



T Teenage American Males:

Compared with adolescent girls, boys face more danger from alcohol and drugs, auto accidents, HIV, homicide and suicide

Growing Up with Risks

by Freya Lund Sonenstein

During their teenage years, most American boys develop into vigorous, healthy young men with few physical conditions requiring medical attention. Nevertheless, many of them engage in behaviors that may compromise their health, either during adolescence or later in life. Young men are much more likely than young women to have several sexual partners, to drink, to use marijuana, to drive recklessly and to engage in physically violent behavior—and they experience correspondingly higher death rates. As higher mortality and health problems have become more widely recognized, a growing number of health promotion initiatives have focused on male teenagers and the special risks they face, with the aim of guiding them toward changing the behaviors that make them vulnerable.

Death rates are low among both male and female teenagers, which attests to their general good health. Accidents and unintentional injuries, followed by homicides and suicides, account for the greatest number of deaths among all teens. This means that most deaths among teenagers are the result of their behavior rather than of disease or other natural causes.

Although deaths among teenage boys are rare in absolute terms, Elizabeth M. Ozer and her colleagues at the National Adolescent Health Information Center at the University of California at San Francisco report that across all races, teenage boys die more frequently than female teens because of accidents, injuries, homicides and suicides. In 1996, for example, according to the U.S. Department of Health and Human Services (DHHS), the death rate among all males 15 to 19 years old was 112 per 100,000, more than 2.5 times the rate among all females in that same age group. In 1996, for 15- to 19-year-olds, motor vehicle crashes accounted for 40 deaths per 100,000 among white male teens (versus 21 among white female teens) and 29 deaths per 100,000 among black male teens (as compared with 13 among black fe-

JUSTINE PARSONS

male teens). Homicides accounted for 12 deaths per 100,000 among white male teens (against fewer than three for white adolescent girls) and a stunning figure of 100 deaths per 100,000 among black male teens (versus 13 for black adolescent girls). Suicides resulted in the occurrence of 16 deaths per 100,000 among white male teens (versus fewer than four for white female teens) and 11 deaths per 100,000 among black male teens (against two for black female teens).

Over the past three decades, overall death rates among all teenagers have fallen, primarily from decreases in deaths related to illness and motor vehicle accidents. Unfortunately, against this declining death rate several disturbing counter-trends are clearly visible among adolescent boys. For example, between 1970 and 1993 homicide rates more than doubled among males 15 to 19 years old—increasing from eight to 21 per 100,000. (These rates have recently started to fall.) Among black male teenagers, the rate rocketed from about 50 per 100,000 in 1985 to a chilling 141 per 100,000 teens in 1993. Suicide rates have also increased among male teenagers. From 1970 to 1996, the rate has almost doubled for white male teens, from nine to 16 per 100,000, and more than doubled for black male teens, from five to 11 per 100,000, according to a 1998 report from the DHHS. It is clear from these statistics that young American boys are increasingly falling victim to violence inflicted by others or by themselves.

The dramatic spike in the murder rate took place between 1985 and 1993. Although there is no conclusive proof of the causes of this tremendous rise over so short a period, this time frame does coincide with the appearance of crack cocaine on the streets of some large cities, the dramatic rise in male teenage involvement in drug dealing and its attendant violent disputes, and the spread of handguns among urban male teenagers.



ANDREW LICHTENSTEIN Impact Visuals

A Violent World

Indeed, many more male teenagers than in the past apparently engage in behaviors that carry the threat of physical harm. For example, alarmingly high numbers of male teenagers appear to be carrying weapons and engaging in violent behavior. In the 1995 National Survey of Adolescent Males (NSAM), Charles F. Turner, currently at Queens College of the City University of New York, and his colleagues working on the NSAM found that 12 percent of 15- to 19-year-old

boys reported carrying a gun in the past month, and 27 percent indicated that they carried a knife or razor. Nearly 9 percent had pulled a knife or gun on someone else in the past year, and more than twice as many (21 percent) had someone pull a knife or gun on them. Approximately one quarter (26 percent) had threatened to hurt someone within the past year, more than one third (34 percent) had experienced such threats, and 44 percent had been in a physical fight. Significantly more than half (58 percent) of adolescent boys had engaged in one or more of these behaviors, and most who did engaged in more than one.

For female teenagers, life is very different. For example, the 1995 Youth Risk Behavior Surveillance Survey, conducted in classrooms around the country by the U.S. Centers for Disease Control and Prevention, shows that 8 percent of high school females reported carrying a weapon on one or more days during the month surveyed.



DONNA BINDER Impact Visuals

Alcohol, Drugs and Tobacco

Teen use of alcohol and illicit drugs also threatens their health. Alcohol is associated with higher rates of motor vehicle accidents, school problems and delinquency. Again, boys are more at risk than girls are. In 1997 the Monitoring the Future study conducted by the University of Michigan found that 38 percent of male 12th graders reported binge drinking—that is, having five or more drinks in a row—within the two-week period surveyed. The comparable—and substantially lower—proportion for females was 24 percent.

In contrast, the same survey indicates that marijuana use among male and female 12th graders has risen since 1992, after declining during the 1980s. In 1997, 26 percent of males versus 20 percent of females surveyed had used marijuana in the previous 30 days. Rates of reported use of other drugs such as inhalants, hallucinogens and cocaine are lower, ranging from 8 to 12 percent for male 12th graders. Intravenous drug use, with its very high immediate health risks, is lower still, at 1 percent of males 15 to 19 years old in the past year. The 1998 National Survey of Adolescent Males shows, however, that a worrisome 5 percent of male teens have engaged in intravenous drug use at some time.

Adolescence is also the time when many people begin to smoke cigarettes or use tobacco in other forms, a behavior that carries long-term health risks and costs. Rates of smok-

ing among male and female teenagers are comparable and relatively high: in 1997, 24 percent of female 12th graders and 25 percent of male 12th graders smoked daily. Whereas boys are not at higher risk from cigarette smoking, they do use much more smokeless tobacco (19 percent of boys as compared with 1 percent of girls), which carries higher risks of oral cancer and other health problems.



DAN HABIB Impact Visuals

More Partners and Rising STDs

Many people have sex for the first time during their teenage years, the health consequences of which vary considerably depending on how young the teenager is, whether contraception is used, and the number and types of sexual partners the person has over time. The health risks of early sexual activity for girls, especially

unprotected sex, are widely recognized as unintended pregnancies or births. Less attention has been paid to the health risks sexual activity poses for male teenagers, probably because it is expected that “boys will be boys.” Nevertheless, unprotected sexual intercourse for male teenagers can result in sexually transmitted diseases (STDs), including HIV.

Boys are at higher risk from sexual activity because more of them are active. In 1995 just over one half (55 percent) of males and almost half (49 percent) of females 15 to 19 years old reported that they had had sex at least once.

Although in 1995 most teenagers at 15 to 19 were sexually experienced, only a small fraction of them were very sexually active, having multiple partners in a given year. Males are more likely to engage in multiple relationships than females are and to be exposed to risks, such as increased exposure to HIV and STDs. Among sexually experienced 15- to 19-year-olds, 62 percent of females and 44 percent of males have had only one partner in the past year, and 8 percent of females and 10 percent of males have had no partners. Relatively few teenagers—13 percent of girls and 20 percent of boys—report more than three partners in the past 12 months.

Some teenage boys also initiate homosexual contacts. In the 1995 NSAM, 5.5 percent of 15- to 19-year-olds reported that they had sexual contact with another male (including mutual masturbation, oral sex or anal sex). This study also demonstrated that teen reports of same-sex contacts are strongly influenced by the way the questions are posed: boys were much more likely to report same-sex contacts in a computer-administered format than in a self-administered paper-and-pencil questionnaire—the 5.5 percent statistic comes from computer-administered data.

It may seem anomalous that within the same age group, 55 percent of boys are sexually active, whereas only 49 percent of girls are. Yet this discrepancy may be accounted for in several ways: the boys may be having sex with girls younger than 15 and older than 19; the boys may be having sex with multiple girls in this age group, whereas the girls with whom a given boy has sex have him as their only partner. Moreover, because the data are self-reported, some may respond

dishonestly in order to give more socially desirable answers.

Of course, when teens initiate sexual intercourse early, they have the opportunity to accumulate several partners through their teenage years, even at the rate of only one a year. By age 19 the average unmarried, sexually experienced male teenager has had nine partners, whereas his female counterpart has had only three partners.

The number of sexual partners that an individual has had and the number of liaisons those partners have had are critical indicators of risk for STD transmission: the more partners, the higher the risk, which places the more sexually active boys at greater risk than the girls.

Many teenagers, however, report using condoms or other forms of contraceptive protection when they have sex, and over the past decade the substantial rise in condom use among teenagers has been one of the major public health success stories. It is believed that much of this rise is the result of education programs and the recognition of the threat of AIDS. Between 1979 and 1988, condom use reported by sexually experienced male teenagers ages 17 to 19 living in metropolitan areas more than doubled from 21 to 58 percent who used a condom during their last sexual episode. By 1995 the rate had increased again to 67 percent for all those boys between ages 15 and 19.

Still, the risk remains very great: in 1995 more than one quarter (27 percent) of male teenagers in the NSAM reported having had unprotected sex in the past year. The risks were substantially higher among African-American and Hispanic male teenagers, of whom 39 and 37 percent, respectively, said they had had unprotected sex in the past year.

The Institute of Medicine (chartered by the National Academy of Sciences) has characterized sexually transmitted diseases as a “hidden epidemic” because most people do not know that of the top 10 most frequently reported diseases in 1995 in the U.S., five were STDs. In fact, Ozer and her colleagues have stated that STDs are the most common and destructive infections among adolescents. In a recent report from the Institute of Medicine, Thomas R. Eng and William T. Butler have estimated that 25 percent of new cases of STDs are among 15- to 19-year-olds, possibly because teenagers still show an abysmal lack of knowledge about the risks and dangers involved. For example, in 1995 only 1 percent of teenage males in the NSAM thought that their last partner probably or definitely had an STD, a proportion well below actual prevalence rates. In 1997 in the 15- to 19-year-old group, nearly twice as many girls than boys had gonorrhea, and nearly eight times as many girls had chlamydia.

Teenagers are much more familiar with the dangers of HIV infection and AIDS. The actual number of AIDS cases among teenagers is quite small (less than 1 percent), but the high rate of STDs among teens indicates how vulnerable teens are. (In 1997 the highest age-specific gonorrhea and chlamydia rates among females and the second highest rates among males were in the 15- to 19-year-old group.) Indeed, in 1996 AIDS was the sixth leading cause of death among males ages 15 to 24 and the second leading cause of death among 25- to 44-year-old men in the U.S. This second statistic is significant regarding AIDS risks for teenage boys: currently the number of deaths caused by AIDS is substantially higher among men than among women. Because of the long incubation period, it is believed that for many of the AIDS cases diagnosed among adults, the actual transmission of the virus occurred during the patients’ teenage years.



Multiplying the Risks

Even though teenage boys engage in more risky behavior than girls, the greatest danger to male teenagers seems to be that a significant percentage of them multiply their risk even further by engaging in more than one risky behavior. Studies have shown that teenagers who become involved at early ages in one risky behavior—violence, substance use or sex—are highly likely to be involved in others. For example, the 1995 NSAM reveals that male teenagers who use drugs or have school problems or past criminal involvement are more likely to be sexually active. Research has also shown that psychological factors—including personality traits such as unconventionality, low levels of self-control and an apparently inborn “sensation seeking” trait that may be rooted in (or expressed through) the chemistry of the central nervous system—may all be precursors of multiple-risk behavior. Different degrees of these traits can be identified in children as young as age five, which suggests that they are influenced by both inheritance and early family life.

Multiple-problem behavior is more common among boys than girls, and a disturbingly large fraction of teenagers engage in many risky behaviors simultaneously. In 1995 among males aged 15 to 19, 55 percent were sexually experienced, 37 percent had some involvement with criminal behavior (they were picked up by the police, arrested or jailed), and 37 percent had used marijuana, cocaine or other illegal drugs in

the past year. The statistics in the NSAM show that 29 percent of teenage males exhibited none of these risks, 54 percent exhibited one or two of these risks, and 16 percent engaged in all three.

The higher occurrence of problem behaviors among teenage males suggests that the origin of these behaviors rests in biogenetic differences between boys and girls and in differences in social expectations about gender behavior. Some studies have uncovered interesting evidence linking testosterone levels with risk-taking behavior. Reid J. Daitzman, a psychologist and independent researcher in Stamford, Conn., and Marvin Zuckerman of the University of Delaware, for example, showed that higher testosterone levels were related to sensation seeking in college males. J. Richard Udry of the Carolina Population Center at the University of North Carolina at Chapel Hill conducted a longitudinal study of 13-year-old boys in a North Carolina school district and found that testosterone levels measured at the start of the yearlong study predicted the number of problem behaviors that the boys would—and later did—engage in.

Yet this association between hormone levels and behavior did not persist over the study’s second and third years. Udry speculates that hormonal changes in early adolescence may be critical for the initial development of problem behavior at that time: afterward the behavior is self-perpetuating, independent of subsequent testosterone levels. This study also examined the effect of social and psychological measures on risk

taking and found, for example, that low levels of religious participation and high levels of autonomy consistently and independently predicted higher rates of problem behaviors.

There is also evidence that social pressures play a role as well. For example, teenage males who strongly endorse a traditional view of masculinity are more likely to engage in risky behaviors. Joseph H. Pleck of the University of Illinois and his colleagues found that boys in the 1988 NSAM who scored higher on a scale of traditional male-role ideology—which measures how teens think males should behave—were more likely to engage in problem behaviors such as getting suspended from school, drinking, using drugs, being picked up by the police, taking multiple sexual partners, tricking or forcing someone to have sex, and using condoms inconsistently.

Pleck's eight-item scale measuring beliefs about male roles includes both positive and negative items that are not intuitively linked to most of the problem behaviors:

1. It is essential for a guy to get respect from others.
2. A man deserves the respect of his wife and children.
3. I admire a guy who is totally sure of himself.
4. A young man should be physically tough, even if he is not big.
5. A guy will lose respect if he talks about his problems.
6. It bothers me when a guy acts like a girl.
7. I don't think a husband should have to do housework.
8. Men are always ready for sex.

Teen males scoring highest on this scale are more likely to engage in risky behaviors, and this correlation holds across racial-ethnic groups and other subgroups defined by age or educational expectations. This study literally indicates that endorsing beliefs about being tough and getting respect—traditionally part of the core of what it means to be a man in the U.S.—may lead young men to engage in behaviors that endanger their health.

Programs to Change Risky Behavior

On the positive side, evidence shows that if teenage boys can avoid risky behaviors, they can improve their chances of better health in adolescence and later life. Fewer motor vehicle deaths and increased use of condoms among young men over the past decade demonstrate that risky behaviors can be altered. These changes may be coming about at least in part because of education and prevention programs.

As a result, many health prevention initiatives have sprung up around the country to help teenagers avoid and overcome risky behaviors. They have typically focused on

single behaviors or problems: smoking, drinking, drug use, careful driving or safe sex. Increasingly, however, as it has been recognized that young people face multiple risks, it has become clear that prevention efforts should be more wide-ranging and should deal with the varied risks teens face and with the overall family and neighborhood context in which risky behaviors arise.

For me, this message was underlined by a review I recently conducted, which examined programs working with teenage boys to reduce sexual risk taking. I found that programs that successfully attract young men and promote responsible sexual behavior appear to share two philosophical principles. The first is that they must respond to the social environments and pressures faced by the young males in their communities. They must focus on concrete life issues—increasing self-esteem, building relationship skills, improving academics and creating a positive outlook for the future—to give young men the tools they will need to take control of all the areas of their lives.

The second principle is that the programs need to focus on redefining what it means to be a man. We found this theme reiterated in a range of programs targeted to male teenagers across cultural settings. In *Hombres Jóvenes con Palabra* (“Young Men with Integrity”), Jerry Tello has developed a rites-of-passage initiative for Latino youth, in which the concept of *machismo* is reclaimed and redefined to reflect the traditional concept of *el hombre noble* (“the noble man”): a man of his word who takes care of his girlfriend, family and community. In the Youth Education and Development Program run by the Urban League of Eastern Massachusetts, young men in Roxbury explore the difference between biologically fathering a child and being a caring, committed “dad.” In Des Moines, in the It Takes Two curriculum developed by Tom Klaus of the Legacy Resources Group in Carlisle, Iowa, participants dismantle conventional gender stereotypes such as G.I. Joe and Barbie and learn how to build mutual respect and shared responsibility into relationships between men and women. Across these programs, staff work to redefine “manly” as taking responsibility and having positive values and goals.

Both research and the results of these programs indicate that broad-based approaches are needed to address these behavior-related health risks and to help teenage boys avoid drugs or alcohol, risky sexual behavior and violent relationships. Successful programs respond to the multiple risks teenagers face, as well as to the family, peer and neighborhood conditions that predispose teens to risky behaviors. There is also promising evidence that changing male teenagers' ideas about what it takes to be a man could curb some of the risky behaviors that young men believe attest to virility but that actually threaten their health.

The Author

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Further Reading

INVOLVING MALES IN PREVENTING TEEN PREGNANCY. Urban Institute Research Center Paper, No. 7327, Washington, D.C., 1997.
TRENDS IN THE WELL-BEING OF AMERICA'S CHILDREN AND YOUTH: 1999. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, 1999.