

# The Reproductive and Sexual Health of Young Men of Color

## Redressing Disparities and Engaging YMOC in Prevention

In the United States, rates of HIV and other sexually transmitted infections (STIs) as well as of unintended pregnancy are disproportionately high among youth of color (YMOC), especially among African American/Black and Latino/Hispanic youth. Social, economic, and cultural barriers limit the ability of many youth of color to receive accurate and adequate information on preventing HIV, STIs, and unintended pregnancy. Furthermore, the sexual and reproductive health needs of young men of color are often under-addressed and insufficiently understood in clinical settings, sexual and reproductive health promotion efforts, and sexual health education programs. It is important to promote programs that seek to engage young men of color in a culturally relevant manner and to work to redress the social inequity that leads to health disparities for this population.

### MANY YMOC MAKE HEALTHY DECISIONS REGARDING THEIR REPRODUCTIVE AND SEXUAL HEALTH

Young men of color face challenges to their reproductive and sexual health. But when they are given the tools to succeed, including comprehensive sex education and access to contraception and reproductive health services, YMOC can and do take action to protect themselves and their partners from negative sexual health outcomes. Data suggest that this demographic is showing progress along a number of sexual health indicators.

- African American/Black youth are more likely than Latino and white youth to use condoms.<sup>2</sup> Condom use at last sex was greater among African American/Black male high school students than among their white peers (75 percent vs. 66 percent).<sup>1</sup>
- Condom use at first sex is greatest among African American/Black males (85 percent) followed by white (68 percent) and Latino (67 percent).<sup>1</sup>
- African American/Black youth are more likely than their white peers to not have consumed alcohol or used drugs before last sexual intercourse.<sup>1</sup>

- Decline in teen fatherhood rate between 2001 and 2011 was more substantial for African American/Black males than white males (27 percent vs. 17 percent).<sup>3</sup>
- A growing number of men are utilizing services offered by Title X national family planning programs (94,000 in 1995 or 2 percent of clients to 244,000 in 2004 or 5 percent of service users).<sup>4</sup>

### DESPITE RECENT PROGRESS, YMOC STILL FACE STARK SEXUAL AND REPRODUCTIVE HEALTH DISPARITIES

A number of sexual health indicators show that young men of color are still disproportionately affected by STIs and HIV as well as unintended pregnancy.

- Four out of five new HIV cases among young people ages 13-24 occur in males. Eighty-seven percent of these were among young men who have sex with men (MSM), and 54 percent of new cases among young MSM were among African Americans.<sup>5</sup>
- In a study of African American sexually experienced heterosexual couples ages 14 to 19, males were significantly more likely to report concurrency (meaning having more than one partner at the same time) with females, 38.4 percent and 13.3 percent, respectively. Having concurrent sexual partners is a risk factor for both acquiring, and transmitting, STIs and HIV.<sup>6</sup>
- In 2011, African American/Black males age 15-19 had a syphilis rate 11 times the rate of whites and 5 times the rate of Hispanics, a gonorrhea rate 30 times higher than the rate of white men, and a chlamydia rate 11 times that of whites.<sup>7</sup>
- African American/Black males were also more likely than white males to have a history of STIs.
  - African American/Black youth had 3-5 times the odds of white youth of having had an STI. When added sexual risk trajectories to the models, the odds ratios for African American/Black men did not

THE FACTS

# “Only one-third of sexually active young African American/Black men and 45 percent of young Hispanic men received instruction about birth control methods prior to first sex, compared with about 66 percent of their white peers.”

diminish substantially and remained significant, suggesting that racial disparities in STIs are not completely explained by racial differences in risky sexual behavior. Within each risk trajectory, a greater proportion of African American/Black youth than of white youth had an STI history. Even among those who had a steady low risk, a greater proportion of African American/Black men than of white or Latino men had ever received an STI diagnosis.<sup>8</sup>

- African American/Black MSM had nearly seven times greater odds of having unrecognized HIV infection as white men.<sup>7</sup>
- Forty percent of births are reported as unintended by men. Roughly two-thirds of unintended births are mistimed and about one-third are unwanted. Unintended births were especially prevalent among African American/Black men, the majority of whose births were unintended (51 percent) compared to Hispanic men (38 percent) and white men (34 percent).<sup>8</sup>
- In 2011 teen fatherhood rates for black men (27 per 1,000 aged 15-19) were more than twice their white peers (13 per 1,000).<sup>2</sup>

## YMOC WANT AND NEED MORE INFORMATION

- Seventy-nine percent of young men of color believe that teen sexual development is a normal part of growing up and the best approach is to ensure that young people have all the information and education about sex and contraception they need.<sup>10</sup>
- Seventy-four percent of young men of color report that staying healthy, by avoiding

HIV/AIDs and other sexually transmitted infections is important to them.<sup>9</sup>

- Thirty-eight percent of young men of color believe that the information about sex and birth control they received growing up was not enough.<sup>9</sup>
- Eighty percent of young African American/Black men and 78 percent of young Latino men believe it is important to them to avoid pregnancy right now in their lives.<sup>9</sup>
- Only one-third of sexually active young African American/Black men and 45 percent of young Hispanic men received instruction about birth control methods prior to first sex, compared with about 66 percent of their white peers.<sup>11</sup>
- Young Latino and American Indian males were more likely than African American/Black and white peers to never have been taught in school about AIDS or HIV infection.<sup>3</sup>
- Relatively few clinics offer programs focused on males, and only four percent of clinics offer special hours for male clients.<sup>3</sup>

## PROGRAMS THAT ENGAGE YMOC BASED ON THEIR NEEDS CAN POSITIVELY INFLUENCE BEHAVIOR

To positively influence behavior among YMOC, it is imperative to continue to invest in policy and programming that seek to be culturally competent and relevant to their experiences.

- Sixty-six percent of young men of color believe that making testing and screening for HIV and other sexually transmitted diseases more available should be a high or top priority.<sup>9</sup>
- Young people may seek out HIV/STI and teen pregnancy prevention interventions to meet gender specific needs, and these differences should be taken into account when designing interventions.<sup>12</sup>
- Health clinics, policy makers, and youth serving professionals can seek instruction on addressing the gap in engagement of and services for youth such as the American Academy of Pediatrics recommendations on condom access and use for adolescents<sup>13</sup>, the guidelines for male sexual and reproductive health services produced by the Region II Male Advisory Committee<sup>14</sup>, or the national strategy on young men's sexual and reproductive health developed by the Urban Institute and the Office of Population Affairs.<sup>15</sup>

- In addition, more regions can devote resources to engaging young men of color similar to the efforts of California's Sons & Brothers initiative or New York City's Young Men's Initiative.<sup>17</sup>

## CONCLUSION

Young men of color have demonstrated improvement and potential for better sexual and reproductive health as illustrated by a number of sexual health indicators. Still, they face alarming disparities among a wide array of sexual health outcomes. To mitigate these inequities, it is important for health professionals and youth serving professionals to leverage YMOC's desire for more information and resources and further invest in initiatives that engage this demographic.

Written by Colin Adamo, Young Men's Initiative Coordinator  
Advocates for Youth © February 2014

## REFERENCES

1. Kaye K, Suellentrop K and Sloup, C. The Fog Zone: How Misperceptions, Magical Thinking and Ambivalence Put Young Adults at Risk for Unplanned Pregnancy. Washington, D.C. : The National Campaign to Prevent Teen and Unplanned Pregnancy; 2009.
2. Centers for Disease Control and Prevention (CDC). 1991-2011 High School Youth Risk Behavior Survey Data. Available at <http://apps.nccd.cdc.gov/youthonline>. Accessed on 10/2013.
3. Martin JA, Hamilton BE, Ventura SJ, Osterman MJK, Matthews TJ. Births: Final Data for 2011. National Vital Statistics Reports. 2013; 62.
4. Alan Guttmacher Institute. Facts on Young Men's Sexual and Reproductive Health. New York: 2008.
5. Centers for Disease Control and Prevention. "HIV Among Youth in the United States." Accessed 12/18/13 from <http://www.cdc.gov/vitalsigns/hivamongyouth/>
6. Lenoir, C.D., Alder, N.E., et al. What you don't know can hurt you: Perceptions of sex-partner concurrency and partner-reported behavior. Journal of Adolescent Health. 2006; 38:179-185.
7. Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2011. Atlanta: U.S. Department of Health and Human Services; 2012.
8. Dariotis, J.K., F. Sifakis, J. H. Pleck, N. M. Astone, and F. L. Sonenstein. Racial and Ethnic Disparities in Sexual Risk Behaviors and STDs During Young Men's Transition to Adulthood. Perspectives on Sexual and Reproductive Health 43.1 (2011): 51-59.
9. Alan Guttmacher Institute. New U.S. Study Highlights Need to Include Men in Strategies to Prevent Unintended Pregnancy. New York: 2013.
10. Advocates for Youth. Millennials: Diverse, Connected, and Committed to Sexual Health and Rights. Washington, D.C.: 2013.
11. Kaye K, Suellentrop K and Sloup, C. The Fog Zone: How Misperceptions, Magical Thinking and Ambivalence Put Young Adults at Risk for Unplanned Pregnancy. Washington, D.C. : The National Campaign to Prevent Teen and Unplanned Pregnancy; 2009.
12. Durantini, MR, Albarracin, D. Material and social incentives to participation in behavioral interventions: a metaanalysis of gender disparities in enrollment and retention in experimental human immunodeficiency virus prevention interventions. Health Psychology. 2009; 28: 631-640.
13. Condom use by adolescents. Pediatrics. 2013;132(5):973-81.
14. Guidelines for Male Sexual and Reproductive Health Services: A Tool for Family Planning Providers. Washington, D.C.: Region II Male Involvement Advisory Committee; 2005.
15. Sonenstein, FL. Young Men's Sexual and Reproductive Health: Toward a National Strategy. Washington, D.C.: The Urban Institute; 2000.
16. "Health Happens with All our Sons & Brothers." The California Endowment. N.p., n.d. Web. 31 Oct. 2013. <<http://www.calendow.org/sonsandbrothers.aspx>>.
17. Office of the Mayor. "Young Men's Initiative." Young Men's Initiative. The City of New York, 2013. Web. 31 Oct. 2013. <<http://www.nyc.gov/html/yymi/>>

**“When they are given the tools they need, including comprehensive sex education and access to contraception and reproductive health services, YMOC can and do take action to protect themselves and their partners.”**

## **MISSION**

Established in 1980 as the Center for Population Options, Advocates for Youth champions efforts to help young people make informed and responsible decisions about their reproductive and sexual health. Advocates believes it can best serve the field by boldly advocating for a more positive and realistic approach to adolescent sexual health.

## **OUR VISION: THE 3RS**

Advocates for Youth envisions a society that views sexuality as normal and healthy and treats young people as a valuable resource.

The core values of Rights. Respect. Responsibility.® (3Rs) animate this vision:

**RIGHTS** Youth have the right to accurate and complete sexual health information, confidential reproductive and sexual health services, and a secure stake in the future.

**RESPECT** Youth deserve respect. Valuing young people means involving them in the design, implementation and evaluation of programs and policies that affect their health and well-being.

**RESPONSIBILITY** Society has the responsibility to provide young people with the tools they need to safeguard their sexual health, and young people have the responsibility to protect themselves from too-early childbearing and sexually transmitted infections (STIs), including HIV.

## **SOME RELATED PUBLICATIONS FROM ADVOCATES FOR YOUTH**

The Facts: Young People and HIV in the United States

The Facts: Unintended Pregnancy Among Young People in the United States

The Facts: Adolescent Sexual Health in Europe and the US: The Case For A Rights. Respect. Responsibility.® Approach

See the complete library of publications at [www.advocatesforyouth.org/publications](http://www.advocatesforyouth.org/publications)