



BOYS IN THE PICTURE

Introduction

Assumptions are often made about the health and development of adolescent boys: that they are faring well, and supposedly have fewer health needs and developmental risks compared to adolescent girls; and that adolescent boys are disruptive, aggressive and “hard to work with”. This last statement focuses on specific aspects of boys’ behaviour and development – such as violence and delinquency – criticizing and sometimes criminalizing their behaviour without adequately understanding the reasons behind it.

Such generalizations do not take into account the fact that adolescent boys – like adolescent girls – are very diverse in character and background. For instance, many boys are in school, but too many are out of school; others work; some are fathers; some are partners or husbands of adolescent girls; others are bisexual or homosexual; some are involved in armed conflicts as combatants and/or victims; some are sexually or physically abused in their homes; some sexually abuse young women or other young men; some are living or working on the streets; others are involved in prostitution.

The majority of adolescent boys are, in fact, faring well in their health and development. They represent positive forces in their societies and are respectful in their relationships. However, some young men face risks and have health and development needs that may not have been considered, or are raised in ways that lead to violence and discrimination against women, violence against other young men, and health risks to themselves and their communities.

Our knowledge of what adolescent boys need for healthy development and what health systems can do to help them can be improved by first of all recognizing their complexity. This calls for a more careful and thorough understanding of how they are raised in their communities, i.e. how they are socialized.

Why consider adolescent boys?

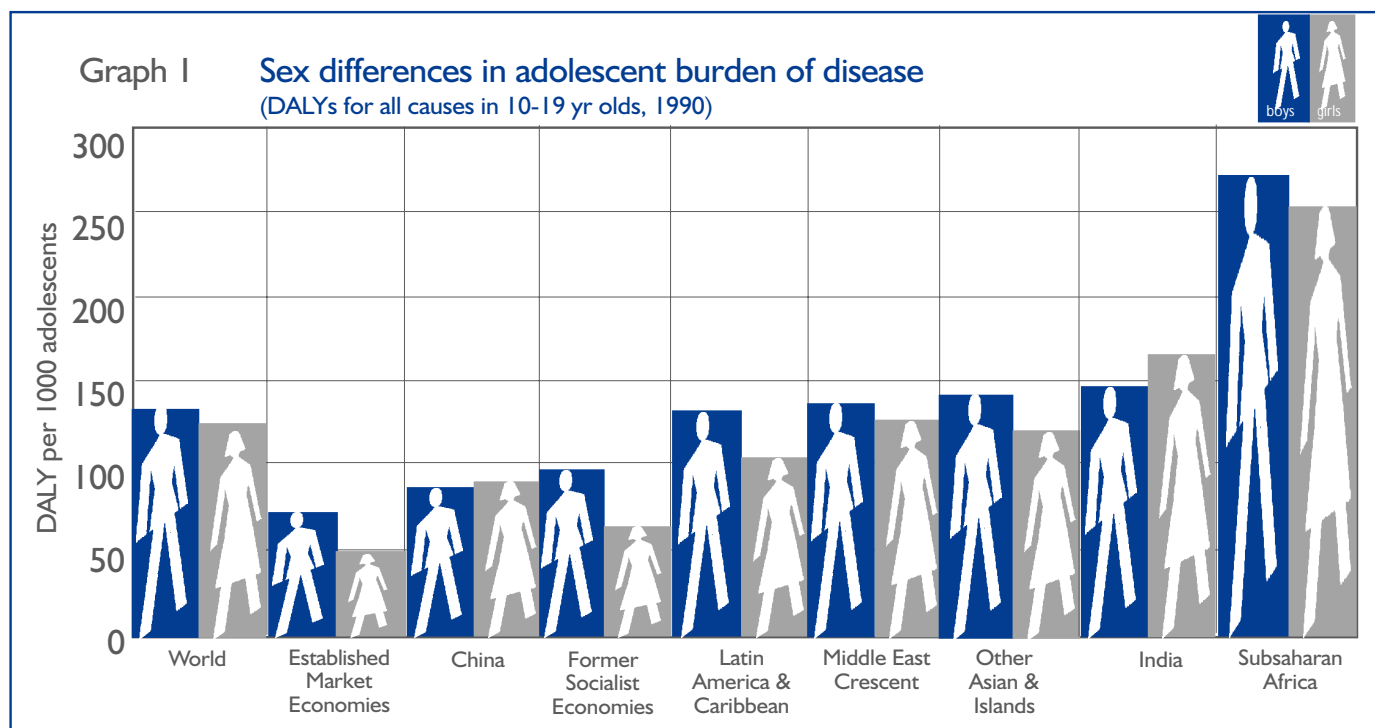
Adolescent boys face significant problems and risks related to their healthy development

Adolescent boys face high rates of sexually transmitted infection (STI) and HIV/AIDS, although generally at lower levels than adolescent girls. Around the world, adolescent boys also suffer high rates of injury and death related to road traffic accidents, violence and suicide, and have higher rates of tobacco use and other substance use than do adolescent girls.

In most of the world, adolescent boys have a higher risk of dying prematurely than their female counterparts – in some places several times higher. Many of these deaths are due to violence, suicide, accidents, and drug or alcohol abuse. The following graph shows that the number of Disability Adjusted Life Years (DALYs) lost, a measure that combines the adverse impact of death and disability due to diseases and injury, is higher for boys than for girls.

The health-related behaviours of adolescent boys have direct consequences for their future health as adults

The leading causes of death for men are often related to their upbringing and lifestyles, namely higher rates of tobacco and alcohol use, accidents, injuries, and violence – the kinds of health and social behaviour adopted primarily during adolescence. As a consequence, in most regions of the world, a boy’s life expectancy at birth lags behind a girl’s by up to eight years. This gap is predicted to grow even wider by 2020.



Adolescent boys' health and health behaviours are directly related to the health of adolescent girls

Adolescent and adult men contribute to many of the health risks that adolescent women face, including reproductive tract and sexually transmitted infections, pregnancy-related complications, and violence and abuse. In some cases, this may be the result of a lack of information on sexual/reproductive health matters among adolescent boys. Similarly, they may not appreciate the need to share responsibility for sexual health and contraception, or they may lack skills promoting discussion and understanding in intimate relationships. Adolescent boys may not be actively involved in caring for the children they father and, in some cases, they may use violence or psychological pressure against young women.

Recognizing the important role of adolescent and adult men in improving the situation for women, the International Conference on Population and Development programme of action includes a decision to focus on promoting male involvement in reproductive health.

From an economic perspective, ignoring the specific health needs and health-related practices of adolescent boys represents tremendous costs to societies

The HIV pandemic, much of it related to the sexual behaviour of adolescent and adult men, is having a major impact on the economic capacity and development of many sub-Saharan African countries.

In parts of the Americas, violence – the majority of which is committed by and against young men aged 15-24 – is costing up to 15 percent of the gross national product.

Safeguarding boys' health and healthy development is a matter of human rights

Improving and safeguarding the health and well-being of boys is a matter of human rights. The Convention on the Rights of the Child clearly states that boys need relevant information, skills and health services, just as girls do.



A gender perspective

Gender is defined broadly as what it means in a given society to be male or female and how that defines an individual's expectations, opportunities and roles. Sex is biological, gender is socially defined. The concept of gender has long been applied to **working to improve the status of women and girls** and while there is still much to do, the application of a gender perspective has been an extremely powerful tool. This tool should now be used to look at the situation of boys and men as well.

By examining **men's roles in perpetuating discrimination against women**, we seek to involve men in improving the situation of women. We also seek to explore how rigid understandings of what it means to be a male can pose problems for men. Some groups of men – low-income men, homosexual and bisexual young men, men outside the traditional power structures – are at times subject to discrimination.

Even in regions of the world where women face strong prejudices in society, work and family life, and where men may benefit from these inequalities, masculinity nevertheless implies both advantages and disadvantages for young men. For example, discrimination against women in some parts of the world may mean that adolescent boys have higher self-esteem, but are more likely to report having been victims of physical violence in the home.

Changes in women's roles and status in some countries may lead many **adolescent boys to ask what it means to be a man**. Two questions relate to how we can help young men find positive, caring, socially aware models of masculinity.

- What are the implications of sex-specific health needs for adolescent boys, and what can be done to improve their health?
- How can we work with adolescent boys to improve the health and well-being of adolescent girls, and to promote greater equality between the sexes?

It is vitally important to work on both issues simultaneously. The goal is not to argue over whose needs are more urgent, but instead to examine the health implications of gender for both sexes and to improve the health of all adolescents.

The health and development status of adolescent boys

A number of issues emerge where special attention for boys is required.

The socialization of boys. In many settings, boys are generally raised to be self-reliant and independent, not to show emotions and not to be concerned with or complain about their physical health, nor to seek assistance during times of stress. These beliefs, and other factors, significantly affect boys' access to health care.

Other research suggests that boys, like girls, face stresses during specific moments in adolescence – stresses that may be ignored because boys are more likely to repress their emotions and not to seek help. Programmes around the world report that adolescent boys seldom use health-care services.

Sexuality and reproductive health. Research on the early sexual activity of adolescent males suggests that patterns of viewing women as sexual objects, viewing sex as performance-oriented and using pressure or force to obtain sex begin in adolescence and may continue into adulthood. This provides a strong argument for working with young men as they form attitudes towards women and develop ways of interacting in intimate relationships.

Alcohol and other substance use often accompany the early sexual experiences of young men and increase the risk of STI, HIV infections and unwanted pregnancy. Boys also frequently pretend to be sexually experienced and to be very knowledgeable about the reproductive process. This attitude frequently masks the fact that boys may actually lack information on their bodies, their sexuality and reproductive health. While condom use is increasing among adolescent boys, young men too often delegate sexual and reproductive health concerns to women, including responsibility for condom and contraceptive use.



Adolescent boys' sexual health problems may be more widespread than commonly thought. For example, the number of young men contracting chlamydial urethritis, which displays no symptoms in up to 80 percent of cases, is increasing. Frequently, sexually transmitted infections are being ignored. In other cases, boys rely on home remedies or self-treatment, increasing the risk of HIV infection.

Finally, while there is much less research on the sexual experiences of homosexual adolescent males, recent findings provide some insights on the challenges they can face. Some of the same issues raised above are involved in male-to-male sexual activity, whether or not the boy sees himself as homosexual, bisexual or heterosexual.

Mental health. Young men also have unmet mental health needs, but frequently do not seek mental health services, nor do they discuss their concerns with others during times of stress. In parts of the world, boys cannot take advantage of traditional systems of care used during times of stress and trauma because work often separates them from these extended family and kinship networks. Three times as many men as women commit suicide worldwide, although up to three times more women than men may attempt it.

Violence, physical abuse, sexual abuse and dating/courtship violence. Injuries from violence (followed closely or led by accidents in some regions) are among the chief causes of death and ill health for adolescent males. Reports from many countries confirm the increase in the number of boys committing acts of violence.

Despite violence and aggression being associated with males, there has been only limited research that seeks to understand which aspects of masculinity are associated with violent behaviour. While there may be some evidence for a biological and temperamental link to aggressive and risk-taking behaviour, the majority of male violent behaviour is explained by environmental factors during childhood and adolescence. Violence has a survival and status function for young men in low-income communities in some cultural settings. It can be a way of maintaining status in the male peer group and of preventing violence against oneself.

Adolescent males are usually studied as perpetrators rather than as victims of violence. However, increasing attention is being paid to their victimization. Because they spend more time outside the home in most cultures, boys are more likely to be exposed to or to witness physical violence outside the home. There is also growing concern about the psychological impact of exposure to violence, particularly in countries where boys have been involved as combatants in civil wars. Young (and older) homosexual men are frequently the target of violence, at times leading to death.

Limited research on dating or courtship violence finds that males report being perpetrators, and sometimes victims, of such violence. There is also evidence of boys being physically or sexually abused in early childhood and later having difficulty talking about the abuse. Higher percentages of boys report physical abuse while higher percentages of girls report sexual abuse. Boys sometimes have more difficulty than girls expressing victimization and finding persons in whom to confide about abuse; especially so when they are the victim of sexual or sexuality-related violence.

Substance use. In many parts of the world, boys are more likely than girls to smoke, drink and use drugs. Substance use, particularly alcohol use, is frequently part of a wide range of risky behaviours by young males, including violence, involvement in dangerous situations leading to traffic accidents, and unprotected sexual activity.

Use of existing health services. Young men in many regions often resort to self-medication or ignore their health needs all together. There are reports that boys often want many of the same things in health services as young women: high quality service at an accessible price, privacy, staff who are open to their needs, confidentiality, the opportunity to ask questions, and a short waiting time. Young men, however, sometimes encounter hostile attitudes in clinics, or they view mother and child health clinics and family planning centres as "female" spaces. Some even report being turned away from clinics.



Adolescent fatherhood. Adolescent fathers, like adolescent mothers, may face social pressures to drop out of school to support their children and are less likely to complete secondary school than their non-parenting peers. Other young men may deny responsibility and paternity, in large part because of the financial burden associated with caring for a child. Programme experiences with adolescent fathers suggest that when given special support, young fathers generally want to and benefit from being involved with their children.

Lessons learned working with boys

The World Health Organization convened a workshop on “Working with Adolescent Boys” in Geneva on 17-19 May 1999. Participants discussed and debated background papers summarizing the literature and a brief survey of over 70 programmes worldwide involved in the promotion of health among adolescent males. A number of key findings, **lessons learned** as well as challenges and research topics were identified:

- Educational campaigns and group work can help to raise boys’ awareness about gender discrimination and disadvantage of girls and women. Some governmental and NGO programmes work specifically in the area of reproductive and sexual health, while others work to prevent violence against adolescent women. A few NGOs work with young men to discuss their potential role as fathers and seek to promote greater balance and sharing of responsibility in childcare arrangements.
- In some countries, educational campaigns, aimed largely at groups of young men, seek to target the issue of violence, including courtship violence. Activities have taken place with military recruits, in sports locker rooms or in schools. The goal is to improve men’s awareness and/or to create positive peer pressure so that young men themselves convince their peers that violent behaviour is unacceptable. However, much more needs to be known about the social settings in which young men’s violence occurs, and about young men’s views on such violence.
- Boys are more likely to use existing health services when such services are made attractive to them. Some programmes report that having male staff to work with young men is important, while others report that the sex of the staff is not important if they are sensitive to boys’ needs. Some clinics have used sports activities and peer outreach workers to invite boys into existing health facilities.
- The choice of language used by staff is important. Non-sexist and non-discriminatory language can influence boys positively by setting an example and helping to reduce the sense of shame and isolation often felt by boys who differ due to sexual, religious or cultural differences. It also provides messages about how young women can be viewed in non-sexist ways.
- Boys, like girls, prefer services that take into account their full range of interests and needs, such as the need for vocational training or responses to community violence. Sport and leisure activities can be used for various educational and health promotion interventions.
- Programmes that imply that boys need to conform to a certain social mould or to be controlled or coerced are not well accepted. Greater success is achieved with programmes that reach boys in more open and less threatening ways, reducing the potential reinforcement of negative images of boys and young men.
- Boys often request or appreciate having the chance to discuss their concerns in boy-only groups, but most programmes also find it important to have boys and girls subsequently discuss their concerns together. Boys generally report a lack of spaces where they can discuss – in a non-judgmental manner – questions about masculinity, personal problems or health-related matters.
- In parts of the world where households are headed by females, boys often report the importance of interacting with positive male role models such as teachers, older male family members, health educators, youth workers or peer promoters who are non-sexist and non-violent.



- Exposure to adult male role models (i.e. fathers or other significant male adults) who are caring, flexible and involved in child rearing, helps boys grow up to be caring partners and to be more involved fathers.
- Similarly, programmes on violence prevention find it is important to expose adolescent boys to non-violent ways of expressing difficult emotions such as frustration and anger.
- Boys and young men can make positive contributions in many settings and contexts – as caring partners during pregnancy and child rearing, and as peer educators and role models in health promotion and violence prevention activities.

Challenges for the future

The following activities were identified as important steps to overcome the many challenges to putting adolescent boys on the health and development agenda.

Advocacy

An **advocacy kit** should be prepared, which should include facts about the health status of adolescent boys and key arguments that can be used to convince UN agencies, international and national NGOs, Ministries and Departments of Health, Education, Youth Affairs, Juvenile Justice, and other relevant parties of the importance of working with adolescent boys. The kit should also highlight positive examples of the health and development of adolescent boys.

Data gathering, analysis, monitoring and evaluation

Existing data sets should be re-analysed, and the breakdown of data (e.g. by age and social context) relevant to the health of adolescent boys should be promoted. Modules on adolescent boys should be included in routine and specific surveys.

Further research

Areas warranting particular attention are:

- Health status and behaviours: developing a more comprehensive picture of the health and developmental status of adolescent boys.
- Care of mental health conditions in boys, especially for conditions that may be more frequent in late adolescence (e.g. schizophrenia and bipolar disorder).
- Biological factors: the identification of the role of biological influences on the development and behaviours of adolescent boys.
- Health service utilization: the analysis of whether boys are drawn to, or unwilling to use, particular health services for reasons that are similar to or different from those of girls. This would include looking at location, type of service, mode(s) of service delivery, characteristics of service providers, and the identification of subpopulations who use health services.
- Socialization and identity formation: the identification of factors and circumstances associated with the development of boys who are gender-sensitive and responsible. This would include listening to the “voices of boys” – an exploration of how boys from diverse cultures and settings interpret such concepts as power, gender, equity, masculinity, sexuality, roles and responsibility.
- Resilience: to date there has been an emphasis on identifying how an adverse background can cause adolescents to underachieve or, in worst-case scenarios, lead them into violence and crime. Much more research is needed, however, to establish how and why boys and girls from equally difficult backgrounds – perhaps impoverished, neglected, violent or abusive – have overcome these challenges and developed into successful, responsible men and women.



- Violence, conflict resolution and the role of masculinity: documenting effective strategies for conflict resolution; analysing the relationship between violent/sexist behaviour and the way in which boys are raised; and the identification of the effects of new and traditional media in boys' lives.
- Adolescent boys as fathers: studies examining the identity shift from “boy” to “father”; the identification of effective strategies for involving adolescent fathers and fathers-to-be in programmes designed to inform and support them in family planning and raising children; looking at ways to sustain this involvement, and to maintain responsible and considerate behaviour in the community.
- Employment, vocational training and unemployment: documenting effective ways to improve economic opportunities for boys and exploring how unemployment or underemployment can be managed.
- Ways of attracting males to work in the field of adolescent (and child) health.

Technology transfer and dissemination

- The development of a **tool kit** that would include the principles of “good practice”, case descriptions to enable replication and adaptation, and a training guide on working with adolescent boys.
- The identification of an effective central/global **clearing house** for information dissemination.
- The development of a **learning network** which, in association with the clearing house, could facilitate knowledge and a transfer of useful experience among those working in this field.

Conclusion

Making a case for increasing attention to the health, development and wellbeing of adolescent boys and young men is necessary and timely. Increasing the attention to boys is a matter of gender equity and benefits accrue not only to adolescent boys and young men, but also to adolescent girls, women, children, men and communities.