as their sexual involvement with teen women generally, is an important strategy for reducing high rates of STDs and childbearing among female teenagers.

EXTENT OF UNMET REPRODUCTIVE HEALTH NEEDS OF MEN

Young men need more reproductive health information and services than they are getting. First, though in recent years young men have reduced their sexual risk-taking, more change is needed to protect them and their partners from AIDS, other STDs, and unintended or too early pregnancies and births. Second, young men report that they want more information about reproductive health issues than they receive. Parents often do not provide teens with

the help they need. Only half of teen men, for example, say they have spoken to their parents about a reproductive health topic.³¹ In addition, many opportunities for educating young men through school, family, the media, and health care professionals are missed. Third, many young men do not have access to preventive care or treatment. Together, these problems leave young men in need of much greater access to information and services that could enhance their reproductive health.

Most male teenagers (71 percent) had a physical exam in the past year. Yet relatively few report getting information about reproductive issues from their health care providers. Less than one-third (31.5 percent) of the group who had a physical reported discussing even a single reproductive health topic with their doctor or nurse (Porter and Ku 2000). A smaller proportion of men in their 20s (56 percent) had a physical exam in the past year, although a similar proportion (31 percent) of those who had been examined discussed reproductive health issues with a doctor or nurse. Their lower overall contact with health providers reduces the overall proportion of men in their 20s who receive reproductive health information from this source.³² Many of those providers miss prime opportunities for addressing reproductive health risks, like STDs, among this generally healthy population. And many men lack access to care altogether.

REASONS FOR INADEQUATE ACCESS TO HEALTH CARE AND INFORMATION

The absence of health insurance is a major stumbling block to access to care. The same survey that found that almost three-quarters of males ages 15 to 19 received a physical exam in the past year found that fewer than half of the 11 percent of males without health insurance received a physical exam.³³ Among men ages 22 to 26, regardless of insurance status, only 56 percent received a physical exam in

the past year.³⁴ Access to health care providers must be expanded, and the sexual and reproductive health content of these services must be improved.

Aggravating the situation for most young men is the absence of any special setting where they can go to seek gender- and age-appropriate reproductive and sexual health services. The nature of routine care generally differs for men and women. Reproductive health and family planning care are much more common for young women. No comparable system ensures that young men receive reproductive and HIV/STD-related preventive health services. Some family planning clinics are not able to meet the reproductive and sexual health needs of young men and are generally perceived as not very welcoming to men. Further, education and training materials on mens reproductive and sexual health are limited.³⁵ In 1998, out of the 4.4 million family planning users served by Title X clinics, approximately 3 percent were men (116,584). This number does not include STD and HIV tests (144,608) funded by Title X for male clients. If these tests were added, the number of men served might double but it would still represent a small share of the clientele.³⁶ While Medicaid and Title X pay for the overwhelming majority of sexual and reproductive health care for low-income women, no such recognized funding source is routinely available to low-income men.

The medical specialties most pertinent to mens sexual and reproductive health needs are urology and infectious diseases. However, few young men see, or need to see, these specialists. Primary care physicians such as pediatricians (including adolescent medicine), family practitioners, and internists provide the bulk of care to young men. As previously noted, many of these providers fail to respond to young mens sexual and reproductive health needs even though the American Medical Association,³⁷ the Society for Adolescent Medicine,³⁸ and a special commission sponsored by the Health Resources and Services Administration and the Health Care Financing Administration³⁹ recommend

that specific reproductive health services, counseling, and education be incorporated into routine care for adolescents. No medical or public health specialty responds comprehensively to sexual and reproductive health needs of young men, especially those beyond adolescence.

The lack of access of adolescents and young men to preventive health care in general, and to sexual and reproductive health care in particular, causes problems that can deepen over their lifetime. A recent survey commissioned by the Commonwealth Fund found that among adult men, one in four had not seen a physician in the past year, fewer than one in five said they would seek immediate medical care if they were sick or in pain, and one in five said they were not comfortable discussing their feelings with a doctor. Among men ages 50 and older, 41 percent had not been tested for prostate cancer.⁴⁰ Thus, few adult men develop health-seeking behavior in their youth that will protect their health, including their sexual and reproductive health, in their later adult years.

The lack of access of adolescents and young men to preventive health care causes problems that can deepen over their lifetime.

What Needs to Be Done

Most young men move from adolescence into adulthood with inadequate information about sex, little guidance about their sexual responsibilities and relationships, and little access to appropriate health care. Filling these gaps is a challenge that cannot be met with a single model.

PLACE REPRODUCTIVE NEEDS IN LIFE CYCLE CONTEXT

To understand how young men's reproductive health needs vary, those needs must be placed within the broader context of adolescent male development. Adolescence is generally divided into three phases: early, middle, and late. Although the phases have distinct and recognizable characteristics, young men pass from childhood into adulthood at different speeds, and their place along this path influences their needs and their abilities to address their reproductive health at different ages.

Early adolescence, which is typically ages 12 to 14 but can be earlier or later, is marked by the onset of puberty. Middle adolescence, around ages 15 to 16, manifests a strong orientation to peers. Late adolescence, beginning typically at age 17, ends with the transition to adulthood, marked by some combination of taking on adult work roles, marriage, or fatherhood.

The age at which the transition from late adolescence to adulthood actually occurs is difficult to pinpoint. In many communities, the transition may not be complete until the mid-20s, as young men only slowly gain the maturity and self-sufficiency to assume their role as an adult. Lack of economic opportunity may further slow this transition, because financial self-sufficiency is often considered one of the marks of a man. At the other extreme, absent fathers, family stress, and some peer relationships may cause younger teens to take on adult roles before they are ready. Adolescent fatherhood may force even younger adolescents into adult roles.

Because adolescence is a period of substantial developmental change, it is both unrealistic and inappropriate to have a single set of health goals for all young men.⁴¹ This has grown even more true as the time most young men spend between puberty and marriage has increased, creating wider variation in their sexual experience. For younger adolescents, reproductive health goals might focus on delaying the onset of sexual activity. For older adolescents, it may be necessary to focus more on protection from the potentially negative consequences of sexual activity.

Differences in the types of relationships with partners also must be taken into account. Some young men have long-term monogamous relationships, some engage in serial monogamous relationships, some have many partners, and some have sex only once in a while. Each pattern requires different approaches to promoting healthy behavior and protecting young men and their partners. This range of experience points to the importance of a client-centered approach to the delivery of services.

UNDERSTAND MULTIPLE RISK-TAKING OF YOUNG MEN

One final point about context: Efforts to reduce sexual risk-taking must recognize that adolescent men who experiment with sexual risk-taking are likely to be taking other risks as well. Many studies have noted a disturbing clustering of risk behaviors, such as sexual behavior, substance use, and violence, among adolescents.⁴²

According to one recent study, more than four out of five male 7th- to 12th-grade students engaging in unprotected intercourse also participate regularly in one or more additional health risk behaviors. These include regular tobacco use, regular alcohol use, regular binge drinking, marijuana use,

other drug use, weapon carrying, physical fighting, and suicidal thoughts or attempts.⁴³ Particularly troubling in the context of sexual risk is the tendency to combine sexual activity and substance use. One in five young men report having been drunk or on a drug high the last time they had intercourse.⁴⁴ More generally, a growing body of research is finding an association between substance use and a variety of sexual risk behaviors nonuse of condoms,⁴⁵ multiple partners,⁴⁶ earlier initiation of sexual activity,⁴⁷ casual sex,⁴⁸ trading sex for money or drugs,⁴⁹ as well as increased sexually transmitted diseases rates.⁵⁰ Clearly, adolescent males' sexual risk-taking cannot be addressed in isolation from experimentation or regular participation in other health-risk behaviors.

ESTABLISH A NEW VISION OF MEN'S SEXUAL HEALTH

Any effort to enhance young men's sexual and reproductive health needs a clear definition of sexual and reproductive health for young men. Because such a definition has remained elusive ever since the unsuccessful effort in the 1970s to include men in Title X's programmatic initiatives, the working group developed a set of consensus goals for a comprehensive sexual and reproductive health promotion strategy for young men.

The fundamental belief guiding this effort to define sexual and reproductive health services for men is the group's vision of what constitutes sexual health for men.

According to this vision,

All males will grow and develop with a secure sense of their sexual identity, an understanding about the physical and emotional aspects of sexual intimacy, and attitudes that lead to responsible behavior. Achieving these developmental goals will result in men postponing sexual intercourse until they are emotionally mature enough to manage the physical and psychological aspects of sexual intimacy. When they have sexual intercourse it will occur with as little risk as possible to either themselves or their partner.

To achieve these results, all young men living in communities throughout the country need access to a range of educational, counseling, clinical, and social support services that, in combination, fulfill five goals:

- Promote sexual health and development.
- Promote healthy intimate relationships.
- Prevent and control STDs, including HIV.
- Prevent unintended pregnancy.
- Promote responsible fatherhood.

To attain each of these goals, the working group suggests that a comprehensive reproductive health strategy for young men must do the following:

- Convey necessary information.
- Foster skills development.
- Promote positive self-concept.
- Identify and develop positive values and motivation to act on those values.
- Provide access to clinical care, as appropriate.

ACCOMPLISH FIVE KEY GOALS

Below is a short summary of the types of information, skills, self-images, values and motivation, and clinical services that could plausibly accomplish each of the five goals the working group has set for sexual and reproductive health services for young men. The list is not meant to be all-inclusive, but rather to serve as a starting point for discussion. The group hopes that such discussion and other efforts will lead to modifications and extensions as consensus grows about what the core content of such services should be. To facilitate comparative review, the summary is also reproduced in table form (see page 31).

1 PROMOTE SEXUAL HEALTH AND DEVELOPMENT. Necessary information under this goal includes normal male and female pubertal development, social and emotional development, hygiene, and components of a healthy lifestyle. Skills development includes working on communication and decisionmaking skills. Promoting a positive self-concept includes coverage of masculinity and male role identity, sexual identity, self-respect, and personal potential. (The content of this element remains fairly constant across the five goals.) Positive values can include respect for others, cultural appreciation, and the importance of physical health. Access to clinical care includes regular visits to a health provider, screening and treatment for anomalies, and referrals for other services.

2 PROMOTE HEALTHY INTIMATE RELATIONSHIPS. Information under this goal includes stages in romantic relationships, forms of sexual expression, and sexual coercion and violence. Skills development includes how to make decisions about initiating sex, how to refuse unwanted sexual overtures, how to avoid unhealthy relationships, and how to develop clear lines of communication with partners. Positive values can include the desirability of give and take in

relationships, and mutual fidelity. Clinical care includes counseling, screening and treatment of sexual dysfunction, and identifying potential physical, emotional, or sexual abuse.

3 PREVENT AND CONTROL THE TRANSMISSION OF STDs, INCLUDING HIV.

Information to be conveyed includes knowledge of the various types of STDs, how they are transmitted and prevented, and how they can be detected and treated. Skills development includes how to obtain and use condoms correctly and how to negotiate with partners about safe sex, including saying no to sex and obtaining information about the partner's HIV/STD risk status. In addition to the common elements promoting a positive self-concept, it is also important to convey recognition of personal vulnerability to disease. Positive values can include concern for one's own health and the health of one's partner. Access to clinical care includes screening, counseling, and treatment provided for all STDs. It also includes facilitating access to condoms through distribution programs or other approaches.

4 PREVENT UNINTENDED PREGNANCY.

Information to be conveyed includes the biological mechanisms underlying reproduction and the merits and side effects of various types of contraceptive methods. Men need information about female contraceptive methods. Skills development, again, includes how to negotiate safe sex. Because the most effective methods for pregnancy prevention are abstinence or methods used by female partners like hormonal contraceptives, intrauterine devices (IUDs), or sterilization, good communication with and expressions of support to these partners are also essential. An additional element of positive self-concept is conveying a sense of control over one's destiny. Positive values include life goals and how childbearing fits in. Clinical services include contraceptive counseling and services, counseling about pregnancies, and referrals for other health care.

5 PROMOTE RESPONSIBLE FATHERHOOD. Information to be conveyed includes the specifics about the responsibilities of parents, prenatal health and childbirth, child development, and well-child care. Skills development includes parenting and communication skills, which contribute to stronger parent-child and father-mother relationships. It also includes other life skills needed for the fulfillment of parental roles such as doing well in school, getting and keeping jobs, and managing finances. Promoting a positive self-concept includes recognizing the role of nurturance. Positive values include responsible fathering and manhood. Access to clinical services includes fertility services to have children when they are desired and the screening and treatment of infertility.

DELIVER SERVICES EFFECTIVELY

To be effective, the mechanisms through which this content is delivered need to be varied and extremely flexible. Four major channels provide the most effective ways to reach young men: education, counseling, clinical services, and various support services. The rationales for the first three are relatively obvious. The rationale for the fourth, support services, may need to be spelled out. The environment in which a young man is raised, the people with whom he has contact, and the opportunities and challenges of life presented to him will influence the health risks he faces and his sexual and reproductive decisionmaking. For this reason, enhancing the reproductive health of young men potentially necessitates not only clinical services, health education, and counseling but also a range of support activities such as recreation, employment and training, and spiritual guidance, which promote healthy social development, a positive self-image, meaningful interpersonal relationships, educational attainment, and meaningful employment. In addition, a comprehensive strategy must include efforts to change the environments of young men by also targeting policies and community norms and values for transformation.

Suggested Core Content

Sexual and Reproductive Health Services for Young Men

	Goal 1	Goal 2	Goal 3	Goal 4	Goal 5
	PROMOTE SEXUAL HEALTH AND DEVELOPMENT	PROMOTE HEALTHY INTIMATE RELATIONSHIPS	PREVENT AND CONTROL STD/HIV	PREVENT UNINTENDED PREGNANCY	PROMOTE RESPONSIBLE FATHERHOOD
Information	<p>normal anatomy and pubertal development</p> <p>social and emotional development</p> <p>hygiene</p> <p>STDs/HIV</p> <p>where and how to access services</p> <p>nutrition</p> <p>physical activity</p>	<p>stages in romantic relationships</p> <p>readiness for sexual involvement</p> <p>forms of sexual expression</p> <p>sexual coercion and violence</p>	<p>STD symptoms and transmission</p> <p>diagnosing and treating STDs</p> <p>prevention strategies (including effectiveness of condom use)</p> <p>prevalence of diseases</p> <p>short- and long-term consequences of STDs (for men and women)</p> <p>where to get condoms</p>	<p>contraception and its effectiveness (incl. 100% effectiveness of abstinence)</p> <p>reproductive biology and how pregnancy occurs</p> <p>where to obtain contraceptives</p> <p>consequences/costs (of pregnancy/contraception)</p> <p>forms of sexual expression</p>	<p>responsibilities of parents</p> <p>prenatal health and childbirth</p> <p>child development</p> <p>child health and well-child care</p> <p>paternity establishment, child support, and visitation</p>
Skills	<p>resisting peer pressure</p> <p>communication</p> <p>decisionmaking</p> <p>self-advocacy</p> <p>risk assessment and avoidance</p> <p>setting and achieving goals</p>	<p>communication and listening</p> <p>partner selection and avoiding unhealthy relationships</p> <p>negotiating safe sex</p> <p>recognizing difference between consent and coercion</p> <p>violence prevention</p>	<p>negotiating sexual activity and setting limits</p> <p>negotiating condom use</p> <p>how to use condoms properly</p> <p>communication (with partner about sex)</p> <p>how to recognize STD symptoms</p> <p>how to access services</p> <p>how to ask for more information</p>	<p>negotiating sexual activity and setting limits</p> <p>communication (with partners, providers)</p> <p>decisionmaking</p> <p>how to access services/resources</p> <p>resisting peer pressure</p> <p>how to be intimate with partners</p> <p>how to use contraceptives</p> <p>how to use condoms properly</p>	<p>parenting skills</p> <p>life skills (e.g., job, housing, medical care, etc.)</p> <p>training and opportunities for financial self-sufficiency</p> <p>communication (child and child's mother)</p>
Positive Self-Concept	<p>self-esteem</p> <p>self-respect</p> <p>sexual identity/orientation</p> <p>gender roles</p> <p>personal potential</p>	<p>self-esteem</p> <p>self-respect</p> <p>sexual identity/orientation</p> <p>gender roles</p>	<p>self-esteem</p> <p>self-respect</p> <p>awareness of vulnerability</p> <p>self-efficacy</p> <p>sexual identity/orientation</p>	<p>self-esteem</p> <p>self-respect</p> <p>confidence in the future</p> <p>sense of control over one's life and decisions</p>	<p>self-esteem</p> <p>self-respect</p> <p>nurturance</p> <p>sense of control over one's life and decisions</p>
Values and Motivation	<p>respect for others</p> <p>spirituality</p> <p>family expectations</p> <p>healthy lifestyles</p> <p>value of education</p> <p>social responsibility and contribution</p> <p>cultural appreciation</p> <p>value of healthy sexuality</p>	<p>healthy relationships</p> <p>role expectations</p> <p>mutual fidelity</p>	<p>health as a priority</p> <p>concern for partner's health</p>	<p>women's/men's role in contraception</p> <p>women's/men's role in pregnancy</p> <p>setting and achieving life goals</p> <p>parenting as a life goal</p>	<p>values regarding parenthood/fatherhood</p> <p>values regarding "being a man"</p>
Clinical Services	<p>physical exam</p> <p>screening for development abnormality</p> <p>primary health care services</p> <p>preventive health services</p> <p>mental health assessment</p> <p>access to services including counselors (adult and peer), mentors, health educators</p>	<p>physical exam</p> <p>screening and treatment for sexual dysfunction</p> <p>screening and treatment for sexual abuse</p> <p>counseling (individual, relationship)</p>	<p>physical exam</p> <p>STD testing, treatment, partner referral</p> <p>HIV testing and counseling</p> <p>HIV follow-up care</p> <p>counseling (safe sex)</p> <p>access to condoms</p>	<p>physical exam</p> <p>counseling (contraception, pregnancy options)</p> <p>contraceptive services (with partner)</p> <p>referral for health services</p>	<p>physical exam</p> <p>fertility assessment</p> <p>child health and well-child care</p> <p>support groups for young fathers</p> <p>referral for health, mental health, and other services</p>

Recommended Community and Federal Actions

Typically, agencies in communities specialize in some but not all of the types of services described in the preceding section. It is not realistic to expect organizations to provide every service young men potentially need. Community agencies have different capacities and will prioritize issues differently based on their community resources, their history, their mission, and how prepared they are to engage in reproductive health services for young men. For example, a health clinic may concentrate on integrating various areas of reproductive health, such as STD prevention and control, HIV prevention, and family planning services, but look to other organizations to gain access to (and the trust of) the young men they need to reach. Community-based youth-serving organizations that regularly see at-risk males may facilitate access to another organizations clinical reproductive health services for their clients. These examples demonstrate that the initiating agency can be a clinic, a neighborhood-based youth development organization, or some other type of community agency. The important point is that few agencies will be able to deliver comprehensive sexual and reproductive health services to young men alone. Partnerships across agencies are essential.

IMPORTANCE OF COLLABORATION AMONG COMMUNITY ORGANIZATIONS

Thus, to provide access to a full range of reproductive health resources for young men, most organizations will need to reach out into their communities and create partnerships with other agencies that specialize in complementary areas of reproductive health or service delivery modalities. Ideally, organizations can work together to create a network of services that benefits young mens sexual and reproductive health, maximizes reliance on community strengths and resources, and is easily accessible by youth.

The broader the range of desired activities, the greater the need for interaction with other organizations. Collaborative efforts will require the commitment of a wide variety of stakeholders, including young men themselves, their partners, their families, and their communities; many different types of nongovernmental health and social service organizations; and various sectors of local, state, and federal government. These groups bring different types of skills, expertise, and sensitivities to the promotion of men's reproductive health.

The desire to reach underserved populations further propels the need to collaborate across agencies. Because health providers have traditionally found it hard to reach young men, forming partnerships with other community organizations that have longstanding experience working with young men is a promising strategy for them. Alliances with organizations offering activities that are especially attractive to young men, such as sports or job preparation, can be a good approach to recruiting young men into health promotion and care services. Collaborating with agencies that have captive populations of particularly high-risk young men with special needs, such as shelters for runaway and homeless youth, the foster care system, or the juvenile justice system, is yet another promising way to broaden the base of populations served. Beyond the young men themselves, agencies may want to reach the broader environments that shape these youth: their families; schools; communities; health, welfare, and social service agencies; government; and the business sector.

The desire to reach underserved populations further propels the need to collaborate across agencies.

VALUE OF STARTING SMALL

Where existing resources are scarce, small-scale efforts (such as educational initiatives or pilot programs) may be the only realistic starting place. These efforts are worthwhile if they are planned thoughtfully and conducted well. However, making a commitment to address the reproductive health needs of young

The working group's overarching recommendation is that the U.S. Surgeon General spearhead a broad Young Men's Health Initiative to address these problems.

men even if the effort is quite focused, like a health fair or a media spot almost inevitably leads to additional opportunities to do more. For example, a simple media spot encouraging young men to be screened for STDs requires capacity in the community to conduct the tests, provide treatment, convey information, teach partner communication skills, follow up with partners, and provide other services that might keep young men from needing the screening and treatment again. Once young men are engaged and motivated to improve their reproductive health, organizations need to be able to either provide the needed services or create partnerships with the clinical and other resources that meet young men's reproductive and other health needs. Many communities do not currently have anything approaching a full range of clinical and sexual reproductive health services for young men.

FEDERAL CHALLENGES AND OPPORTUNITIES

Promoting the sexual and reproductive health of young men is an extremely important and neglected policy concern one of many aspects of young men's health that needs more attention and resources from the federal agency with the key responsibility for meeting these health needs, the U.S. Department of Health and Human Services (DHHS). The health of many young men in the country is compromised by participation in health-risk behaviors and lack of access to adequate health care and support services that affect their ability to make successful transitions into adulthood and lead to unacceptably high rates of mortality and morbidity. Consequently, the working group's overarching recommendation is that the U.S. Surgeon General spearhead a broad Young Men's Health Initiative to address these problems.

KEY ACTIONS NEEDED BY SURGEON GENERAL

To implement a broad Young Men's Health Initiative, the working group recommends that the Surgeon General immediately take the following actions and rigorously evaluate these efforts three years after implementation:

Determine Extent of Existing Federal Efforts. Solicit statements from the relevant operating agencies within DHHS Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, Office of Population Affairs, National Institutes of Health, Health Resources and Services Administration, Bureau of Primary Care, Bureau of HIV/AIDS Prevention, Administration for Children and Families, and others to describe their goals, plans, and financial resources they have that will address the pressing health needs of young men in the United States.

Assess Adequacy of Insurance Coverage. Review Medicaid and the State Children's Health Insurance Program (SCHIP) for the extent to which they provide coverage for the male health clinical package of services including sexual and reproductive health services, as well as for their outreach and enrollment strategies targeting young men. Particular attention should be paid to issues of confidentiality.

Expand Current Federal Efforts. Request additional funding from the Secretary of DHHS to support new program initiatives and to conduct research and evaluation to identify best practices.

Document Gaps between Needs and Federal Services. Develop a report on young men's health in the United States, to document the health condition of young men and to examine the evidence about DHHS's ability to address their health needs.

Toward a National Strategy

The working group also urges the Surgeon General to make sexual and reproductive health concerns a major priority within this effort.

Integrate Young Men's Health Needs across Federal Efforts and Agencies. Actions here would include integrating young men's health into the U.S. Department of Health and Human Services Interagency Fatherhood Initiative; including a broader array of young men's health objectives and indicators among the Healthy People 2010 priorities; and reaching out to other federal agencies such as the Departments of Education, Justice, Labor, and Defense to develop coordinated efforts addressing young men's health needs.

Expand Training of Health Professionals. Provide leadership in the expansion of training for health professionals and others regarding young men's health.

Reorient Focus of Managed Care Providers. Spur medical directors of major managed health care programs to address young men's health.

Collaborate with Media to Convey Positive Images. Partner with the media to highlight how current images of men may convey messages that are harmful to their health and to spotlight the health needs of young men.

The working group also urges the Surgeon General to make sexual and reproductive health concerns a major priority within this effort. To this end, the group offers more specific recommendations about how to improve the capacity of the communities and federal agencies to address these concerns.

Monitor the Five Goals. First, the overall goals set by the working group are consistent with the Healthy People 2010 goals for the nation, such as the prevention of STDs and unintended pregnancy. However, a system for monitoring and measuring the receipt of services by men and the outcomes is still underdeveloped for the Healthy People Campaign. The group recommends explicitly monitoring the attainment of its goals for young men's sexual and reproductive health.

Young Men's Health Initiative

The goals are repeated here for emphasis:

- Promote young men's sexual health and development.
- Promote healthy intimate relationships.
- Prevent and control STDs, including HIV.
- Prevent unintended pregnancy.
- Promote responsible fatherhood.

Target Most Vulnerable Groups. Second, while all men face a current health care system that is mostly unresponsive to their sexual and reproductive health, the working group identified seven high-priority target populations because of their higher levels of participation in risky sexual behaviors, their greater levels of negative reproductive health outcomes, and their greater barriers to service. These populations are (1) young men of color, (2) men living in poverty or impoverished neighborhoods, (3) out-of-school men, (4) men involved in the criminal justice system, (5) men in foster care, (6) gay/bisexual men, and (7) men in their early 20s. Substantial numbers of young men fall into at least one of these at-risk groups. Many belong to more than one of these groups and face multiple and related sources of disadvantage.

Emphasize Collaboration across Agencies and Organizations. Third, any action to promote sexual and reproductive health is encouraged. But the working group particularly recommends that community agencies and organizations collaborate to leverage existing resources and to develop new resources that will provide accessible and effective educational, counseling, clinical, and other supportive services for young men.

Toward a National Strategy

These collaborative efforts should:

- ▶ Promote a comprehensive, client-centered approach to sexual and reproductive health.
- ▶ Provide a minimum standard of clinical sexual and reproductive health services for young men.
- ▶ Ensure meaningful community involvement through the participation of organizations that are rooted in the community, that hold community trust, and that have a longstanding relationship with young men in the community. These types of organizations can be lead agencies or partners.

Building partnerships across agencies and organizations is challenging but can be highly rewarding when the result is a comprehensive range of services that meets young men's sexual and reproductive health care needs.

Strengthen Federal Facilitator Role. DHHS should take steps to facilitate the development of collaborative partnerships. One obstacle to establishing and maintaining sexual and reproductive health programs for men is the scarcity of designated sources of funding for such programs. No federal program has a mandate or mission to serve the sexual and reproductive health needs of men. At the same time, several relevant federal programs that do exist are underutilized for delivery of these services to male populations.

Federal health insurance programs such as Medicaid and the State Children's Health Insurance Program (SCHIP) could be more important in reimbursing the clinical component of men's reproductive health services. It must be noted, though, that reproductive health services represent a minuscule fraction of these programs' multibillion-dollar budgets. And men's health projects will need to maneuver within the rules, requirements, and managed care aspects of these vast insurance programs if they are to be successful in tapping their funds. In particular, DHHS should examine whether certain dimensions of Medicaid and

Young Men's Health Initiative

SCHIP implementation, including the issue of confidentiality, unintentionally act as barriers to reimbursing reproductive health services delivered to young men.

Existing federal grant programs also can be tapped to broaden access to sexual and reproductive health care for young men. The relevant programs are the Title X Family Planning Program, the Title XX Adolescent Family Life Program, the Centers for Disease Control Reproductive Health and HIV and STD Prevention Programs, the Title V Maternal and Child Health Block Grant Program, the Community Health Center Program, the Ryan White Care Act, the Title XX/Social Services Block Grant Program, and Temporary Assistance for Needy Families. In addition to these are other categorical grant programs from agencies such as the Substance Abuse and Mental Health Services Administration and the Health Resources and Services Administration that could support some of the services recommended.

Ease Access to Federal Funding. To deliver the full range of services, community agencies will almost certainly need multiple sources of funding. While doing this is cumbersome for program administrators because of the need for multiple grant applications and the fragility of some sources of funding such as demonstration programs, it does reflect the current fiscal reality faced by health and human service agencies throughout the country, including family planning agencies. DHHS should take the following steps to ease access to funds and build the capacity of agencies to use them for sexual and reproductive health services for young men:

- Request additional funding from the Secretary for a program that supports community agencies in gaining access to existing resources to deliver sexual and reproductive health services to men. Without some programmatic funds devoted to building infrastructure and supporting key administrative functions, the working group strongly believes that community agencies will be unable to access existing resources and maintain continuity of services.

DHHS should take steps to ease access to funds and build the capacity of community agencies to use them for sexual and reproductive health services for young men.

Toward a National Strategy

- Solicit plans from the relevant operating agencies within DHHS that show how those agencies will contribute resources to meet the sexual and reproductive health needs of men.

- Support technical assistance and training for agencies to build their capacity to access existing sources of financial support, including nonfederal funding sources.

Enhance Information and Technical Assistance. DHHS can encourage community agencies to develop services for young men in addition to providing program financing. A key function is supporting activities that will promote the dissemination of knowledge about effective service approaches, community mobilization strategies, innovative ideas, and administrative practices. DHHS should also encourage and fund communication among programs, so that existing knowledge and experience can be readily shared and integrated quickly into practice. Making this knowledge and experience accessible to planners of new programs is essential to the effective mobilization and use of people resources in communities. The working group recommends that DHHS provide support for the following:

- A clearinghouse to inventory and collate information about existing program approaches and to make them readily accessible to programs and program planners.

- Training and technical assistance to community agencies and program planners.

- Forums in which innovative ideas and practices can be shared.

- Dissemination of information and program promotion.

Young Men's Health Initiative

Build a Stronger Research and Evaluation Base. DHHS should support basic and program evaluation research to build an information base capable of monitoring shifts in the sexual and reproductive health of young men in the United States, gaining an understanding of the factors contributing to outcomes for various population groups, and identifying effective program practices. A continual investment in research and development will build the base of knowledge and contribute to innovation. Strategies include the following:

- ▶ Supporting and encouraging routine national surveys that include measures of men's sexual and reproductive health. For example, the National Survey of Family Growth in 2002 is planning to include men in the sample for the first time.

- ▶ Supporting analysis of data from surveys and other sources to build an understanding of the factors contributing to better sexual and reproductive health outcomes.

- ▶ Supporting innovative demonstration programs in which new programmatic approaches can be tested and studied.

- ▶ Supporting rigorous outcome evaluation of programs to identify programs that are very promising models of service delivery.

Support More Effective Professional Training. DHHS should support the development of training curricula for health professionals and other community agency personnel to provide them with the information and skills needed to deliver sexual and reproductive health services to young men. In addition, curricula are needed for medical schools and other institutions providing training to health professionals and for continuing education for personnel in the field. The development of such curricula will also build consensus about the core content and practice of promoting young men's sexual and reproductive health.

A continual investment in research and development will build the base of knowledge and contribute to innovation.

Benefits of a National Effort

YOUNG MEN THEMSELVES

Expanding efforts to promote the sexual and reproductive health of young men in the United States will improve health outcomes among the young men themselves, their partners, their children, and society as a whole. A broad strategy to facilitate the development of young men into physically and emotionally healthy adults must focus on the whole array of their health needs, with sexual and reproductive health an important part. Meeting the sexual and reproductive health needs of young men, as the working group has stated, will increase mens knowledge and understanding of their own health including their sexual health and give them better skills to reduce disease and to adopt healthy lifetime practices. Men will also benefit from increased understanding and better skills to negotiate and sustain successful relationships with partners. And they may avoid premature fatherhood and unintended pregnancies and births. Offering both men and women the means and opportunity to plan their families may lead to greater nurturing and parental support for the children they have.

FEMALE PARTNERS

Providing men with the knowledge and skills that many of them lack will complement and leverage existing investments in womens reproductive health services. These mens sexual partners will reap similar benefits in the form of reductions in disease and unintended pregnancies and births. Partners will also experience more support from these men for their own preventive health efforts. And improved communication and negotiation between partners will improve the chances of healthy relationships that sustain themselves over time, to the benefit of both partners and their children.⁵¹

SOCIETY

Society as a whole also will benefit from investing in promoting sexual and reproductive health for men. The public sector now pays a substantial amount to cover health costs associated with STDs. It also covers the birth and delivery costs of people not covered by private health insurance. Additional public funds are expended to establish paternity for nonmarital children and to collect child support for children who do not live with their biological fathers. To the extent that efforts to promote male sexual and reproductive health lead to reductions in STDs or unintended pregnancies and births, these investments will pay for themselves.

Promoting the sexual and reproductive health of young men in the United States could produce direct health benefits for the men themselves and additional benefits for their partners, their children, taxpayers, and the social fabric of our society. As this report shows, developing strategies to deliver the array of services needed to accomplish this objective will require commitment, ingenuity, a break with tradition, and collaboration across diverse community agencies. Each of these requirements will create both psychic and financial demands beyond the actual dollars that are required for programs and services. While the working group acknowledges the scope and difficulty of the task, it believes that the benefits resulting from integrating men's sexual and reproductive health needs into public health promotion efforts will be well worth the investment. The group urges the U.S. Surgeon General and DHHS to provide leadership in promoting the dialogue and program experimentation now required to ensure that the sexual and reproductive health needs of both young men and young women in the United States are addressed.

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For Further Information

The recommendations set forth here are based in part on papers prepared by members of the working group for the 1999 Airlie House Conference (see pages 6-7). The edited papers are chapters of a companion publication, *Young Men's Sexual and Reproductive Health: Toward a National Strategy: Getting Started*, November 2000, Urban Institute Press. Below is the table of contents for this companion volume:

Young Men's Sexual and Reproductive Health
Toward a National Strategy:
Getting Started
Freya L. Sonenstein, editor

TABLE OF CONTENTS:

Framework and Recommendations for a Young Men's Sexual and Reproductive Health Initiative

Freya L. Sonenstein

Why Males, Why Now: The Rationale for Addressing the Reproductive Health of Young Men

Laura Duberstein Lindberg and Freya L. Sonenstein

Young Men's Sexual and Reproductive Health: A Framework

Laura Porter, Freya L. Sonenstein, and Laura Duberstein Lindberg

Clinical Care for the Sexual and Reproductive Health of Adolescent and Young Adult Men

Jonathan M. Ellen

Getting Started: Practical Advice

Claire Brindis, Laura Porter, Hector Sanchez, and Freya L. Sonenstein

The Keys to Enhancing Young Men's Reproductive Health:

Collaborative Partnerships

Kay A. Armstrong, Shawn E. Gibson, Roberta Herceg-Baron, and Dorothy Mann

Financing Young Men's Reproductive Health Projects

Leighton Ku, Christina Pallitto and Laura Porter

Appendix: Useful Web Sites

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