



Position statement

Advocating for Adolescent and Young Adult Male Sexual and Reproductive Health: A Position Statement From the Society for Adolescent Health and Medicine

Society for Adolescent Health and Medicine



 A B S T R A C T

There is a critical need to improve the sexual and reproductive health (SRH) education and care of adolescent and young adult (AYA) males around the globe, as SRH is a basic human right for all AYAs. This special attention toward the SRH of AYA males is warranted given the fact that they often have difficulty accessing SRH services and education relative to their female counterparts and have higher rates of sexual risk behaviors than females. To promote AYA males' SRH and the health of their sexual partners and children, the Society for Adolescent Health and Medicine (SAHM) recommends that leaders in research, policy, public health, and clinical practice develop and implement evidence-based, comprehensive SRH education that supports AYA males at school, within communities and families, and through healthcare services that are developmentally appropriate, gender affirming, inclusive of, and informed by AYA males. Additionally, SAHM recommends that healthcare systems and healthcare professionals (HCPs) across disciplines establish and implement competencies for SRH education and skills preparation to meet the unique needs of AYA males across diverse healthcare and community settings. This statement examines multilevel barriers that AYA males face in accessing comprehensive SRH education and services and makes recommendations aligned with the World Health Organization's 2030 Sustainable Development Goals to address such barriers, improve AYA male SRH, and promote overall gender equity in SRH services.

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The World Health Organization's 2030 Sustainable Development Goals include promoting sexual and reproductive health (SRH) for all adolescents and young adults (AYAs) and recognizes that attention toward the unmet needs of males improves health outcomes for males and females [1]. Globally, SRH services and policies have historically targeted women and children, who are considered the most vulnerable to adverse health outcomes. While essential, these efforts often exclude AYA males who require SRH education and services that are salient, contextualized within their lived experiences, and that promote gender inclusivity and equity [2–5]. Furthermore, AYA males play a critical role in shaping the health of women and children [6]. Addressing the SRH needs of AYA males is complex and multi-faceted. Compared with AYA females, males often have less support for seeking SRH information and services, experience gender norms that do not support health seeking or that adversely affect health, have smaller social and SRH information networks [7], and receive more limited general

SRH information [8]. Male-specific strategies are also needed as young men have substantially higher rates of sexual risk behaviors compared with females.

This position statement provides recommendations to promote multi-level strategic investments and SRH interventions at all levels of the socio-ecological system, including social-cultural, policy, community, familial, and individual.

Statement of the Problem

Adolescence is a time of rapid development marked by changes across physical, cognitive, sexual, and psychosocial domains. During this period, identity development becomes a central focus. Boys develop an understanding of what it means to be a young man and navigate the integration of their sexuality into their sense of self. Prior to and during adolescence, boys are often confronted with rigid stereotypes of what it means to be a “man” (i.e., traditional masculinity norms) that orient towards physical toughness, emotional stoicism, self-reliance, dominance, and high-risk sexual behavior [9]. These norms are reinforced through peers, families,

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religious groups, communities, cultural norms, and the media, which in turn, influence the SRH information and services that are available to males and males' sexual health seeking and behaviors [9].

AYA males' adoption of traditional masculinity beliefs is associated with SRH risk behaviors, substance use, and violence, contributing to negative health outcomes and increased mortality [2]. Holding more traditional masculinity beliefs is a major barrier to males' access to health information and engagement in SRH care [2]. Young men who do not conform to rigid cultural concepts of masculinity, including gay, bisexual, transgender, or gender non-conforming youth, face additional stigma and discrimination that increases the risk of emotional distress, violence, and negative health outcomes [3]. Importantly, masculine stereotypes are not necessarily associated with male biological sex, and may be experienced by anyone who asserts or is socially expected to assert a masculine gender role or identity.

Beyond these culturally defined masculinity norms, AYA males' individual characteristics, family and social contexts, social structures, and policies, shape their overall SRH care seeking, engagement, and experiences. SRH education and healthcare systems tend to focus on women and children. While justified, it has often excluded males, negatively impacting SRH, and overlooks the important role that males play in maternal and child health. A critical aspect of addressing comprehensive maternal and child health is assuring that AYA males have access to supportive and inclusive SRH policies, education, and care; including access to educators, healthcare professionals (HCPs), and parents/guardians who are competent to address their SRH needs. Multi-pronged approaches are needed to change cultural norms regarding sexual behaviors, relationship dynamics, and healthcare-seeking to assure structures are inclusive of all AYA youth. Supports are also needed for families, communities, religious organizations, and schools to work more effectively with AYA males to promote SRH. In addition, HCPs require appropriate training and incentives (e.g., adequately remuneration for services) to provide AYA males' SRH education and services.

Positions and Recommendations

Recommendation 1

Support the implementation of SRH research, policy, programs, and practices to ensure approaches are developmentally-appropriate, relevant, and meet the needs of all AYA males.

Research, policies, programs, and practices focused on AYA male SRH care are lacking and require further investment [10]. Engaging AYA males in the development and implementation of SRH research, policy, programs, and practices needs to be rooted in Participatory Action Research and based on a positive youth development framework [2]. These models recognize that youth possess the capacity to make meaningful contributions to planning, implementing, and evaluating SRH interventions. Furthermore, engaging AYA males ensures that interventions are more relevant and meaningful.

Promoting gender equity through research, policies, programs, and practices requires strategic efforts to build an empirical understanding of the context in which AYA males live within peer networks, families, schools, and communities. This includes the need to be cognizant of how power and privilege affect attitudes and behaviors. AYA males who are aware of sociocultural influences surrounding male power and privilege and who are encouraged to

address these influences within communities have promoted gender-equitable attitudes; enhanced partner communication, emotional, and sexual intimacy; action against early marriage [11]; and reduced male perpetration of violence, stigma, and discrimination against lesbian, gay, bisexual, transgender, and queer youth [3, 4].

To promote relevant, effective, and comprehensive SRH research, policy, programs, and practices for AYA males, Society for Adolescent Health and Medicine (SAHM) recommends the following strategies:

1. Develop, implement, evaluate, and disseminate evidence-based interventions through governments, healthcare systems, schools, and communities that engage AYA males, support SRH prevention efforts, and promote confidential services that are accessible, youth-friendly, and inclusive of males irrespective of gender identity, sexual orientation, or sexual behaviors.
2. Engage AYA males in youth policy advocacy efforts including support for minor consent privacy laws related to the prevention and treatment of HIV sexually transmitted infections (STIs), and unintended pregnancy.
3. Identify sustainable public and private financing models that engage and support AYA males' access to and utilization of SRH programs and services.

Recommendation 2

Ensure that comprehensive, developmentally appropriate, and inclusive SRH education is accessible to all AYA males.

The context, content, and inclusivity of the SRH information delivered to AYA males vary widely. Educational, public health, and social awareness campaigns often focus on sexual behavior and health outcomes, neglecting essential relational, emotional, and motivational factors that influence AYA males' decision-making and resulting sexual behaviors. Gaps in AYA male SRH interventions include: gender identity, gender stereotypes, relationship violence, cultural expression, sexual orientation, healthy relationships, partner communication, shared sexual decision-making, active consent, media and health literacy, responding to sexual desires and peer pressure, masturbation, pornography, and expressing love and intimacy [5, 6]. SRH education should provide a balanced discussion of the double standard many cultures exhibit regarding the acceptability of sexual behaviors of males versus females and the cultural and gender norms surrounding SRH communication within healthcare settings and schools, between parents and children, and among sexual partners. Use of a positive youth development, strengths-based framework [2] where male sexuality is considered a normative part of human development, culture, identity, and relationships should inform SRH education curricula development and delivery [12]. To increase the reach of SRH information to AYA males, comprehensive SRH education should be readily and freely available, delivered using multiple modalities, beyond standard in-person or group approaches, that are most acceptable to this population (e.g., social media, web-based content, and mobile technology), and offer personalization of SRH education.

Specifically, AYA male SRH education should address:

1. Promotion of positive masculinities (e.g., caring for one's self and others) that are not defined by engaging in sexual activity.
2. Influence of societal and cultural norms that are defined by rigid concepts of masculinity and promote risky behaviors, perpetuate stereotypes, and do not effectively address SRH promotion.

3. Communication barriers among peers, partners, parents, families, schools, communities, healthcare systems, and society that inhibit conversations about AYA male SRH, gender identity, sexual orientation, and sexual behavior decision-making.
4. Effective SRH communication strategies such as comfort, confidence, and knowledge of SRH topics for AYA males.

- promoting healthy and equitable relationships
- preventing unintended pregnancy
- achieving healthy pregnancy (e.g., timing and spacing of children)
- preventing and treating STIs/HIV/HPV
- addressing issues related to infertility and sexual function, and
- ensuring the quality and satisfaction of the SRH care received

Recommendation 3

Improve global access to supportive, confidential, and comprehensive SRH care for AYA males to promote uptake of and adherence to evidence-based SRH prevention, screening, and treatment.

Increasing AYA males' global access to supportive and comprehensive SRH care requires multi-level strategies and investments to explicitly incorporate the needs of AYA males. Such approaches include the clinical, structural, educational, and policy changes required to address the specific preparation needed for HCPs and nonclinical service providers who work with AYA males. This will ensure that necessary supports are in place for AYA males to access and receive confidential, quality SRH care. Service delivery models and HCP competencies need to reflect AYA male-friendly, non-judgmental approaches. Guidelines for establishing supportive, youth-friendly environments and care provision are essential to improving access to and utilization of SRH care by AYA males. Also required, are measures to reduce persistent social and structural barriers, including but not limited to addressing stigma, strengthening social supports, disseminating information about available services, improving healthcare coverage, and addressing issues related to socio-economics, education, experiences of racism, traditional masculinity beliefs, and geographical access barriers. Further, building providers' capacity to practice in ways known to facilitate AYA males' access and engagement in comprehensive SRH care should be a public health priority.

Systems of care

Improve or develop systems of care to ensure that AYA males' SRH needs are being met and involve AYA males in improving these systems of care.

SRH care delivery needs to start before puberty, be developmentally appropriate, and involve parents, including fathers, to support SRH development prior to, during, and after boys become sexually active [13]. SRH care should also involve partners and support development of healthy relationships including access to SRH care for sexual partners. SRH care delivery needs to be sensitive to AYA males' needs, regardless of sexual orientation, gender identity, and culture [14], and promote gender equity and norming approaches that embrace broader expressions of masculinity. Recent national and international guidelines have acknowledged the lack of standards for male SRH care and inform the delivery of sensitive, inclusive, and comprehensive SRH health promoting education for AYA males around the world [14–17]. To promote health equity and reduce disparities in SRH morbidity and mortality, it is recommended that care of AYA males follow evidence-based guidelines and take into consideration available resources. To build an effective global workforce of highly skilled HCPs for AYA males, however, SRH care cannot be the sole responsibility of certain specialties and needs to be incorporated into all levels of the healthcare system [18, 19]. Specific SRH care goals for all AYA males encompass:

AYA male SRH is often impacted by other health domains (e.g., mental health and substance use); which should also be considered essential components of SRH care. Core recommended services for all AYA males include comprehensive SRH assessment, physical examination, laboratory testing, behavioral and prevention counseling, immunizations, and provision of pregnancy and STI prevention supplies (e.g., condoms, emergency contraception, and HIV prophylaxis).

To promote global access to quality SRH care for AYA males, SAHM encourages the following strategies for policy makers, adolescent providers, researchers, and leaders:

1. Develop and implement multi-level strategies and investments to increase AYA males' global access to supportive and comprehensive SRH care.
2. Promote mothers', fathers', and partners' engagement in AYA males SRH care that starts early, is developmentally appropriate, and supports gender equity.
3. Integrate clinical practices that address the barriers and facilitators to health seeking among AYA males including socio-ecological factors.
4. Use evidence-based guidelines to deliver standardized SRH care to AYA males that take into consideration locally available resources.
5. Establish patient-centered, youth- and male-friendly clinical environments that are confidential, safe, effective, reliable, timely, efficient, and equitable.

HCP competencies

Improve SRH communication, education, and clinical skills among HCPs and staff to ensure SRH education and care is available to AYA males at every encounter across all healthcare settings.

Globally, healthcare practices are not fully supporting or adequately incentivizing the preparation of HCPs to ensure that SRH education and care is available to all AYA males [18, 20]. HCPs working with AYA males should feel comfortable with and be skilled in delivering SRH care to all AYA males, including sexual and gender minorities, or know where to make referrals to competent providers and/or those with specialized expertise. While competencies are established for general SRH education and care [21] and lesbian, gay, bisexual, transgender, and queer healthcare [22], SRH competencies for AYA males are lacking [23]. As a result, HCPs often do not receive adequate SRH education and patient care opportunities while in training [24]. HCPs also report practice barriers including lack of time, knowledge, inadequate reimbursement, and experience with SRH care, particularly relating to AYAs and males [18]. Improving the SRH curricula within HCP training programs have been shown to increase knowledge and improve attitudes toward SRH education and care [25]. Thus, comprehensive SRH knowledge and clinical skills, professional ethics, and SRH advocacy are essential competencies [19]. Having HCPs understand how their personal beliefs about human sexuality influence their perceptions and care of patients, will enable them to be

better equipped to provide nonjudgmental, empathetic, and compassionate care to AYA males with a variety of gender identities and sexual orientations [18, 24]. Specifically, HCPs competencies for AYA males' SRH should include:

1. Development of skills to conduct comprehensive sexual health histories, physical exams, laboratory testing, treatment/management approaches, and provide recommended vaccinations and prevention counseling that is inclusive of all AYA males.
2. Integration of skills training into patient education, developmentally appropriate anticipatory guidance, and behavioral counseling strategies that are tailored to AYA males and promote safer sexual practices and comprehensive family planning.

There is a critical need to improve the SRH of AYA males globally. SAHM supports increasing AYA males' access to and involvement in evidence-based, supportive, and comprehensive SRH education and care that is developmentally appropriate, gender affirming, inclusive of, and informed by AYA males. Special attention to AYA male SRH training curricula is needed to increase the competencies of HCPs and professionals. Further research is needed to assure the development, implementation, and dissemination of effective, high-quality clinical services, policies, and SRH education that meet the SRH needs of AYA males and fosters gender equity.

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