

Chapter 3—Swagger and Boys’ Sexual Health

“What did you miss most, the alcohol or the meaningless sex?”¹
-TV Program *Arrow*

The inquiry above was made of Oliver Queen (The Green Arrow) in the pilot episode of the popular series *Arrow* upon his return home from a five-year sojourn on a mostly deserted island. The question is loaded with implicit meaning about how males of a certain age are expected to approach sex: get drunk, get laid, no strings, no problems. The words of Oliver’s friend are a sign of the swagger that dominates media depictions of the male sexual role and helps perpetuate the myth that boys possess an innate sexual prowess and value physical gratification over messy emotions like love.

The reality is quite different. Michele Chai, a health promoter with Planned Parenthood in Toronto, talked about swagger in a widely read 2014 article in Canada’s *The Walrus*:

“People tend to think that the swagger young men display is because they have confidence about sex... You want to know the three things about sex that young guys lie about most often to their peers?... One, how often they have sex. Two, how much they enjoy the sex they actually have. And three, whether or not they use condoms.”²
(Condoms presumably contradicting the freewheeling approach to sex that signifies masculinity.)

Chai concluded her remarks by noting that swagger and the lies it spawns add up to too many unhappy and unsafe sexual encounters for boys.

Popular representations of adolescent boys and young men trade in swagger. Males are routinely shown as preoccupied with sex and women’s bodies. The more timid among them ogle women from afar while others with more confidence confront women directly with a come-on or catcall. Representations like these are based in traditional and highly stereotyped views of male sexuality and masculinity. Pediatrician Mary Ott has talked about the impact of these stereotypes on boys: poor sexual health outcomes during adolescence and less engagement with healthcare services, especially as adolescent males enter adulthood. She notes as well that adolescent males who adhere to conventional beliefs about masculinity report more sexual partners, less intimate relationships during their last reported intercourse, less consistent condom use, and less belief in male responsibility to prevent pregnancy.³

¹ Warner Bros. Television et al. “Pilot” *Arrow*. October 10, 2012

² Giese, Rachel. “The Talk: A new sex ed for boys” *The Walrus* April 2014, p. 29.

³ Ott, Mary A. “Examining the Development and Sexual Behavior of Adolescent Males” *Journal of Adolescent Health* 46, no. 4, Supplement (2010), S3-S11.

The World Health Organization defines sexual health as “...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity.”⁴ As we will see, our society has a long way to go to ensure true sexual health for boys.

A Failure to Communicate

The acquisition of sexual health information (SHI) is vital to the sexual health of teen boys and girls. Armed with the facts, they are less vulnerable to infection, less likely to experience unwanted pregnancies, and more likely to share in healthy relationships. Yet, as Rachel Giese wrote in *The Walrus*, young straight men are the most ignored demographic when it comes to sexual health education.⁵

On the one hand, it is clear why sexual education is, in Giese’s words, female-slanted: girls get pregnant and suffer far more incidents of sexual violence. But that narrow view is detrimental to boys and, by extension, the girls they date or “hook up” with. It takes two to tango, and if boys are not educated about their role in ensuring their own sexual health and that of their partner, both parties in the relationship lose.

There are three main sources of accurate SHI for boys: parents, teachers, and healthcare professionals. In a 2013 study, professor of pediatrics Abigail Donaldson found that sexual health lessons resonate more when they come from multiple sources. Her research also showed that teens view parents, teachers, and healthcare providers not only as important sources for this information, but preferred sources. Yet very few teens actually receive sexual health information from all three. In fact, many get it from only one source which may not provide a complete picture. A brief look at each source will show us where the gaps are and where boys turn to fill them.

When it comes to talking about sex, the parental relationship probably causes the most angst. Research shows that teens want to talk to their parents about sex and parents want to have those conversations, but neither party manages to find the words. Donaldson’s study showed a startling lack of discussion between parents and their sexually experienced sons: 60% of these sexually active boys reported receiving no information about birth control from parents, compared to 33% of girls. Further, 48% of boys reported receiving no information on condoms, and 36% had been given no information about STI prevention.⁶

⁴ World Health Organization. “Defining sexual health” http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/index.html Accessed September 16, 2013.

⁵ Giese, p. 28.

⁶ Donaldson, Abigail et al. “Receipt of Sexual Health Information From Parents, Teachers, and Healthcare Providers by Sexually Experienced US Adolescents” *Journal of Adolescent Health* 53, no. 2 (2013): p. 235-240.

Why such a failure to communicate? One reason is general discomfort. Most teens find it difficult to talk to parents about sex, while parents are uncertain how to broach the subject.

Cultural forces might also be at play. Male stereotypes and the heterosexual script often dictate what parents discuss with their sons, if and when they have conversations about sex. If parents believe their sons should be independent and self-sufficient and girls are sexual gatekeepers, they may be less inclined to cover all the bases in sexual education.

Consider the example of pregnancy prevention. Recent numbers from the National Campaign to Prevent Teen Pregnancy show results similar to Donaldson's: 59% of sexually experienced boys had not talked to their parents about birth control, compared to 39% of sexually experienced girls. Further, only 29% of sexually experienced boys had talked to a parent about where to get birth control, compared to 49% of sexually experienced girls. Donaldson also found that 17% of boys had never received birth control information from parents or teachers, compared to 10% of girls. Clearly a significant number of parents believe girls are primarily responsible for pregnancy prevention and if parents buy into this notion, it is likely their sons will too. In reality, contraception use increases when *both* partners agree on the method, yet many boys lack the information to speak intelligently with their partners about birth control.

In the area of STIs, parents are a little more balanced in their approach. Donaldson found that about two-thirds of sexually experienced boys and girls had talked to their parents about STIs. The American numbers were equal between the sexes but slightly lower than in Canada, with about 55% of sexually experienced boys and girls saying they had discussed STIs with their parents.^{7,8}

Teachers are trying to do their part for sexual education when curricula allow them. As for effectiveness, it appears there is work to be done in the area of birth control education. A 2012 report by the Guttmacher Institute in the US showed that 46% of sexually experienced males (compared to 23% of females) had received no formal instruction from teachers about contraception before their first time having sexual intercourse.⁹ Donaldson's 2013 report had a slightly different result, finding that 37% of boys had not received information about birth control from teachers, compared to 25% of girls. Both numbers are inexcusably high, indicating as they do that roughly 4 out of 10 boys are not learning about contraception at school.

The numbers are a little better on STI education in schools. The Guttmacher study notes that in the years between 2006 and 2008, most teens aged 15–19 had received formal instruction about STIs (93%) and HIV (89%). Donaldson's study showed similar results, with 96% of boys having received information about STI prevention from a teacher.

⁷ National Campaign to Prevent Teen Pregnancy. "Parent-Child Communication About Sex and Related Topics" *Science Says* no. 25 (May 2006): p. 3.

⁸ Donaldson.

⁹ Guttmacher Institute, "Facts on American Teens' Sources of Information About Sex" *In Brief* February, 2012 <http://www.guttmacher.org/pubs/FB-Teen-Sex-Ed.html> Accessed June 17, 2013.

Despite these efforts, there is evidence that school-based sexual education is not as meaningful as it could be for boys. Rachel Giese wrote that with sexual education geared more toward girls, boys tend to find the lessons “irrelevant and boring.” The timing might also be wrong: the male subjects in a 2008 study done by social work professor Jessica Ayala were unanimous in their opinion that sexual education in schools comes too late. They also expressed frustration with the “fear-based model” of sexual education employed by most schools, designed, as it is, to reduce risky sexual behaviour while disregarding the “sensual aspects” of sex.¹⁰¹¹

This doomsday approach is undoubtedly based in adults’ erroneous fears that talking about sex—whether in a positive or negative sense—will encourage teens to have more sex. In reality, comprehensive sexual education has been shown to delay sexual initiation in most children.¹² Despite some parents’ fears, sexual education is not the spark that ignites a teen’s sex drive. Sex is an innate impulse and, at a certain age, every teenager gets wants to learn more about it. Even teens who are not sexually active have questions about sex, stemming from both their natural curiosity and their desire to be prepared for the time they shift from thinking about sex to actually doing it. Specifically, teens want to know more about: how to use condoms correctly; how sex, personal empowerment and happiness fit together; symptoms, testing, and treatment of STIs; and how to communicate with partners about sensitive sexual issues, including consent.¹³ The latter topic could also include tips about how to say “no.” The boys Giese talked to in *The Walrus* article also stated an interest in learning about healthy relationships and sexual pleasure—topics that are typically absent from school curricula.

The lack of effectiveness of school-based sexual education is not necessarily the fault of teachers. The curricula they are given can limit their options, especially in areas where abstinence education is mandated¹⁴ or the fear-based model is the only choice available to them.

If parents are a tad squeamish, and teachers are limited by curricula, can doctors at least provide young men with the sexual health information they need? Apparently they are coming up short too.

¹⁰ Giese, p. 28-29.

¹¹ Ayala, Jessica et al. *Promoting Sexual Health for Young Men*. Calgary: Calgary Sexual Health Centre, 2008, p. 8, 28.

¹² Several studies have produced similar results, including: Lindberg, Laura Duberstein. “Consequences of Sex Education on Teen and Young Adult Sexual Behaviors and Outcomes” *Journal of Adolescent Health* 51, no. 4 (2012), p. 332-338 and Kirby, Douglas B. “The Impact of Abstinence and Comprehensive Sex and STD/HIV Education Programs on Adolescent Sexual Behaviour” *Sexuality Research and Social Policy*. 5, no. 3 (2008), p. 18-27.

¹³ Taylor, Laramie D. “All for Him: Articles About Sex in American Lad Magazines” *Sex Roles* 52, no. 3-4, (2005), p. 154.

¹⁴ The Guttmacher report provides some interesting numbers on abstinence: 28% of male and 23% of female teens received abstinence education but no birth control information in the years between 2006 and 2008, an increase from 8-9% from 1995, indicating that abstinence education is increasing, at least in the United States.

In a 2012 report, pediatrician Arik Marcell noted that doctors frequently talk about sexual health with female patients but most fail to initiate discussions about sexual health with teen boys. His research showed that doctors are three times more likely to take sexual health histories from females than males, and twice as likely to counsel girls on the use of condoms.

Of course, doctors and other healthcare professionals cannot help boys if boys do not seek their care. For a variety of reasons, boys and young men tend not to access sexual health services. Conditioned to be stoic and self-sufficient, boys often feel too embarrassed to ask questions or talk about their sexuality. Some fear looking stupid and others worry they will look unmanly if they ask for help, especially about sex. Sex role stereotypes also play a part in boys' reluctance to visit the doctor. Many young men believe there is no point in learning anything about sex because they are ultimately not responsible for the consequences of the act.¹⁵ Ignorance is another reason boys stay away from the doctor. Few are aware of the health issues males face, which is not surprising given the general lack of attention to male reproductive health in our society. A lack of confidential services geared to boys is also a factor in the low use of health services by boys.¹⁶

The latter point was noted in reports by the National Campaign to Prevent Teen Pregnancy. In 2006 studies, the organization drilled down into the numbers and found that while 53% of teen girls reported visiting a public health clinic for reproductive health services, only 19% of boys did. Other studies by the campaign have shown that boys tend to avoid sexual health programs at clinics because they are not male-friendly.¹⁷

As Marcell noted in his report, it is not just public health clinics that are failing boys. Among boys who went to a family doctor, the majority did not receive counselling or information about birth control or STIs. In fact, only 24% received any information about contraception or STI prevention, with slightly more (27%) being counselled about HIV/AIDS. Girls did not fare much better when it came to STI information, but many more girls (45%) received counselling about contraception.^{18 19}

With tentative parents, boring sex ed classes, and too few health services, many sexually curious boys turn to alternate sources of information that are easily accessible but neither healthy nor completely factual. Pornography is one such source. As we saw in chapter 2, nearly 40% of boys

¹⁵ Ayala, p. 4-5.

¹⁶ Marcell, Arik A. et al. "Male Adolescent Sexual and Reproductive Health Care" *Pediatrics* 128, no. 6 (2011): p. 1658.

¹⁷ Marsiglio, W., Ries, A., Sonenstein, F., Troccoli, K. & Whitehead, W. *It's a Guy Thing: Boys, Young Men, and Teen Pregnancy Prevention*. Washington, DC: National Campaign to Prevent Teen, 2006, p. 5.

¹⁸ National Campaign to End Teen Pregnancy. "Adolescent Boys' Use of Health Services" *Science Says* no. 25 (July 2006): p. 1-4.

¹⁹ National Campaign to End Teen Pregnancy. "Adolescent Girls' Use of Health Services" *Science Says* no. 25 (September 2006): p. 1-4.

use XXX films to learn about sex.²⁰ Others seek answers to their sexual queries in movies, television, and magazines.

Friends are another “starting point” for boys’ sexual education.²¹ Boys often talk to their peers about pregnancy and STI prevention²² but are savvy enough to realize their friends are not necessarily reliable sources of sexual health information. Boys are also acutely aware that peer influence is not always positive.

The Ayala study asked a focus group of university-aged men to look back on their experiences in adolescence. They talked about the pressure boys can put on other boys to prove their masculinity through sexual experience:

“It’s just so much pressure...to, you know, keep up with the rest of them, that you don’t really care what you’re dealing with or how you do it [sex], as long as you do it.”

A few men in the study talked about how this pressure led them do whatever was needed to “get the job done” without regard for the risks of disease or even their own personal feelings or desires.²³ After all, a real man never says “no” to sex, right?

And herein lies the problem for teenage boys: they are armed with the “culturally ascribed authority to orchestrate sexual encounters”²⁴ but lack the facts they need to ensure these encounters are safe and healthy. Friends are less than reliable. Adults are either oblivious to the needs of boys or too nervous to discuss their emerging sexuality. Media are often the only option for sexually curious boys, but as an educational resource, most are suspect, dominated as they are by depictions of casual hookups and “sex as masculinity” messaging.

Hookup Culture and Unsafe Sex

When I was in my teens, hooking up with someone meant getting together to hang out. The meaning of the term is no longer so innocent. There is no single definition of a “hookup” but most people take it to mean a sexual encounter outside of a committed relationship, involving anything from kissing to oral, anal, or vaginal sex. Some experts consider a hookup a one-time

²⁰ Sabina, Chiara et al. “The Nature and Dynamics of Internet Pornography Exposure for Youth.” *CyberPsychology & Behavior* 11, no. 6 (2008), p. 692.

²¹ Ayala, p. 27-28.

²² Hampton, Mary Rucklos et al. “Influence of Teens’ Perceptions of Parental Disapproval and Peer Behaviour on Their Initiation of Sexual Intercourse” *The Canadian Journal of Human Sexuality*. 14, no. 3-4 (2005): p. 105.

²³ Ayala, p. 29.

²⁴ Humphreys, Terry. “Understanding Sexual Consent: An Empirical Investigation of the Normative Script for Young Heterosexual Adults” in *Making Sense of Sexual Consent* Mark Cowling, Paul Reynolds, eds., Surrey, UK: Ashgate, 2004, p. 213.

thing, akin to a one-night stand, while others say that multiple encounters with the same person still count as hookups.²⁵

Many a newspaper article has discussed the rise of hookup culture, based, as it is, on casual sex between young adults. Depending on what you read, the hookup trend might be a sign that civilization is ending or a liberating and empowering experience, especially for women.²⁶ (The key word being “women” since no one would be so blasé about casual sex between boys and girls.) Moral judgments aside, there is concern about the filtering down of hookup culture to teens and the physical and emotional consequences of the promiscuity it encourages.

Hookup culture is the new normal in the media aimed at teen and young adult audiences. Reality shows like *The Real World*, *Below Deck*, *Party Down South*, and *Slednecks* are based almost exclusively on drinking and bed-hopping. In fact, television in general shows a fair amount of casual sex. In a study of programming from 2004-2005 on broadcast and cable networks, communications professors Keren Eyal and Keli Finnerty zeroed in on depictions of sexual intercourse and found an even divide between casual and committed sexual relationships. According to their content analysis, 32% of intercourse depictions occurred between partners with no previous sexual relationship and 14% between couples who had just met. In comparison, 29% took place between couples with an established non-married relationship, and 15% between married couples. And while most occur between adults over the age of 25, Eyal and Finnerty found that 16% of portrayals of intercourse involved teens and young adults.²⁷

Popular films also emphasize sex among strangers. In a content analysis of the top 200 films released worldwide between 1983 and 2003, pediatrician Hasantha Gunasekera found that 70% of scenes depicting sexual intercourse were between new partners.²⁸ Print media also contribute to the trend. Lad magazines, in particular, focus on promiscuity with sexual fantasies like anal, oral, group, and public sex with strangers depicted as highly desirable or even rites of passage for men.

With all this casual sex to influence them, it seems logical to assume that teens are having more sex than in years past, but that is not actually the case.

²⁵ Claxton, Shannon E. and Manfred H. M. van Dulmen. “Casual Sexual Relationships and Experiences in Emerging Adulthood” *Emerging Adulthood* 1, no. 2 (2013), p. 138-150.

²⁶ Rosin, Hanna. “Boys on the Side” *The Atlantic* September 2012
<http://www.theatlantic.com/magazine/archive/2012/09/boys-on-the-side/309062/> Accessed December 21, 2014.

²⁷ Eyal, Keren and Keli Finnerty. “The Portrayal of Sexual Intercourse on Television: How, Who, and With What Consequences?” *Mass Communication and Society*. 12, no. 2, (2009) p. 157, 162.

²⁸ Gunasekera, Hasantha et al. “Sex and drugs in popular movies: an analysis of the top 200 films.” *Journal of the Royal Society of Medicine* 98, no. 10 (2005), p. 464-466.

Since 1991 the American Centers for Disease Control (CDC) has tracked the number of high school students (boys and girls) who have ever had sexual intercourse. The numbers decreased from 54.1% to 46.8% between 1991 and 2013.²⁹

In Canada, the numbers of teens having had sex has stayed roughly the same over a similar time period, with 32% of 15-17-year-olds reporting having had intercourse in 1996-97 and 30% making the same claim in 2009-10.³⁰

Intercourse is not the only type of sexual activity, of course. Media reports have sounded the alarm about an increase in oral sex among teens. A variety of studies about the prevalence of oral sex have been done, some focusing on a boy's entire sexual history and some isolating a single year of a boy's life. In Canada for the year 2002-2003, 32% of boys in grade nine reported ever having oral sex, a number that increases to 53% for grade eleven boys. The numbers for both age groups represent an increase of 4% over a ten-year period. In the US, the numbers are broken down by giving and receiving: in 1995, among never-married males aged 15-19, 39% had ever given oral sex and 49% had ever received. Unlike in Canada, the numbers in the US decreased to 34% and 46%, respectively, in a study covering the years 2006-2010.³¹

Anal sex is also thought to be more prevalent among young people now than in the past. Historical numbers are hard to come by but the CDC has some comparative data showing no increase between 2002 and the years 2007-2010. In each report 11% of boys aged 15-19 reported having anal sex with an opposite-sex partner. For the record, the numbers are considerably higher among men aged 20-24, with 32.6% reporting anal sex in 2002 and 35.3% in 2007-2010. It appears, then, that anal sex is far more common among adults than teens.^{32, 33}

With no real increase in the number of teens having sex, parents might wonder if there is reason to worry about hookup culture. The short answer is "yes." Hookup culture may not entice kids to start having sex but it does promote unsafe behaviour to those who are already doing it.

²⁹ Centers for Disease Control. *Youth Online: High School YRBS: United States 1991-2013 Results* <http://nccd.cdc.gov/youthonline/App/Results.aspx?TT=A&OUT=0&SID=HS&QID=QQ&LID=XX&YID=YY&LID2=&YID2=&COL=S&ROW1=N&ROW2=N&HT=C4&LCT=LL&FS=S1&FR=R1&FG=G1&FSL=S1&FRL=R1&FGL=G1&PV=&TST=&C1=&C2=&QP=G&DP=1&VA=CI&CS=Y&SYID=&EYID=&SC=DEFAULT&SO=ASC> Accessed January 6, 2015.

³⁰ SIECCAN. "Statistics Related to Trends in the Sexual Behaviours of Canadian Teenagers" *Check the Research* July/August 2012, http://sexualityandu.ca/uploads/files/CTR_TeenageStatistics_JULYAUG2012-EN.pdf Accessed November 15, 2012.

³¹ SIECCAN, 2012.

³² Mosher, William D. et al. "Sexual Behavior and Selected Health Measures: Men and Women 15-44 Years of Age, United States 2002" *Advance Data From Vital and Health Statistics* No. 362 (2005) Atlanta: Centers for Disease Control. p. 21

³³ Copen, Casey et al. "Prevalence and Timing of Oral Sex with Opposite-sex Partners Among Females and Males Aged 15-24 Years: United States, 2007-2010. *National Health Statistics Reports* No. 56 (2012) Atlanta: Centers for Disease Control. p. 10.

Much has been written about the psychological impacts of hookups—guilt, regret, shame, and lowered self-esteem, all of which are felt more intently by females than males—but there are also physical consequences, namely STI transmission.

Condoms are the main barrier against the spread of infection but the very nature of hookups mitigates against consistent condom use. Because hookups are typically unplanned, the people involved may not have condoms or may, in the heat of the moment, decide not to use them, especially in cases of oral or anal sex. Communication is also an issue in hookups since the people involved are not in a relationship and may not feel comfortable discussing condoms. The promiscuity inherent in hookup culture is another potential problem. As we all know, a higher number of sexual partners means an increased chance of encountering and spreading an STI.³⁴

Alcohol is another issue. Although they were speaking of college students, professor of politics Caroline Heldman and sociologist Lisa Wade wrote in 2010 that “[a]lcohol use, if not drunkenness, is a central part of hook-up culture.”³⁵ While certainly more prevalent among college students, alcohol and drugs are a factor for some high school students too: 26% of sexually active high school boys in the CDC survey reported using alcohol or drugs before their last sexual intercourse, including 27.6% of those in grade 9.

Despite the potential for negative consequences, many media emphasize the fun and excitement of casual sexual hookups. Television in particular tends toward a rather simplistic view of the impact of sexual relationships. Most characters experience only emotional outcomes—primarily happiness—rather than the complex mix of positive and negative emotional, social, and physical consequences that greet teens in the real world.³⁶

Eyal and Finnerty note that this emphasis on emotional outcomes means physical consequences like STIs are largely ignored on television. Communications scholars Susannah Stern and Jane D. Brown made note of a similar issue in the films aimed at teens: “...the consequences of sexual behavior have been underrepresented when compared with reality. Sexually transmitted diseases, in particular, are nearly invisible in films featuring teen sexuality despite an ongoing epidemic among adolescents.”³⁷

Epidemic is a pretty strong word but as we will see in the next section, STI rates are increasing among teens and condom use is not keeping pace. Communications professor Kirstie M. Farrar offers one reason:

...one of the main barriers to emerging adults engaging in safer sexual behavior is the lack of a complete sexual script specifying how to have these conversations with one’s

³⁴ Claxton and van Dulmen, p. 138-150.

³⁵ Heldman, Caroline and Lisa Wade. “Hook-Up Culture: Setting a New Research Agenda” *Sexuality Research and Social Policy*. 7, no. 4 (2010), p. 328.

³⁶ Eyal and Finnerty, p. 163.

³⁷ Stern, Susannah and Jane D. Brown. “From Twin Beds to Sex at Your Fingertips: Teen Sexuality in Movies, Music, Television, and the Internet, 1950 to 2005 in *Changing Portrayal of Adolescents in Media Since 1950*. London: Oxford University Press (2008), p. 321.

partner... Young people are not likely to get these scripts from school or their parents or...from most media portrayals.³⁸

One look at the television dial makes clear just how rare such safe sex scripts are. The reality shows I named earlier—MTV’s *The Real World* franchise, *Slednecks*, and its nearly identical precursor *Buckwild*—all show excessive alcohol use and repeated hookups between friends with nary a condom in sight. With their emphasis on casual sex, these programs seem ideally suited to messages about consequences but there were none to be found in the episodes I watched; a missed opportunity given that these shows feature real people who could, theoretically, demonstrate real reactions to sexual situations.

The problem is not limited to so-called unscripted programs, although they seem to be the worst offenders. Before the wave of party-down, partner-swapping reality shows we know today, the Kaiser Family Foundation published its fourth *Sex on TV* report. Released in 2005, the report noted that TV programs popular with teens have a greater number of sexual scenes than the industry norm, yet only 5% of scenes with sexual content mention any risk or responsibility topics (R/R) like sexual precaution (efforts to prevent sexually transmitted infections and pregnancy), negative consequences, and sexual patience (waiting until a relationship matures and both partners are equally ready to have sex).

The report notes that the percentage of R/R messages is higher in teen programs than others, but 5% is still not a great ratio. Nor does the situation seem to be improving: the number of R/R messages had not changed between the Foundation’s 2005 report and the 2002 version. Researchers believe the absence of risk and responsibility messages may be a contributing factor in the high STI rates seen among adolescents and young adults.³⁹

Certainly, media have no obligation to provide safe sex messages, but it wouldn’t hurt if they did. In fact, it might even help. Studies have shown that media can have a positive impact on rates of condom use. A report done in 2003 when the television show *Friends* was popular showed that after watching an episode centred on a pregnancy resulting from condom failure,⁴⁰ 65% of viewers recalled the condom failing and 10% talked with an adult about condom use.

In her 2006 study, Farrar surveyed university-aged women who watched television dramas with scenes of intercourse emphasizing condom use. These young women had significantly more positive attitudes about condoms and safe sex than women who watched comparable scenes of intercourse with no mention of condoms. The men in the study were unaffected but Farrar found enough evidence to conclude that people’s attitudes about sexual topics can be “influenced in a positive way by responsible sexual portrayals on television.”⁴¹ She believes that helping people

³⁸ Farrar, Kirstie M. “Sexual Intercourse on Television: Do Safe Sex Messages Matter?” *Journal of Broadcasting & Electronic Media* 50, no. 4 (2006), p. 637.

³⁹ Kunkel, Dale et al. *Sex on TV 4*. Menlo Park: 2005, p. 35, 51-55.

⁴⁰ Collins, RL et al. “Entertainment television as healthy sex educator: the impact of condom-efficacy information in an episode of *Friends*” *Pediatrics* 112, no. 5 (2003), p. 1115-21.

⁴¹ Farrar, Kirstie M., p. 645.

feel more positive about condoms will lead them to initiate conversations about condom use with their partners.

As the *Friends* and Farrar studies show, sexual messages on popular television programs resonate with teens. Constant sermonizing about safe sex would likely cause them to tune out but subtle and clever plotlines with safe sex undertones could help create new sexual scripts for teens to follow. For now, however, messages about safe and responsible sex are virtually nonexistent in our popular culture. Considering adults' spotty record on sexual education and boys' use of media to fill in the gaps in their sexual knowledge, this is a worrisome situation.

Sociologist Marshall Smith talks about the disparity between sexual education and the media reality that kids face: "...adolescent sexual discussion has been restricted in formal sexual education and in religious and family settings. On the other hand, adolescents encounter an increasingly sexualized media environment, including the glut of sexual content online. These historical circumstances are unique."⁴²

Indeed they are, and the misinformation spawned by these unique circumstances has left many teen boys ignorant of the risks of disease from "non-coital" sexual contact (oral and anal) and the importance of using condoms correctly and consistently.

Condoms, STIs, and Pregnancy

A comprehensive study published in 2005 noted that oral sex is a potential transmission route for herpes, hepatitis, gonorrhea, chlamydia, syphilis, and HIV. While most teens recognize there is some chance of acquiring an STI from oral sex, 14% believed there was zero chance of contracting HIV or chlamydia from oral sex.⁴³ (This study did not cover HPV, but there is a risk of acquiring it through oral sex as well.^{44,45})

Whether acquired through oral, anal, or vaginal sex, STIs are on the rise among young people. In the US, the Guttmacher Institute notes that although 15-24-year-olds make up only one-quarter of the sexually active population, they account for nearly half of the new cases of sexually transmitted infections (STIs) each year. Nearly half of those are human papillomavirus (HPV)

⁴² Smith, Marshall. "Youth Viewing Sexually Explicit Material Online: Addressing the Elephant on the Screen." *Sexuality Research and Social Policy*. 10, no. 1 (2013), p. 62.

⁴³ Halpern-Felsher, Bonnie et al. "Oral Versus Vaginal Sex Among Adolescents: Perceptions, Attitudes, and Behavior." *Pediatrics* 115, no. 4 (2005): p. 845-851.

⁴⁴ LeWine, Howard. "HPV transmission during oral sex a growing cause of mouth and throat cancer." *Harvard Health Blog* June 4, 2013.

<http://www.health.harvard.edu/blog/hpv-transmission-during-oral-sex-a-growing-cause-of-mouth-and-throat-cancer-201306046346> Accessed October 16, 2013.

⁴⁵ Centers for Disease Control and Prevention. *Genital HPV Infection—Fact Sheet* July 25, 2013.

<http://www.cdc.gov/std/hpv/stdfact-hpv.htm> Accessed October 16, 2013.

infections.⁴⁶ There are several strains of HPV and many are harmless, but the so-called high-risk strains (including types 16 and 18) can lead to cervical cancer in women and some rare cancers in men.⁴⁷ Among Canadian teens, one of the most recent studies into HPV showed that HPV-16 is the most common STI.⁴⁸

Other STIs are also prevalent in the teen population. In most cases girls are affected in much higher numbers than boys but infections among boys are growing in number:

- Between 2007 and 2011, rates of infection have increased among boys for both chlamydia and syphilis, although the latter is still quite rare.^{49, 50, 51, 52}
- HIV rates are also high among youth. In 2008, people aged 13-24 in the US made up 17% of all people diagnosed with HIV/AIDS,⁵³ with people aged 20-24 having had the largest percentage of diagnoses (16%) and the highest rate of all age groups (36.9 per 100,000).⁵⁴ Canadian statistics for people aged 15-29 show a rate of 26.7% for females and 23.1% for males.⁵⁵
- Gonorrhea is another worry, with the number of infections among American boys aged 15-19 remaining unchanged between 2009 and 2011.⁵⁶ In Canada the numbers among boys of the same age rose about 6% between 2005 and 2011.⁵⁷

⁴⁶ Guttmacher Institute. “Facts on American Teens’ Sexual and Reproductive Health.” *In Brief* February 2012, p. 2.

⁴⁷ The Society of Obstetricians and Gynaecologists of Canada. “Health Complications and Risks of HPV” *HPV Info* website <http://www.hpvinfos.ca/teens/health-complications-and-risks-of-hpv/> Accessed April 7, 2013.

⁴⁸ National Advisory Committee on Immunization. “Statement on Human Papillomavirus Vaccine” *Canada Communicable Disease Report* 33, ACS-2 (2007), p. 1-7.

⁴⁹ Centers for Disease Control and Prevention. *2011 Sexually Transmitted Diseases Surveillance: Chlamydia*. <http://www.cdc.gov/std/stats11/tables/10.htm> Accessed April 7, 2013.

⁵⁰ Public Health Agency of Canada. *Reported cases and rates of Chlamydia by age group and sex, 1991 to 2009* http://www.phac-aspc.gc.ca/std-mts/sti-its_tab/chlamydia-eng.php Accessed April 7, 2013.

⁵¹ Public Health Agency of Canada. *Reported cases and rates of infectious syphilis by age group and sex, 1993 to 2009* http://www.phac-aspc.gc.ca/std-mts/sti-its_tab/syphilis-eng.php Accessed April 7, 2013.

⁵² Centers for Disease Control and Prevention. *2011 Sexually Transmitted Diseases Surveillance: Primary and Secondary Syphilis*. <http://www.cdc.gov/std/stats11/tables/34.htm> Accessed April 7, 2013.

⁵³ Guttmacher Institute. “Facts on American Teens’ Sexual and Reproductive Health” *In Brief* February 2012, p. 2.

⁵⁴ Centers for Disease Control and Prevention. *HIV Surveillance Report*, no. 22 (2010), p. 6.

⁵⁵ Public Health Agency of Canada. *At A Glance—HIV and AIDS in Canada: Surveillance Report to December 31st, 2011*.

<http://www.phac-aspc.gc.ca/aids-sida/publication/survreport/2011/dec/index-eng.php> Accessed April 7, 2013.

⁵⁶ Centers for Disease Control and Prevention. *2011 Sexually Transmitted Diseases Surveillance: Gonorrhea*. <http://www.cdc.gov/std/stats11/tables/21.htm> Accessed April 7, 2013.

⁵⁷ Public Health Agency of Canada. *Reported cases and rates of gonorrhea by age group and sex, 1980 to 2009* http://www.phac-aspc.gc.ca/std-mts/sti-its_tab/gonorrhea-eng.php Accessed April 7, 2013.

For young men, the STI problem is especially acute given the general lack of attention they receive from medical professionals regarding their sexual health and the fact that many STIs are, in males, asymptomatic.⁵⁸ If there are no symptoms and doctors are not inquiring about sexual health, boys remain blissfully unaware that they may be spreading disease. The impact of untreated STIs is more pronounced in women, but males can suffer problems like infertility and epididymitis⁵⁹ if STIs are left untreated.

Unsurprisingly, inconsistent condom use is the main reason for increases in STI rates. The 2013 CDC study cited earlier found that among high school boys who were sexually active, 34.2% did not use a condom during their last sexual intercourse. Although an improvement over 1991 when 45.5% did not use a condom at last intercourse, the number of non-users is still high.⁶⁰

Arik Marcell also noted problems with condom use. His research showed that while 71% of teen males use a condom at their first and most recent sexual encounter, less than half (48%) reported using a condom with every sexual experience. This number has not changed in over three decades. Parsing these numbers a little more, a 2010 study in *Sexuality Research and Social Policy* noted that any increase in condom use likely applies to sexual intercourse alone and not anal and oral sex, practices done largely without protection and very likely responsible for some of the uptick in STIs.⁶¹

The lack of condom use is worrying given the promiscuity of some teens. The number of American boys reporting four or more sexual partners in their lifetimes—a gauge of promiscuity—has declined from 23.4% in 1991 but remains at about 17-18%, depending on the study. Even 9% of boys in grade 9 reported having more than 4 sexual partners in their lifetime.⁶² Canadians may be even more randy. A 2006 report noted that among grade nine males, 22% had had between 4 and 10 intercourse partners, and 7% had had more than 11 partners.⁶⁴

⁵⁸ Marcell, e1662.

⁵⁹ Epididymitis is an inflammation of the tube that carries sperm. It can become a chronic problem if left untreated. Mayo Clinic. Epididymitis. <http://www.mayoclinic.com/health/epididymitis/DS00603> Accessed October 15, 2013.

⁶⁰ Centers for Disease Control and Prevention. “Sexual Risk Behavior: HIV, STD, & Teen Pregnancy Prevention” August 26, 2013. <http://www.cdc.gov/healthyouth/sexualbehaviors/index.htm> Accessed September 10, 2013.

⁶¹ Heldman, Caroline and Lisa Wade. “Hook-Up Culture: Setting a New Research Agenda” *Sexuality Research and Social Policy*. 7, no. 4 (2010), p. 326.

⁶² Centers for Disease Control. *Youth Online: High School YRBS: United States 1991-2013 Results* <http://nccd.cdc.gov/youthonline/App/Results.aspx?TT=A&OUT=0&SID=HS&QID=QQ&LID=XX&YID=YY&LID2=&YID2=&COL=S&ROW1=N&ROW2=N&HT=C4&LCT=LL&FS=S1&FR=R1&FG=G1&FSL=S1&FRL=R1&FGL=G1&PV=&TST=&C1=&C2=&QP=G&DP=1&VA=CI&CS=Y&SYID=&EYID=&SC=DEFAULT&SO=ASC> Accessed January 6, 2015.

⁶³ Guttmacher, “Facts on Young Men’s Sexual and Reproductive Health”.

⁶⁴ Boyce, William et al. “Sexual Health of Canadian Youth: Findings from the *Canadian Youth, Sexual Health, and HIV/AIDS Study*” *Canadian Journal of Human Sexuality*, 15, no. 2 (2006), p. 62.

Boys choose not to use condoms for a variety of reasons, including embarrassment when buying them, lack of availability, reduced physical sensation, and issues with planning or discussing condom use with a partner.⁶⁵ Some boys also have a fear of looking sexually incompetent; rather than appear inexperienced they may choose to avoid the condom situation altogether.⁶⁶

The Ayala study points to something more fundamental as well: in sexual encounters, boys tend to worry primarily about pregnancy and rarely consider STIs. Across several studies, boys were found to believe that oral contraceptives were all that was needed during intercourse, an indication that STIs are not on their radar. Indeed, among the boys interviewed in the course of Ayala's research, few knew anyone with HIV, a fact that made both HIV and other STIs invisible and intangible to boys.

Media might play a role here too. The Farrar study cited earlier stated that men were not influenced in a positive direction by media depictions of condom use, but one study found that media may influence them in the other direction. Conducted in Switzerland with students aged 16-20, the study found a "statistically significant" association between pornography use and non-condom use, both for males who deliberately sought out porn and those who were exposed to it unintentionally. Swiss youth generally possess a greater degree of sexual health literacy and have higher rates of condom use than North American youth, but, if this study is correct, it appears that even they may mimic the very unsafe practices shown in pornography. The result concerned the researchers because any reduction in condom use could bring with it an increase in STI transmission. Contrary to Ayala, the Swiss researchers hypothesized that the lack of use could stem from the fact that the condom is more often seen as contraceptive rather than a method of preventing STIs.⁶⁷

Yet, even as contraceptives condoms are used far less than they should be, as we saw in the CDC statistics. Even more worrying than the one-third of boys not having used a condom at last intercourse are the 11.5% of teen boys who, in 2013, reported used no contraception whatsoever, a number that had climbed from its low of 9.7% in 2009.⁶⁸

Spotty contraceptive use, whether condoms or other methods, explains why teen pregnancies still occur in the numbers they do. While greatly improved, the number remains as high as 28.2 per 1,000 teens in Canada.⁶⁹ By comparison, the rate for girls under the age of 18 in England and

⁶⁵ Marcell, p. e1664.

⁶⁶ Ayala et al, p. 10.

⁶⁷ Luder, Marie-Thérèse et al. "Associations Between Online Pornography and Sexual Behavior Among Adolescents: Myth or Reality?" *Archives of Sexual Behavior* 40, no. 5 (2011), p. 1033.

⁶⁸ Centers for Disease Control and Prevention. "Teen Pregnancy Prevention and United States Students" 2013. http://www.cdc.gov/healthyyouth/yrbps/pdf/us_pregnancy_combo.pdf Accessed December 21, 2014.

⁶⁹ Bielski, Zosia. "Why teen pregnancy is on the rise again in Canada (and spiking in these provinces) *The Globe and Mail* January 29, 2013.

<http://www.theglobeandmail.com/life/health-and-fitness/health/why-teen-pregnancy-is-on-the-rise-again-in-canada-and-spiking-in-these-provinces/article7927983/> Accessed Jun3 15, 2013.

Wales was 27.9 per 1,000.⁷⁰ The rate in the U.S. is higher still: in 2010 the teen pregnancy rate stood at 57 pregnancies per 1,000 girls, a decline of 15% from the 2008 number but still double that of Canada, England, and Wales.⁷¹ (All three are higher than many countries in Europe, however.)

The risk of pregnancy and STIs is present at any age if a person is not careful, but there is a greater chance of problems when children start having sex at a younger age. Early sexual initiation is more prevalent among some children than others and, contrary to popular belief, media is not always the culprit.

Early Sexual Debut

How early is too early for a child to lose his or her virginity? The statistics cited earlier showed that a significant percentage of boys are sexually active by the time they enter grade 9 and nearly half have had intercourse before they finish high school. Sex in the later teen years is considered normative but sex in the middle-school or early-high-school years is considered early by most clinicians. Sex at that age also brings an increased risk of negative consequences, caused in part by incomplete or late-arriving sex education.

As we've seen throughout this chapter, when it comes to sex, what kids don't know can hurt them, especially if they start having sex at a young age. Younger teens are less likely to use condoms or contraceptives, putting themselves at greater risk of unplanned pregnancy or STIs. Teens who initiate sex at a young age tend to have more sexual partners over the course of their lifetime, resulting in a higher probability of acquiring an STI. They also tend toward more reckless sexual behaviour, increasing their STI risk as they get older.^{72,73} And, like older teens, few younger teens are aware the STI risk presented by oral sex and believe it is a safe alternative to vaginal sex.⁷⁴

⁷⁰ Office for National Statistics. "Conceptions in England and Wales, 2012" *Statistical Bulletin* February, 2014.

<http://www.ons.gov.uk/ons/rel/vsob1/conception-statistics--england-and-wales/2012/2012-conceptions-statistical-bulletin.html> Accessed January 7, 2015.

⁷¹ National Campaign to Prevent Teen and Unplanned Pregnancy. *Fast Facts: Teen Pregnancy in the United States* August 2014.

http://thenationalcampaign.org/sites/default/files/resource-primary-download/fast_facts_-_teen_pregnancy_in_the_united_states_aug_2014_0.pdf Accessed December 21, 2014.

⁷² Caminis, Argyro et al. "Psychosocial predictors of sexual initiation and high-risk sexual behaviors in early adolescence" *Child and Adolescent Psychiatry and Mental Health* 1, no. 14. (2007)

<http://www.capmh.com/content/1/1/14> Accessed November 12, 2012.

⁷³ Kaestle, Christine et al. "Young Age at First Sexual Intercourse and Sexually Transmitted Infections in Adolescents and Young Adults" *American Journal of Epidemiology* 161, no. 8 (2005): p. 774.

⁷⁴ Price, Myeshia N. And Janet Shibley Hyde. "When Two Isn't Better Than One: Predictors of Early Sexual Activity in Adolescence Using a Cumulative Risk Model" *Journal of Youth and Adolescence* 38, no. 8 (2009) p, 1067-1069.

So what leads children to become sexually active at an early age? Adults may be concerned that sexual portrayals in media encourage youth to start having sex, but there are other, more important factors involved.

- Psychiatrist Argyro Caminis noted that sexual intercourse may be an indicator of psychological distress when it occurs before the age of 15. That is, sexual activity may be a symptom of other problems like depression, anxiety, and substance abuse.
- A Dutch study concurred with Caminis, noting that “high levels of rule-breaking and aggression” were associated with a higher likelihood of early sexual debut among males. This study⁷⁵ also found a link between low levels of maternal attachment and early initiation.
- Lower socioeconomic status (SES) may also be a factor in early sexual initiation, since economic stress and constantly working parents can lead to reduced parental monitoring.⁷⁶

A study by psychologists Myeshia N. Price and Janet Shibley Hyde found that the amount of time spent watching television was a significant factor in early sexual debut, but not the only one. They concluded that the cumulative effect of multiple factors—poor parental relationships, advanced pubertal development, low self-esteem, and higher rates of externalizing behaviours like ADHD—puts boys at risk of early sexual initiation. The more risk factors a boy has, the greater the likelihood of early sexual debut. For example, a boy who watches a lot of sexual content on TV and has low self-esteem and a poor relationship with his parents has a much higher chance of becoming sexually active at a young age than someone who has none or only one of those risk factors. On the flip side, the conclusions from this study indicate the importance of parents: kids who watch a lot of sexual content but have a good relationship with their parents or no other risk factors are more likely to delay having sex.⁷⁷

The research summary I have offered here just scratches the surface, but it seems that sexualized media is not a primary factor in the age of boys’ sexual debut. The decision to initiate sex is a complex one and not just a matter of seeing people do it on-screen. Parental involvement and the psychological health of a boy play a far larger role than media in determining when a boy will start having sex.

One factor that few people consider as motivation for a boy’s sexual debut, however, is love. Affection for a girl might not lead a boy to have sex at an early age but it is often the reason he has sex for the first time.

⁷⁵ Udell, Wadiya et al. “The Relationship Between Early Sexual Debut and Psychosocial Outcomes: A Longitudinal Study of Dutch Adolescents” *Archives of Sexual Behavior* 39, no. 5 (2010), p. 1141.

⁷⁶ Caminis, Argyro et al.

⁷⁷ Price and Hyde, p. 1067-1069.

What's Love Got to Do With It? Masculinity Norms and Boys' Relationships

One of the greatest myths about adolescent male sexuality is that boys are always seeking sex and never love. While not an issue of physical health, this misconception can affect boys' emotional health and it is one of which parents need to be aware.

Boys want intimacy and love in their romantic relationships more than most people realize but cannot typically give voice to these desires. When you consider prevailing cultural norms about manhood and masculinity, it is easy to understand why. Psychologist Ronald F. Levant defined our culture's highly restrictive view of manhood as including: "the requirement to avoid all things feminine; the injunction to restrict one's emotional life; the emphasis on achieving status above all else; the injunction to be completely self-reliant; [and] the emphasis on toughness and aggression..."⁷⁸

While Levant was talking in general terms about masculinity norms, each element of his definition applies to boys' romantic lives. Emotional expression, considered a highly feminine behaviour, is verboten. In the romantic realm, status—ever important for boys—is demonstrated through sexual prowess and conquests, not committed relationships. Self-reliance means never having to depend on a girl or allowing her take up too much space in a boy's life. Toughness means not succumbing to "wussy" feelings like love.

Taken together, the complete stereotype is summed up in an article by sociologist Peggy Giordano and colleagues: many boys, incited by their peers, view the heterosexual world not as a place for romance but "as another arena in which they can compete and score."⁷⁹ Or, at least, that is the impression they try to create as they negotiate the often thorny terrain of adolescent sex and relationships.

For a lot of boys this posturing is just a façade. The Giordano report found that most boys do not fit the stereotype of conquest-seeking Lotharios. In fact, boys in her study showed low levels of confidence in their relationships, insecurity about their level of sexual and relationship experience, and feelings of love equal to those experienced by girls.

Pediatrician Mary Ott discovered how deep those feelings run. In a 2010 report, she cites research indicating that ninth grade boys ranked intimacy as an important relationship goal, above sexual pleasure and social status.⁸⁰ Canadian statistics reinforce this point. A 2006 study showed that males are less motivated by "love" than females but among boys in grades 9 and 11

⁷⁸ Levant, Ronald F. "Men and Masculinity," in Vol. 2 of *Encyclopedia of Women and Gender: Sex Similarities and Differences and the Impact of Society on Gender*. ed. Judith Worrell. (San Diego: Academic Press, 2001), 717-727. Levant has written extensively on family and gender psychology. His full bio is available at <http://www.drronaldlevant.com/bio.html>.

⁷⁹ Giordano, Peggy et al. "Gender and the Meanings of Adolescent Romantic Relationships: A Focus on Boys" *American Sociological Review* 71, no. 2 (2006), p. 261.

⁸⁰ Ott, p. S8.

“love for the person” is cited as the most common motivation for their first experience of sexual intercourse.⁸¹

So why does swagger rule?

Media depictions of male sexuality are one reason, but the real pressure to adhere to social norms seems to come from boys’ peers. Ott noted the tension many boys feel between their actual relationship goals and the need to demonstrate their masculinity, particularly in group situations where boys may feel the need to play the part of “stud.” Giordano and colleagues also saw evidence of this type of pressure, noting that the boys they talked to had a fear of being seen as “controlled” by their girlfriends. This fear even led some boys to denigrate their girlfriends when hanging out with their male friends.⁸²

All told, there can be considerable stress on boys who feel pulled in two directions: compelled to act the part of the guy’s guy with their friends while simultaneously seeking more intimacy with their girlfriend.

For boys who have taken the bold step into a committed relationship, things aren’t necessarily easy either. Even those who truly wish to express their feelings or desires may not know how. Boys in the Giordano study reported “significantly higher” levels of awkwardness in their communication than girls. Tristan Abbott, a facilitator in Calgary’s WiseGuyz sexual education program, noted in *The Walrus* article that he has seen many boys fumble in simply expressing feelings. One reason is that, unlike girls, they are not encouraged to practice loving talk. As a result, “[s]ome have almost no emotional vocabulary, beyond sad or mad or happy... There’s not a lot of nuance.”⁸³

There is another area where boys’ shaky communication skills are failing them: the act of asking for and ensuring consent, a vital skill rarely taught or even discussed with young people.

⁸¹ Boyce, p. 63.

⁸² Giordano, Peggy et al., p. 283.

⁸³ Giese, p. 32.