


## Adolescent Boys' Use of Health Services

 In general, adolescence is thought of as a period of optimal health. Even so, the American Medical Association (AMA) recommends that all adolescents aged 11-21 have an annual preventive services visit, and that all adolescents receive guidance and counseling on responsible sexual behavior, abstinence, methods of birth control, sexually transmitted diseases (STDs), and HIV infection.<sup>1</sup> Despite this recommendation, adolescents are less likely than any other age group to receive regular primary health care, and often do not receive recommended preventive counseling.<sup>2</sup> Teen boys have particularly low rates of primary care use—1.7 visits annually reported in 2000 compared to 2.2 visits annually for teen girls.<sup>3</sup> Because patterns of healthy behavior are often established during adolescence, it is critical that such issues as STDs, unintended pregnancy, substance use, and obesity be addressed during this stage of life.

This *Science Says* issue brief uses data from the 2002 National Survey of Family Growth (NSFG) to explore teen boys' use of health services. The brief presents information on the health services used by teen boys, where they received these health services, and their use of family planning clinics in particular. All results refer to services received or visits made in the 12 months before the survey was conducted. The NSFG surveys teens aged 15-19 and the results presented here are for this age group unless otherwise noted. Statistically significant differences are noted.

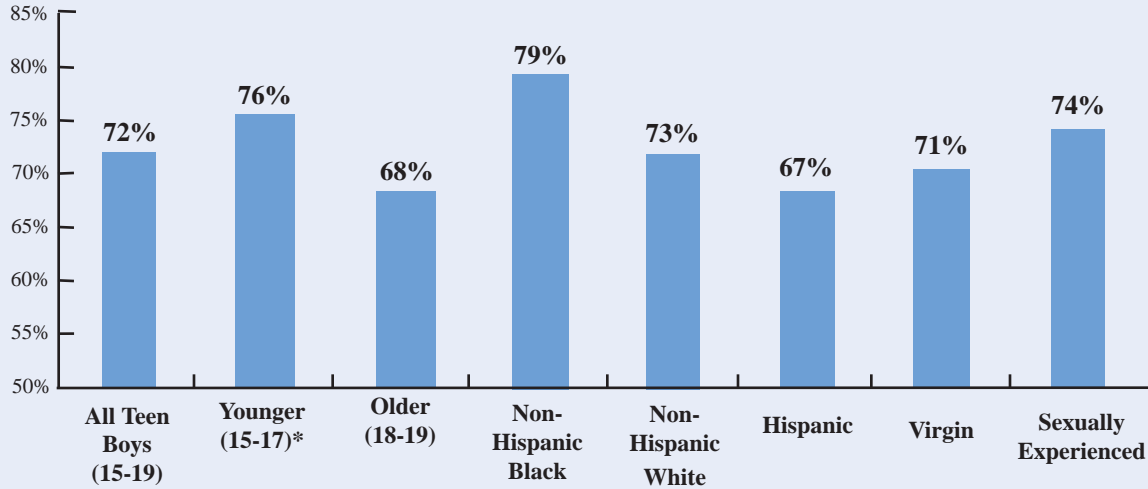
### Highlights

- Almost one-third of all teen boys report that they have *not* received any health services in the past 12 months.
- Among teen boys who have received health services in the past 12 months, only about one quarter received counseling or advice about birth control methods, STDs, or HIV/AIDS.
- Non-Hispanic white teen boys are less likely than both Hispanic and non-Hispanic black teen boys to have received counseling or advice about birth control, STDs, or HIV/AIDS.
- Although sexually experienced<sup>4</sup> teen boys are approximately twice as likely as virgin teen boys to have received counseling or advice about birth control, only about one-third have received advice on this topic.
- Five percent of teen boys report they have gone with a girlfriend to a family planning clinic in the past year.
- Approximately one in five teen boys say they have visited a family planning clinic for services in the past year.

### General Health Services for Boys

- Among all teen boys, 72% report receiving at least one specific health service in the past 12 months (Figure 1). These services include: a physical exam, a testicular exam, and advice or counseling about birth control methods, STDs, and HIV/AIDS (Figure 2). Younger boys (15-17 years) are more likely than older boys (18-19 years) to report having received a health service in the past 12 months (76% vs. 68%). This difference is statistically significant.<sup>5</sup> These findings reflect previous research showing that older adolescent males (aged 16-20) account for fewer health care

**FIGURE 1: Percent Teen Boys Who Have Received at Least One Specified Health Service in the Past 12 Months by Age, Race/Ethnicity, and Sexual Experience, NSFG 2002**



\* Difference between older and younger teen boys is statistically significant ( $p \leq 0.05$ )

visits than younger adolescent males (aged 11-15). In addition, while younger adolescents—both boys and girls—had roughly equal numbers of health care visits, older adolescent males had a much lower number of health care visits than older female adolescents.

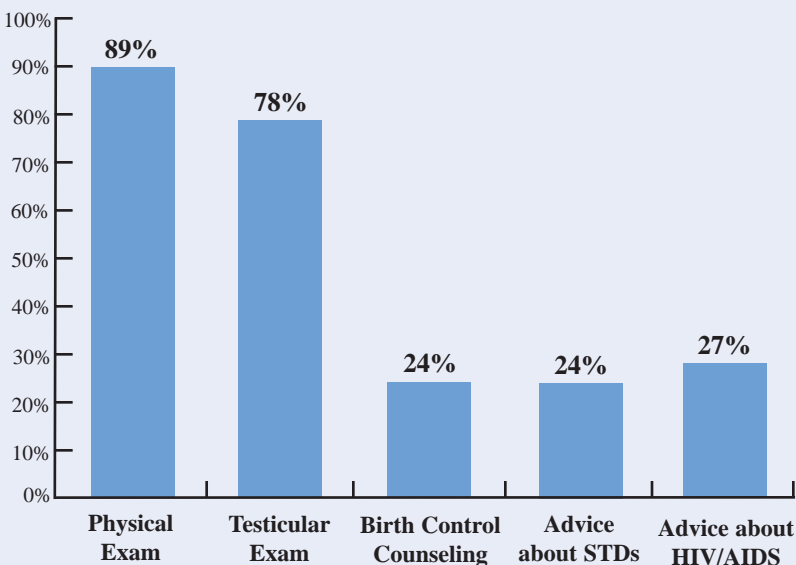
- Non-Hispanic black teen boys (79%) were more likely than non-Hispanic white (73%) and Hispanic (67%) teen boys to report receiving at least one health service.

## Health Counseling for Boys

### Advice about Birth Control Methods

- Less than one quarter of teen boys (24%) who received health services in the past year received counseling or advice from a doctor or other health care provider about methods of birth control. A slightly higher proportion of older boys (27%) received this advice compared to younger boys (22%).

**FIGURE 2: Specified Service Received in the Past 12 Months Among Teen Boys Who Received at Least One Service, NSFG 2002**

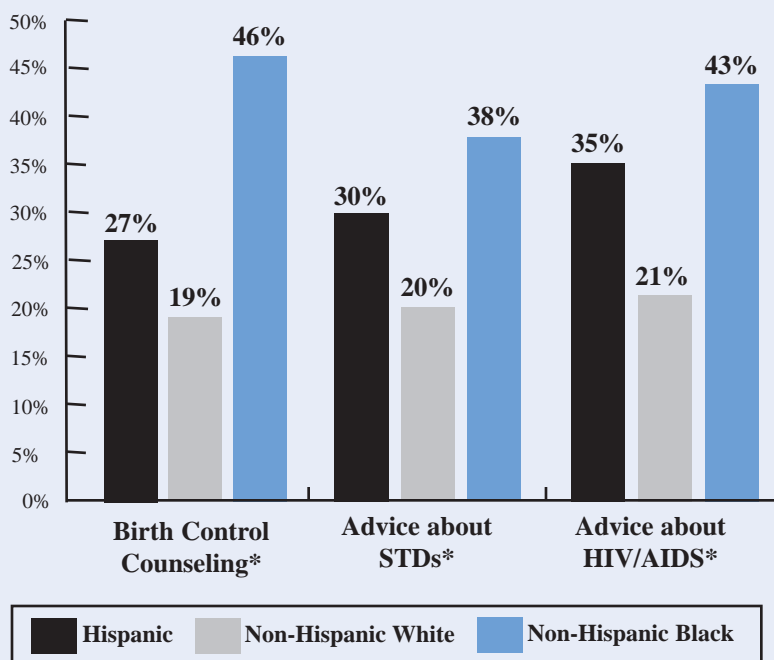


- Among teen boys who received health services in the past year, non-Hispanic black teen boys are significantly more likely than non-Hispanic white and Hispanic teen boys to have received advice about birth control methods. In fact, almost half of non-Hispanic black teen boys (46%) received this advice compared to 19% of non-Hispanic white teen boys and 27% of Hispanic teen boys (Figure 3).
- Only one-third of sexually experienced teen boys who received health services in the past year received advice about birth control (Figure 4).

## Advice about Sexually Transmitted Diseases (STDs) and HIV/AIDS

- Less than one quarter of teen boys who have received health services in the past year report that they received advice about STDs (24%), and only slightly more than a quarter received advice about HIV/AIDS (27%). The proportion of older and younger teens who have received advice about STDs is the same (24%). Older boys are slightly more likely than younger boys to have received advice about HIV/AIDS (30% vs. 24%).
- Among boys who have received health services in the past year, the proportion who have received advice about STDs varies significantly according to race/ethnicity. More than one-third of non-Hispanic black teen boys (38%) received advice about STDs compared to 30% of Hispanic teens and one in five non-Hispanic white teens (20%). Similarly, more than four in ten non-Hispanic black teen boys (43%) received advice about HIV/AIDS compared to just over one third (35%) of Hispanic teen boys and 21% of non-Hispanic

**FIGURE 3: Specified Service Received in the Past 12 Months Among Teen Boys Who Received at Least One Service, by Race/Ethnicity NSFG 2002**



\* Difference by race/ethnicity are statistically significant ( $p \leq 0.05$ )

white teen boys. These racial/ethnic differences are statistically significant (Figure 3).

- Less than one-third of sexually experienced teen boys who received health services in the past year received advice about STDs (32%),

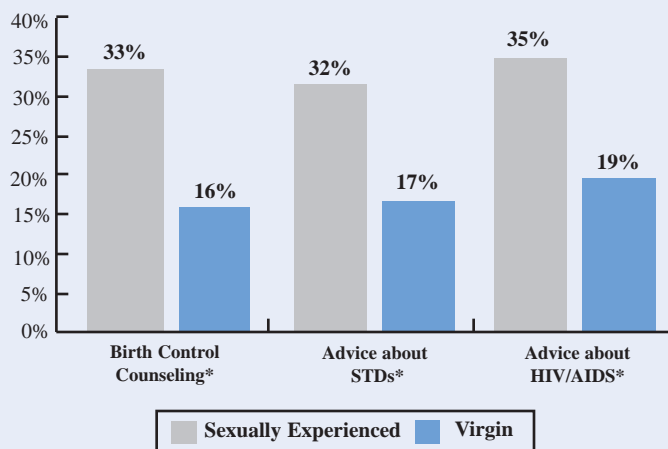
and slightly more than one-third of sexually experienced teen boys received advice about HIV/AIDS (35%) (Figure 4).

## Place of Health Care Visit

- More than half of all teen boys who received health services in the past year received them at a private doctor's office or HMO facility (59%). Non-Hispanic white teen boys (66%) were significantly more likely than Hispanic (43%) and non-Hispanic black (46%) teen boys to visit a private doctor or HMO facility for health services. In addition, virgin teen boys were more likely than sexually experienced teen boys to visit a private doctor or HMO facility for health services (67% vs. 50%). This difference is statistically significant.

- Almost one in five teen boys who received health services in the past year went to a community or public health clinic (19%).

**FIGURE 4: Specified Service Received in the Past 12 Months Among Teen Boys Who Received at least One Service, by Sexual Experience, NSFG 2002**



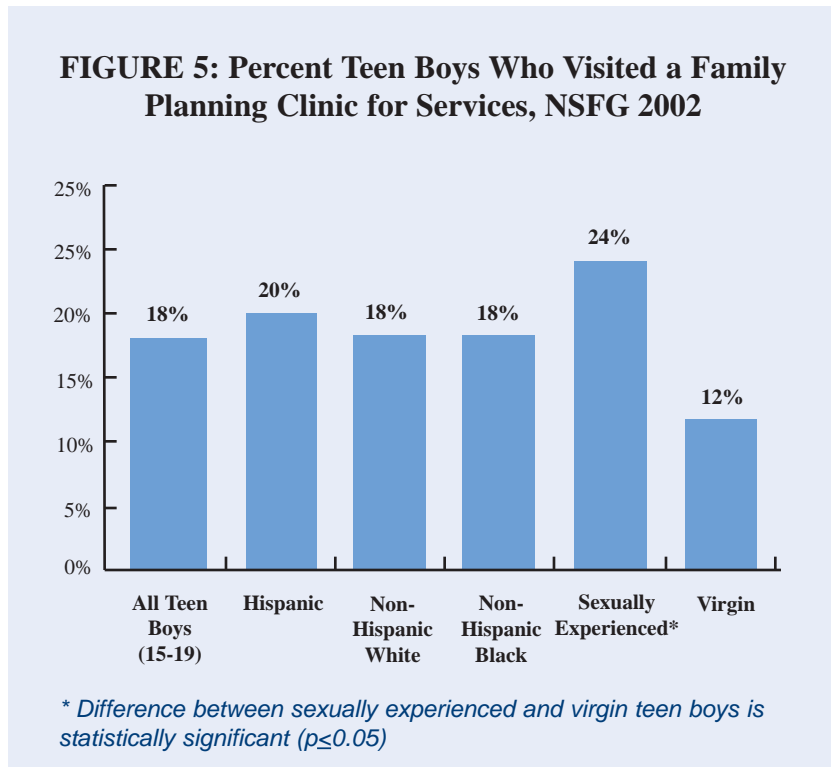
\* Difference between sexually experienced and virgin teen boys is statistically significant ( $p \leq 0.05$ )

- Non-Hispanic black (23%) and Hispanic (26%) teen boys were significantly more likely than non-Hispanic white (14%) teen boys to have gone to a community or public health clinic for health services. Sexually experienced teens were significantly more likely than virgin teens to have gone to a community or public health clinic (23% vs. 14% respectively).
- More than one in 10 teen boys who received health services in the past year went to a school or school-based clinic (13%). Proportions of boys who went to a school or school-based clinic were similar across racial/ethnic groups. However, sexually experienced boys were more likely than virgin boys to have gone to a school or school-based health clinic (16% vs. 10%).

- Other, less common places where teen boys received health services included: family planning clinics, employee or company-based clinics, hospitals, and urgent care or walk-in facilities.

## Visits to a Family Planning Clinic

- Approximately 5% of all teen boys have gone with a female partner or girlfriend to a family planning clinic in the last 12 months.
- Slightly less than one in five teen boys (18%) report that they have gone to a family planning clinic for health services (Figure 5).
- Hispanic teen boys (20%) are more likely than non-Hispanic white (18%) and non-Hispanic black (18%) to say they have gone to a family planning clinic.
- Sexually experienced teen boys are significantly more likely than virgin teens to report visiting a family planning clinic for services (24% vs. 12% respectively).



- Most teen boys who visited a family planning clinic did so for a physical exam (86%). The proportion of older and younger boys visiting a family planning clinic for a physical exam is approximately the same.
- Other reasons for visiting a family planning clinic included: getting counseling or advice about birth-control methods (11%), getting tested or treated for an STD (12%), getting an HIV test (19%), and other (6%).

## What It All Means

Even though three quarters of teen boys report receiving preventive health services in the past year, most of these teens do not receive counseling or advice from a doctor or medical care provider about methods of birth control, STDs, or HIV/AIDS. Moreover, only about one-third of all sexually experienced teen boys report talking to a doctor about birth control, STDs, or HIV/AIDS. This is both puzzling and unfortunate because doctors

and other medical care providers are an important source of health information and are in a unique position to help teens recognize the value of delaying sexual activity and the importance of using contraception more effectively if they are sexually active.

Of course, parents also have a role in helping ensure that young people make good decisions about their health. Parents should try to schedule yearly preventive appointments for their adolescent boys (and, of course, girls too) and even encourage health care providers to talk to their children about responsible sexual behavior.

Finally, this research suggests that those working with teen boys should not assume that they have gotten advice or information about responsible sexual behavior simply because they received health care services in the past 12 months. Many adolescent boys simply do not get any health services in a given year and, for those who have, only about one quarter of them received counseling or advice about birth control, STDs, or HIV/AIDS.

## Endnotes

- <sup>1</sup> American Medical Association, Guidelines for Adolescent Preventive Services (GAPS), Recommendations Monograph. Retrieved from <http://www.ama-assn.org> May 31, 2006.
- <sup>2</sup> Aten, M., Siegel, D.M., & Roghmann, K.J. (1996). Use of Health Services by Urban youth: A School-Based Survey to Assess Differences by Grade Level, Gender, and Risk Behavior. *Journal of Adolescent Health, 19*, 258-266; Ma, J., Wang, Y., & Stafford, R.S. (2005). U.S. adolescents receive suboptimal preventive counseling during ambulatory care. *Journal of Adolescent Health, 36*, 441.e1-441.e7.
- <sup>3</sup> Ma, J., Wang, Y., & Stafford, R.S. (2005). U.S. adolescents receive suboptimal preventive counseling during ambulatory care. *Journal of Adolescent Health, 36*, 441.e1-441.e7.
- <sup>4</sup> For boys, being “sexually experienced” is defined as having been married, having cohabited with a female, or having answered yes to the following question: “have you ever had sexual intercourse with a female (sometimes this is called making love, having sex, or going all the way)?” “Virgins” are those who have never married, never cohabited, and answered no to the question regarding having had sexual intercourse.

- <sup>5</sup> For those unfamiliar with the term “statistical significance,” this refers to the results of statistical testing to measure whether observed differences between groups (boys versus girls, older versus younger teens, etc) are true differences in attitudes/behavior, or are due to the particular teens included in the survey, which is meant to be representative of the U.S. teen population. For the purposes of these analyses, the threshold for statistical significance is 0.05. That is, results are considered significant if the “p value” (or probability of the difference being just a random occurrence) is equal to or less than 5%.
- <sup>6</sup> Marcell, A.V., Klein, J.D., Fischer, I., Allan, M.J., Kokotailo, P.K. (2002). Male Adolescent Use of Health Care Services: Where Are the Boys? *Journal of Adolescent Health, 30*, 35-43.
- <sup>7</sup> Ibid.

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## Author Information

This research brief was written by National Campaign staff member Katherine Suellentrop, and designed by staff member Melissa Spindler-Virgin.

## About the National Campaign to Prevent Teen Pregnancy

The National Campaign to Prevent Teen Pregnancy is a nonprofit, non-partisan organization supported largely by private foundations and donations. The National Campaign’s mission is to improve the well-being of children, youth, and families by reducing teen pregnancy. The National Campaign’s goal is to reduce the teen pregnancy rate by one-third between 2006 and 2015.

## Data Sources

All statistics for 2002 were generated with data from the National Survey of Family Growth (NSFG) Cycle 6, a periodic national survey of fertility-related issues conducted by the National Center for Health Statistics, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services (HHS). NSFG data sets on CD-ROM are available free of charge from NCHS: visit [www.cdc.gov/nchs/nsfg.htm](http://www.cdc.gov/nchs/nsfg.htm), call (301) 458-4222, or e-mail [nsfg@cdc.gov](mailto:nsfg@cdc.gov) for more information.