In Brief

Facts on Young Men’s Sexual and Reproductive Health

SEXUAL ACTIVITY
• Young men (15–19-year-olds) are waiting longer than in previous years to have sex.* The average age at first sex increased to 17.5 in 2002, from 16.9 in 1995. In 2002, 15% of never-married young men had had sex before age 15, compared with 21% in 1995.

• The proportion of young men who have ever had sexual intercourse has declined, from 60% in 1988 to 55% in 1995 to 46% in 2002.

• The share of young men that are sexually experienced declined significantly among young black men, from 80% in 1995 to 63% in 2002, compared with a decline from 50% to 41% among young white men in the same period. Rates for Hispanics did not change significantly (61% to 55%).

• Since 2001, the downward trend in sexual experience has stalled. Although the rate of sexual experience for high school males declined from 1991–2001 (57% to 49%), the rate of sexual experience for high school males between 2001 and 2007 did not change significantly (49% versus 50%).

• More than three-quarters of young men will become sexually active by age 20. Almost all (96%) will have sex prior to marriage.

• Young men are slightly more likely to engage in oral than vaginal sex with their female partners. Just over half (55%) have had oral sex, about half (49%) have had vaginal sex and 11% have had anal sex with a female partner.

• Five percent of males aged 15-19 report ever having had oral or anal sex with a male sexual partner. Some of these young men may have also had female partners.

• From 1991 to 2007, the proportion of high school males with four or more female partners declined from 23% to 18%.

• In 2002 about one quarter of young men (27%) described their last sexual relationship as “just met” or “going out once in a while,” compared with nearly one-third (36%) in 1995. The proportion who were “going steady,” engaged or married increased from 64% to 73%.

CONDOM USE
• Among 15–19-year-olds, condom use at first sex increased slightly from 69% to 71% between 1995 and 2002. This change represents a decline among young white men (from 76% to 68%) counter-balanced by substantial increases among young black and Hispanic men (61% to 85% and 55% to 67%, respectively).

• Fewer than half of sexually active young men aged 15–19 reported using condoms 100% of the time during the previous year (48% in 2002).

• Condom use declines with age. In 2007, 76% of sexually active ninth grade males used condoms at last sexual intercourse, compared with 60% of 12th graders. At the same time, older male students were more likely to report that their partner used the pill at last sex (8% of ninth graders vs. 21% of 12th graders).

FATHERHOOD
• The rate of teen fatherhood declined 21% between 1990 and 2001, from 24 to 19 per 1,000 males aged 15–19.

• Teen fatherhood rates vary considerably by race. In 2001, the rate among young...
black men (37 per 1,000 males aged 15–19) was more than twice that among similar whites.
• The decline in the teen fatherhood rate between 1990 and 2001 was far more substantial among blacks than among whites (34% vs. 14%).

SEXUALLY TRANSMITTED INFECTIONS
• Recent estimates suggest that while men and women aged 15–24 make up 25% of the sexually experienced population, they account for nearly half of all new STIs.
• Between 2001 and 2006, rates of chlamydia and syphilis increased among young men. Rates of gonorrhea declined between 2002 and 2005 among this age-group, but increased between 2005 and 2006 from 256 to 279 per 100,000 males aged 15–19.
• More than half of sexually active men in the United States will become infected with the human papillomavirus (HPV) at some point in their lives. An estimated 2.3 million males aged 15–24 contracted new HPV infections in 2000, and 4.6 million were infected and thus capable of spreading the virus.
• STIs continue to disproportionately affect racial and ethnic minorities. Some of these disparities can be attributed to reporting bias. However, other factors include poor access to quality health care, poverty and the high prevalence of disease in minority populations.

HIV/AIDS
• HIV/AIDS prevalence among young adults aged 19–24 is relatively low—1.06 per 1,000—but it is estimated that 15–30% of all infections are acquired before age 25.
• In both 1995 and 2002, about one-quarter of sexually experienced 15–19-year-old males reported ever having had an HIV test.
• Sex with other men is the primary mode of HIV transmission among adolescent and young adult men. Many adolescents and young adults who have sex with men are unaware they are infected with HIV, reducing motivation to alter risky behaviors and increasing risk of transmission.

SEX EDUCATION
• Ninety percent of young men aged 15–19 had ever received formal education about birth control or abstinence in 2002. Although young men were less likely than young women to receive formal sex education in 1995, by 2002 there were no significant gender differences.
• Although the proportion of young men who had ever received formal instruction in “how to say no to sex” increased between 1995 and 2002 (from 74% to 83%), there were sharp declines in the proportion receiving any formal instruction about birth control methods (81% to 66%).
• Only one-third of sexually active young black men and 45% of young Hispanic men received instruction about birth control methods prior to first sex, compared with about 66% of their white peers.
• Fifty-two percent of 15–19-year-old males report that they have talked with a parent about STIs; only 33% have talked about methods of birth control. In 2002, 27% of males in this age-group had never received information about birth control from either school or parents.
• The proportion of male high school students who were taught about AIDS or HIV infection in school increased from 83% to 92% between 1991 and 1997, but declined to 89% in 2007.
• The proportion of high schools in which teachers taught students how to correctly use a condom declined from 50% in 2000 to 39% in 2006.

SERVICES
• Although men served by the Title X national family planning program represent a small proportion of all clients, a growing number of men are utilizing services. The number of male clients of all ages has increased moderately over the past decade, from 94,000 in 1995 (2% of all users) to 244,000 in 2004 (5% of users).
• Among publicly funded family planning clinics surveyed in 2003, 36% offered nonreproductive health services for men and 35% had recruitment efforts targeting the partners of their female clients.
• Relatively few clinics offer programs focused on males, and only 4% of clinics offer special hours for male clients.
• Young adult men are particularly likely to be uninsured. Adult males aged 19–29 were the fastest growing age-group among the uninsured between 2000 and 2004: 31% were uninsured in 2004, compared with 12% aged 18 and younger.
• Young men who have sex with men face continued challenges in obtaining appropriate and sensitive health services. In addition to higher rates of HIV and other STIs, these young men experience higher rates of victimization, depression, suicide and other health problems than their peers.
• There are substantial missed opportunities to educate and counsel adolescent men in health settings. Although two out of three males aged 15–19 had a physical exam in the past year, fewer than 20% received counseling or advice from a health care provider about birth control or STIs, including HIV.

Most data in this fact sheet are from research conducted by the Guttmacher Institute or published in peer-reviewed journals or federal surveillance reports. An additional source is the Center for Disease Control and Prevention.