

A PARENT'S GUIDE TO Young Male Sexuality, Sex Education and Gender Identity

This resource examines issues surrounding sexual health in adolescent and young adult (AYA) males and highlights gaps in care and the need for more sexual education in this population. Studies show that use of sexual and reproductive health care services by young males is low, for a variety of reasons. Principal among these is the fact that the components of young men's sexual and reproductive health care have been poorly defined and have historically received little attention.

In addition, data show that primary care providers are 3 times more likely to take sexual health histories from female patients than male patients and twice as likely to counsel female patients on the use of condoms. Finally, sexually transmitted infections (STIs) are more likely to be asymptomatic among males.

According to the Centers for Disease Control and Prevention (CDC), sexual education is critical for adolescents. Many adolescents, however, do not have access to such services in schools, or they do not seek them out. For example, only 2% of schools across states and 12% of schools across large urban school districts provide condoms to students.¹ School-based sexual health services recommended by the CDC include not only condom availability programs but screening for sexually transmitted diseases (STIs) and sexual health awareness campaigns.¹

The principal purpose of this resource is to educate parents and others about the dangers to health and wellbeing that young adult males may face if they lack support and care for or education about their sexuality and issues related to it. Our goal also is to provide resources that parents can use to take action to address those gaps.



The Partnership for Male Youth
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What is an adolescent and young adult (AYA) male?

An AYA male is one who is between the ages of 10 and 25.

What kinds of health care do AYA males receive?

Over 80% of all pediatric visits are by children under 13, and by the time most American adolescents reach their teens, they have stopped seeing a pediatrician.² Studies show that fewer than half of adolescents and young adults (AYA) aged 10 to 25 visit a primary care physician.³ Males are less likely than their female counterparts to seek such care, perhaps because for them—unlike females, who typically transition to a gynecologist—there is no continuity of care as they grow into adulthood.^{4,6} On the whole, with the exception of episodic school exams, sports physicals, and visits to the Emergency Room, once they leave the pediatrician's office, AYA males are left outside of our health care system, a pattern that may extend for years, to their detriment.

According to the CDC, AYA males are at higher risk than their female contemporaries for certain STIs, including HIV, and more likely to experience violence and trauma, including of a sexual nature.⁷ They are also more likely than females to have multiple sexual partners. Data over a 10-year period from 2009 to 2019 show that trends in sexual behavior and high-risk substance abuse among youth—both male and female—are improving. Yet many of these young people report having multiple partners, being forced to have sex, and not using condoms. Sexual minority youth, in particular face an increased risk of exposure to violence and traumatic events and suicidal behavior.⁸

As noted by the CDC, “connectedness to family, peers, and important adults in schools and community organizations is key to protecting adolescent health.” Families, in particular, are a key source of support for AYA males.

What is gender?

Society's construct of people being either “male” or female” belies the fact that gender involves interactions of anatomy, hormones, physiology, interpersonal relationships, and the effects of culture. Individuals who view themselves as not fitting into this “either/or” construct may face ostracism or stigmatization. Recognition of gender as a continuum and acceptance of AYA males wherever they fall on that spectrum is crucial to their overall wellbeing and sexual health.

The language used to describe gender varies and many of the concepts have not been defined in clinical terms. Keeping pace with the evolving lexicon can be challenging, but sensitivity is recommended so that an AYA male's authentic “self” and gender identity are supported.

Current cultural and descriptive terms for gender include:⁹

- Asexual – lacking sexual attraction to any sex, male or female, but that does not rule out romantic and emotional attraction (KidsHealth, n.d.)
- Bisexual – attraction to both sexes, males and females
- Cisgender – gender identity that aligns with gender and sex assigned at birth⁹
- Gender fluid – gender identity or expression that can vary between, and extend beyond, male and female
- Heterosexual – attraction only to the opposite gender, females. Heterosexual males are often referred to as being “straight” (KidsHealth, n.d.)

- Homosexual: attraction only to the same gender, males. Homosexual males are often referred to as being “gay” (KidsHealth, n.d.)
- Nonbinary – gender identity and/or expression that neither male nor female
- Pansexual: attraction to everyone, regardless of their gender identity. (Planned Parenthood, “What is Sexual Orientation?”)
- Questioning: unsure about sexual orientation and possibly exploring whether attraction exists to multiple genders (Planned Parenthood, “What is Sexual Orientation?”)
- Transgender: gender identity and/or expression that does not match a person’s physical, sexual characteristics or sex assigned at birth

How can gender identity differ from biology?

At birth, babies typically are assigned a gender, based upon their genital anatomy or chromosomes. For most youth, their sense of themselves as being male or female correlates with that original designation. Their gender identity matches their biological identity and they practice gender norms correlating to that sex and gender. These individuals are considered cisgender. However, for other AYA males, the way they identify versus their biology isn’t so clear.

According to a 2019 national survey of students, 91.2% of AYA males identified as heterosexual, 2.1% as gay, 3.4% as bisexual, and 3.2% said they were unsure of their sexual identity. In contrast, the percentages of females who reported similarly on the survey were 77.6%, 2.9%, 13.9%, and 5.6%, respectively. These data suggest that as a group, females may be more likely to say that their sexual orientation differs from the societal norm. The findings also underscore the need for parents of AYA males to normalize all sexual orientations and create a safe “talk” space for their children so they feel more comfortable expressing their true sexual orientation and embracing their identity in society.

How is gender expressed in AYA males?

Sexual orientation and gender identity are important aspects of a male youth’s self-perception. AYA males may not be heterosexual, or cisgender. Therefore, their parents and others who care for them need to understand potential sexual orientations and gender identities and their unique and inherent challenges. It is also important to be able to communicate effectively with AYA males so that when a mental or physical health issue arises, their gender identity and sexual orientation can be taken into consideration by health care providers.

While many individuals identify as either male/masculine or female/feminine and express their gender as such, some individuals feel they are a feminine male or a masculine female. Further, there are individuals who are gender fluid and may not

identify as either male or female.¹⁰ Some AYA males experience gender dysphoria, which is distress that happens when an individual’s assigned birth gender doesn’t align with the gender with which they identify.¹¹

Parents and others who care for AYA males should strive to be culturally informed and sensitive to issues related to sex and gender. Care should be taken not to make assumptions about a young male’s sexual orientation or gender identity nor to confuse the two concepts.

What health risks do AYA males face?

Adolescence is a life stage punctuated by tremendous physical, psychological, and social changes in AYA males across all socio-racial strata. A substantial number of these young men report engaging in high-risk sexual behaviors. For example, of male high school students represented in the CDC’s 2009-2019 Youth Risk Behavior Data Summary & Trends Report, nearly 40% reported being sexually active and 10% had sex with four or more partners during their life.¹² Some 40% said they had not used a condom the last time they had sex.¹² The good news, says the CDC, is that during the decade studied, fewer students overall had engaged in sexual activity.

One population of youth that is underserved are LGBTQ teenagers and young adults. Many of them struggle with acceptance of their sexuality at the same time they face other challenges associated with adolescence.¹³ According to the CDC, All LGBTQ+ youth are more likely to engage in high-risk health behaviors and to experience negative health outcomes.¹² AYA men who have sex with men (MSM), for example, are disproportionately impacted by STIs and transgender youth are at higher risk for attempting suicide (CDC, 2019). The potential for serious negative outcomes in these young people underscores the importance of ensuring that all AYA males receive culturally informed care, no matter their sexual orientation or gender identity.

When does puberty start?

The “normal” range of puberty in males is from 9 to 13.5 years.¹⁴ On average, puberty begins in males at 11.5 to 12 years and ends at 15 to 16 years, which is later than for females.¹⁵ Parents should be aware, however, that some males experience precocious puberty—sexual development much earlier than average—whereas for others, the process can be much slower, or “delayed.”

Studies show that rates of sexual activity are relatively similar in male and female adolescents, but males are nearly twice as likely to have their first sexual encounter before age 13.¹⁶ Socio-cultural factors, particularly norms about having sex, also influence initiation of sexual intercourse in AYA males.

What are early, middle and late adolescence?

Parents should be aware that clinicians who care for adolescents view them through the lens of three developmental phases: early, middle, and late.¹⁷ In early adolescence, (roughly ages 10 to 14), males typically are preoccupied with and insecure about the physical changes their bodies are undergoing. This is a period of sexual curiosity and experimentation, when young men may start to masturbate and begin engaging in sexual activity with partners of the same or opposite sex. The period from ages 15 to 18 is considered middle adolescence and is a time when young people may engage in serial monogamy or have several partners at once. They may not fully appreciate the consequence of their actions and engage in substance use and sex without protection. Individuals in late adolescence (ages 18 and older) have a fuller understanding of their own bodies, gender roles, and sexual orientation and behaviors.

What are health issues related to AYA male sexuality?

Adolescents typically are uncomfortable about being different from their peers, but males, in particular, are likely to feel psychologic stress and embarrassment if their puberty occurs early or is delayed. Earlier-than-normal sexual maturity often is associated with risk-taking behaviors. AYA males who experience delayed puberty, in contrast, may lack self-confidence, be teased and bullied by peers, have mental health issues, and abuse substances.¹⁸ Acne, which is seen in more than 95% of male adolescents, also is a source of embarrassment, lower self-esteem, depression and anxiety, according to self-reports from this population.¹⁹

For AYA males in particular, gynecomastia or enlargement of male breasts can take a significant emotional toll. Although up to two-thirds of males have this condition,²⁰ it nevertheless may be a source of embarrassment and sometimes leads to depression. Some medications and substances, such as anabolic steroids, are known to cause gynecomastia.²¹ In most adolescents, gynecomastia associated with puberty resolves spontaneously, so parents and others who care for AYA males should offer them reassurance.^{20,22}

Testicular cancer is the most common malignancy in men aged 15 to 34 years,²³ and in recent years, incidence of the disease has increased. This should be of particular concern to parents of AYA males and those who care for them because testicular cancer and its treatment can have a significant impact on a young man's health and sexuality.²⁴ Of note, the disease is more than four times more common among White men than Black men,^{25,26} with intermediate incidence rates for Hispanics, American Indians, and Asians. Fortunately, most testicular cancers are found at an early stage, when they are small and have not spread.²⁷ Some doctors recommend that after puberty, all men examine their testicles monthly.²⁸

Compared with heterosexual adolescents, sexual minority youth are more likely to be depressed, experience suicidal ideation, abuse substances, and engage in risky sexual behaviors. According to the American Academy of Pediatrics Committee on Adolescence, sexual minority AYA males reported significantly higher rates of violence-related behaviors, including being forced to have sex, school bullying, and being victims of physical and/or sexual dating violence.¹³

How thorough is sexuality, contraception, and pregnancy education?

During routine office visits, pediatricians rarely bring up high-risk sexual behaviors with adolescents and they are even more reluctant to discuss same-sex sexual behaviors. In their routine practice, studies reveal, these clinicians avoid counseling about sensitive topics, such as sexual orientation, sexual identity, gender identity, violence prevention, or sexual or physical abuse.¹³ The potential for stigmatization of LGBTQ+ youth also underscores the need for all youth to have access culturally informed care, no matter their sexual orientation or gender identity.

One of the most sensitive topics for a caregiver or parent to raise with an AYA male is masturbation, yet it seems clear that these young people do it. On a recent survey, 91% of American men said they masturbated.²⁹ The same poll revealed that Millennials engage in masturbation more often than Gen Z'ers and Gen X'ers, while those who self-identify as LGBTQ+ masturbate more than those who self-identify as heterosexual.²⁹ Lack of information and advice or shaming about masturbation can be distressing for young males. They should be reassured that the practice is normal and won't harm their bodies. Although some cultures and religions oppose masturbation, it can be a positive expression of sexuality and a way to delay having sex and needing to cope with the risks associated with it.

For AYA males who are sexually active with a partner of the opposite sex, education about contraception and the potential for pregnancy is crucial. Although teen pregnancies have declined dramatically over the past 40 years, the United States consistently has one of the highest rates among western industrialized countries.³⁰ In 2019, according to the CDC, 31% of high school students who were sexually active used effective hormonal birth control the last time they had sex.¹² Although that was more than in 2013, fewer than 9% of males used both a condom and another form of birth control.¹² Given that in 2019, about 17% of U.S. teenagers aged 15 to 19 got pregnant, parents and caregivers of AYA males need to discuss consistent and correct use of contraception with them.³¹ AYA males also should know where to get emergency contraception and how it is used.

How are AYA males sexually victimized?

With the explosion of social media, another issue of concern is the potential for AYA males to be exposed online to images or descriptions of sexual aggression and violence, pornography or autoerotic asphyxiation. A 2020 report from the American Academy of Pediatrics on male adolescent sexual and reproductive health care noted that as many as 50% of males aged 14 to 15 who used the Internet have been exposed (intentionally or unintentionally) to pornography and 38% of males aged 16 to 17 had intentionally visited a pornographic site.¹³

On the CDC's 2017 survey of youth risk behavior, 3.5% of male high school students said they had been forced to have sexual

intercourse. Of them, 3% identified as heterosexual, 16% as LGBTQ, and 12% as unsure of their sexual orientation. Studies show that half of transgender individuals are sexually abused or assaulted at some point in their lives.² Generally speaking, males are less likely to report being sexually assaulted. This may be because of the mistaken belief that sexual assaults don't happen to males or these incidents aren't as traumatic as for females.³²

Autoerotic asphyxiation is choking oneself during sex to heighten sexual pleasure and studies show that it is practiced almost exclusively by AYA males.³³ This is very dangerous because if a person cannot stop the strangulation, they may die.³⁴

Resources for further information and support

Centers for Disease Control and Prevention:

<http://www.cdc.gov/healthyyouth/healthservices>

Society for Adolescent Health and Medicine:

<http://www.adolescenthealth.org>

FamilyDoctor.org:

<http://familydoctor.org>

HealthyChildren.org:

<https://www.healthychildren.org>

PFLAG:

<https://community.pflag.org>

Teen Health:

<http://teenshealth.org/parent/growth/>

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About The Partnership for Male Youth



Founded in 2013, The Partnership for Male Youth is a broad-based partnership of leaders and organizations from a range of disciplines that deal with issues that impact the health of adolescent and young adult (AYA) males. Our disciplines include medicine, psychology, education, and juvenile justice, among others. All of our work is informed through the involvement of young males themselves. The Partnership's mission is to work with and on behalf of adolescent and young adult males to optimize their health and ensure that they thrive. The Partnership strives for a world in which adolescent and young adult males are valued as assets and where their health and wellbeing are promoted.

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