



Editorial

Serving the Underserved: The Health and Well-Being of Adolescent and Young Adult Males



Adolescent and young adult male health has received little attention despite decades of high mortality and morbidity rates [1,2]. Across the lifespan, particularly during the second and third decades of life, males have worse outcomes than females in a number of areas, such as substance use, unintentional injury, and suicide [1]. And yet, males have lower health-care utilization and higher levels of unmet needs than females [3,4]. In the United States, life expectancy for males is also consistently lower than for females [5]. The adolescent and young adult (AYA) male is underserved in health-care delivery systems, public health and policy, and research arena. In 2012, Saewyc lamented that sexual and reproductive health research aimed at impacting policy and clinical practice did not include boys and young men [6]. In 2017, after a gap of 5 years, Fortenberry also noted the lack of progress in addressing AYA male sexual health services [7]. In the recent Global Adolescent Study, Blum et al. highlighted many of the gender differences that are accentuated during the onset and completion of puberty, and how these changes place adolescent boys at risk for a number of negative health outcomes [8]. In publishing this supplement of the *Journal of Adolescent Health*, our endeavor is to further increase attention on AYA males, and, in so doing, inspire some possible solutions to clinicians, policy makers, and investigators concerned with improving the health and well-being of AYA males.

In the opening commentary, Amin et al. explore recent efforts to understand the gender attitudes of young adolescents [9]. They highlight promising new interventions to address gender attitudes among AYA males with concrete and evidence-based directions for programs and policies. These programs promote more equitable gender attitudes and encourage broader societal changes in masculinity norms not only for boys and men, but also for girls and women. These attitudes must be addressed within families, communities, and in society as a whole.

In a second commentary, Patton et al. argue in favor of reconciling a broader adolescent health agenda with the enormous energy now focused on the health and development of adolescent girls and young women [10]. The global adolescent health community must expand its focus to include a gender equity lens

to achieve a broader, cross-cutting agenda that includes males in a meaningful way. The authors make a strong case that gender equity for girls and young women can only be achieved by addressing the health of boys and men. Additionally, the rights of lesbian, gay, bisexual, and transgender (LGBT) youth depend upon careful consideration of the masculinity norms adopted by adolescent boys. These two thoughtful commentaries share a conviction that change needs to be broad-based, involving adolescents and young adults, families, communities, and societal norms.

Two review articles in this supplement reinforce and expand the already acknowledged fact that AYA males are different from AYA females and underserved in certain disease/disorder categories. Their particular needs are specific [11,12]. In their review article on AYA male mental health, Rice et al. demonstrate that the health-care delivery system is not set up for engaging AYAs through health literacy, stigma, and gender-sensitive outreach and delivery [11]. The authors recommend that interventions be developed and tested with a male-centric approach if we intend to improve health outcomes for this underserved population. In a second review article, Kinner et al. catalog the age-specific global prevalence of certain infectious diseases among incarcerated AYA males [12]. Their data, from over 70 peer-reviewed reports, show high prevalence rates in this population, demonstrating the need for effective preventive intervention programs in both jail settings and communities with high rates of incarceration.

In the first of the special issue's empirical articles, Flannery et al. further build on the concept of gender differences [13]. In a unique longitudinal study following adolescents for 9 years into young adulthood, the authors identify major gender differences in coping. In early adolescence, females were more likely than males to seek social support, plan, and vent their emotions. Males increase their use of these strategies as they hit late adolescence/young adulthood, and, compared with same-age females, employ more humor as a strategy in young adulthood. These insights into coping strategies may well form the basis for more effective interventions for young people.

The next three papers draw upon university samples of young adult males and highlight some critical patterns of risk behaviors that have long-term consequences [14–16]. McCabe et al., using data from the Monitoring the Future Study, assess the longitudinal impact of substance use among males who had social fraternity involvement during college/university [12]. These men had not just higher rates of substance abuse during college, but

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also high rates of alcohol use disorder symptoms at age 35. Next, Shafer et al. and Salazar et al. draw upon university samples in the United States (Oregon and Georgia) to examine sexual violence attitudes among the AYA males [15,16]. Both of these papers emphasize the critical need for programs that improve sexual communication in males, a strategy that is increasingly associated with lowered rates of sexual violence.

In contrast to readily available university students, the next two papers focus on engaging males who are hard to reach: those with complex health problems such as sexually transmitted infection (STI) and obesity [17,18]. Ott et al. show how community engagement and venue-based sampling can reach AYA males in communities with high STI prevalence rates [17]. The broad range of communities included in the study demonstrated distinct STI rates, and venue sampling proved an effective mechanism to engage adolescent males across locales. From Australia, Bailey et al. used a qualitative design to explore the best way to reach obese males [18]. The study respondents wanted an individualized approach that focused on their personal needs through goal setting, motivation, engagement strategies, and text messaging.

In the final two papers, Bell et al. and Guillamo-Ramos et al. propose innovative approaches to preventing teenage pregnancy that address the AYA male and his role [19,20]. In turn, Bell et al. advocates the use of computerized motivational interviewing, and Guillamo-Ramos et al. proposes engaging fathers to increase dialogue with their sons.

This supplement represents the first time that the *Journal of Adolescent Health* has focused an entire issue exclusively on males. With the publication of this supplement, the editors hope that we can expand our focus on improving the lives of adolescent and young adult males throughout the world. This supplement is intended not only as a call to action for improving the health and well-being of AYA males, but also as a recognition that adolescent and young females will benefit from growing up side-by-side with healthy and thriving males.

Paritosh Kaul, M.D.
University of Colorado School of Medicine
Aurora, Colorado

Charles E. Irwin, Jr, M.D.
University of California, San Francisco
San Francisco, California

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