

OFF TO A HEALTHY START

Boys and Sexual
and Reproductive
Health and Rights



equimundo

EVERY BOY SHOULD

Every boy should take up the struggle for SRHR as his own, because it is. The pathway to change is through work with boys. Every boy.



Believe in, and fight for gender equality and for sexual and reproductive health and rights – for himself, for women and girls, and for individuals of all gender identities and sexual orientations.



Be aware that he is a sexual and reproductive being and know how his body and other people's bodies work.



Have access to comprehensive sexuality education that includes discussions about healthy masculinities.



Feel free to express his sexual identity and gender identity in ways free from coercion, repression, or discrimination.



Be given the knowledge and skills to protect himself and his sexual partners from HIV and other sexually transmitted infections



Be taught to develop a critical perspective about images and ideas he is likely to be exposed to in the world, including pornography



Be brought up believing that caregiving is as much about him and his responsibility as it is about the women and girls in his life who perform most of the unpaid care work

ACKNOWLEDGMENTS

Equimundo prepared this paper for the United Nations Population Fund (UNFPA) under the coordination of José-Roberto Luna and overall guidance from Leyla Sharafi (UNFPA Headquarters) within the UNFPA Strategic Plan 2022–25 framework.

This research paper was developed in response to the Evaluation of UNFPA Support to Gender Equality and Women's Empowerment, the Formative Evaluation of UNFPA Support to Adolescents and Youth, and the Joint Evaluation of Phase II (2020–2023) of the UNFPA-UNICEF Global Programme to End Child Marriage.

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Suggested Citation: Greene, M., Biggs, C., & Hayes, C. (2025). *Off to a Healthy Start: Boys and Sexual and Reproductive Health and Rights*. Washington, DC: Equimundo.

Reviewers: Jessica Backman-Levy, Laura Pascoe, Daniel Lima.

About Equimundo: Equimundo works globally to promote care by and for men and boys, reduce violence and inequity, and in doing so, achieve well-being for all. This is achieved through a research-first approach that drives innovative solutions to shift norms, narratives, and policies in the United States and around the world.

About UNFPA: UNFPA is the United Nations' sexual and reproductive health agency. Our mission is to deliver a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled. For more information, see: www.unfpa.org.

About the Global Boyhood Initiative: The Global Boyhood Initiative is a campaign coordinated by Equimundo and designed to support boys aged 4 to 13 and the adults in their lives with the resources they need to raise, teach, coach, and set an example for boys to become men who embrace healthier versions of manhood and gender equality.

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KEY TERMS

INTEGRATED DEFINITION OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS¹

Sexual and reproductive health is a state of physical, emotional, mental, and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity. Therefore, a positive approach to sexuality and reproduction should recognize the part played by pleasurable sexual relationships, trust, and communication in the promotion of self-esteem and overall well-being. All individuals have a right to make decisions governing their bodies and to access services that support that right. Achievement of sexual and reproductive health relies on the realization of sexual and reproductive rights, which are based on the human rights of all individuals to:

- Have their bodily integrity, privacy, and personal autonomy respected;
- Freely define their own sexuality, including sexual orientation and gender identity and expression;
- Decide whether and when to be sexually active;
- Choose their sexual partners;
- Have safe and pleasurable sexual experiences;
- Decide whether, when, and whom to marry;
- Decide whether, when, and by what means to have a child or children, and how many children to have; and
- Have access over their lifetimes to the information, resources, services, and support necessary to achieve all the above, free from discrimination, coercion, exploitation, and violence.

Essential sexual and reproductive health services must meet public health and human rights standards, including the “Availability, Accessibility, Acceptability, and Quality” framework of the right to health. The services should include:

- Accurate information and counseling on sexual and reproductive health, including evidence-based, comprehensive sexuality education;
- Information, counseling, and care related to sexual function and satisfaction;
- Prevention, detection, and management of sexual and gender-based violence and coercion;
- A choice of safe and effective contraceptive methods;
- Safe and effective antenatal, childbirth, and postnatal care;
- Safe and effective abortion services and care;
- Prevention, management, and treatment of infertility;
- Prevention, detection, and treatment of sexually transmitted infections, including HIV, and of reproductive tract infections; and
- Prevention, detection, and treatment of reproductive cancers.

BOYS

Males ages 4 to 18, spanning childhood through adolescence.

COMPREHENSIVE SEXUALITY EDUCATION

Gives young people accurate, age-appropriate information about sexuality and their sexual and reproductive health, which is critical for their health and survival. While comprehensive sexuality education programs will be different everywhere, the [United Nations' international technical guidance on sexuality education](#) – which was developed together by the United Nations Educational, Scientific, and Cultural Organization (UNESCO), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), UN Women, UNAIDS, and the World Health Organization – recommends that these programs be based on an established curriculum, scientifically accurate, tailored for different ages, and comprehensive, meaning they cover a range of topics on sexuality and sexual and reproductive health throughout childhood and adolescence.²

HYPERMASCULINITY

A sociological and psychological term that describes an exaggerated version of male stereotypes, emphasizing physical strength, aggression, and sexuality. Scholars have suggested that there are three distinct characteristics associated with the hypermasculine personality: (1) the view of violence as manly; (2) the perception of danger as exciting and sensational; and (3) callous behavior toward women and a regard for emotional displays as feminine.³

MANOSPHERE

A loose network of online and offline men's groups that promote misogyny, patriarchal masculinity, and opposition to feminism.

SEXUAL DOUBLE STANDARD

"A moral code that permits sexual freedom for men and demands sexual restraint from women, with the ultimate objective of controlling women's sexuality and offspring. It is characterized by three themes: (1) purity and irreproachable chastity for women, (2) mandatory heterosexual performance for men, and (3) stigma for LGBTQI+ as a consequence of cis-gender and heteronormative expectations."⁴ These double standards are deeply rooted in systems of gender inequality and patriarchy.

1. WHY BOYS AND SRHR?

CLARIFYING OUR RATIONALE AND VALUES

Boys' sexuality, their SRHR, and their relationships are absolutely central to their individuality, personality, overall health, and future well-being, as well as to their communities. How they relate to and engage with their sexuality and SRHR directly affects those around them, affecting their relationships and communities.

More than three decades ago, the 1994 International Conference on Population and Development highlighted the idea of engaging boys and men in SRHR and the potential benefits of doing so for everyone.⁵ However, this reality is not reflected in the information available to boys, the services designed to meet their needs, or the data collected to understand their experiences.⁶

This report makes the case for the importance of sexual and reproductive health and rights (SRHR) knowledge, socio-emotional skills, services, and resilience for boys ages 4 to 18, spanning childhood through adolescence.

It underscores the significance of including boys in SRHR programming and of encouraging critical reflection on gender and power dynamics. This work will improve the lives of boys and others around them, including the girls and women in the homes and communities of the adult men the boys will one day become. This work will contribute to advancing gender equality and gender justice for all.

The United Nations Population Fund (UNFPA), along with other United Nations agencies, supports a vision of SRHR for all. Ensuring boys' access to comprehensive SRHR is essential for their well-being and a critical step toward achieving gender equality and human rights for all. Inclusive SRHR approaches must engage boys as partners, equipping them with knowledge and services to make informed choices and contribute to healthier, more equitable societies.⁷ Ensuring boys' access to comprehensive sexuality education (CSE) and SRHR services is not only essential for

From the earliest stages of learning about their bodies, identities, attractions, reproductive choices, and desires for relationships, boys need information, services, and support in order to support themselves and others around them.



their own well-being but also a pivotal step toward gender equality and transformative social norms. In support of this vision, UNFPA commissioned a set of reports on boys and online spaces, boys and backlash, and this report on boys and SRHR.

The methodology for this analysis reflects extensive literature search of academic databases and Google Scholar, as well as grey literature published by United Nations agencies and civil society organizations using the terms boys, sexual and reproductive health and rights, comprehensive sexuality education, gender socialization, adolescents, sexuality, masculinities, relationships, fatherhood, parenting, and marriage. We made a special effort to include evaluations of SRHR programs for adolescents, and to identify any longitudinal studies that made reference to these topics, highlighting the Global Early Adolescence Study (GEAS) based at Johns Hopkins University, and the Gender and Adolescence: Global Evidence (GAGE) conducted via ODI. The review also drew from the authors' own extensive research on men and sexual and reproductive health and rights. A limitation of the review of the literature is that it engaged only with English-language publications. The report was reviewed by experts in this field for their input on framing and references.

This report is designed to help parents, practitioners, educators, health providers, and policy-makers identify gaps, strengthen existing SRHR approaches and programs, and build more gender-equitable systems that support boys' well-being. It does this by outlining some

of the common gaps in SRHR provision for boys and the impact on them, and by presenting the contributions that working with boys can make to their health and wellbeing and that of those around them. Using data from a wide variety of sources the report provides recommendations on how to improve SRHR for boys.

Inclusive SRHR approaches should involve boys as active partners – providing them with the knowledge, support, and safe spaces they need to make informed choices and contribute to equitable, healthier societies. Addressing the SRHR needs of all—women, girls, gender-diverse individuals, boys, and men—is fundamental to achieving health and wellbeing for everyone.

Boys' intimate relationships are influenced by expectations about masculinity and gender learned through how they are raised and how they internalize norms around them, and by their communication skills and their connection with their sexual partners. How boys manage themselves in their sexual relationships has lasting implications for their own health and well-being and for the health and well-being of those with whom they form relationships. Early intervention with boys can challenge and reshape harmful gender norms before they become entrenched.

Yet global data indicate that engaging boys and young men meaningfully in SRHR is the exception rather than the norm. Only about 22 % of governments around the world identify engaging men and boys as a priority in their SRHR strategies.⁸ Without such engagement,

SRHR education is important for boys. When boys do not know about the way their bodies, or others' bodies, are developing, they may experience emotional and psychological distress and other negative consequences, including engagement in risky sexual behaviors and long-term health consequences that extend into adulthood.

unequal gender norms remain unchallenged, and boys continue to miss opportunities to learn and develop their sexual and reproductive health and rights fully.

Boys need to be taught the skills to manage their emotions in the context of SRHR and healthy relationships. These skills can help them avoid behaviors that harm their future health, such as risky sexual activity, excessive alcohol consumption, smoking, drug abuse and violence.⁹ Their discomfort, lack of access to accurate information, lack of understanding, and adherence to harmful or restrictive norms misinformation can result in mental health problems, bullying, sexist or coercive behavior.

The evidence presented in this report on the long-term impact of boys' and men's sexual and reproductive lives makes it clear how negotiating sex and pregnancy, making intentional reproductive choices, living with partners and caring for them (or not), and choosing if or when to marry all have significant effects on a person's identity, health, educational attainment, income, social relationships and well-being.¹⁰ Yet boys' SRHR needs often go unmet.¹¹ Why?

- **In many contexts, societal expectations and stereotypes around masculine gender norms shape perceptions of boys' attitudes and behaviors.** Evidence shows that boys are often assumed to be less interested in health-seeking behaviors or in developing caring, emotional relationships, while responsibility for pregnancy and reproductive health is frequently placed on girls. Research also highlights how prevailing gender norms can encourage boys to equate masculinity with having multiple sexual partners or displaying dominance, which can contribute to harmful behaviors, including violence. These norms influence the ways families, schools, and communities engage with boys and can limit opportunities to foster positive, healthy expressions of identity and relationships.

- **Policies and institutions do not recognize the diversity of boys and their needs** – whether they are heterosexual, gay, bisexual, trans, queer, or nonconforming; boys living with disabilities; Indigenous, migrant, or displaced boys – and so boys often lack services tailored for them, even as such services are often lacking for girls as well. The barriers reflect limited policies and normative ideas held by the individuals or groups that implement policies. Many factors contribute to the low uptake of services by boys themselves: services are not often provided in male-friendly or male-frequented environments or at times that are convenient for boys' work or study schedules, they often do not include basic information,¹² and gender biases exist among service providers.
- **Norms and stereotypes about masculinity** held by parents, educators, service providers, and even boys themselves, and spread by media, too often frame conversations about sexual and reproductive health as something just for girls and women unless it has to do with sex, HIV, or condom use.¹³

An age-based intervention touching on a range of sexual and reproductive health and relationship topics and building skills could ideally reach boys as well as girls. A strong example is the 12+ Programme, a 10-month curriculum-based life skills intervention focused on strengthening adolescent capabilities for 12-year-old girls implemented in Rwanda between 2013 and 2017.¹⁴ For young boys, SRHR should also include information about navigating relationships, developing communication skills, respecting consent, and understanding sexuality.¹⁵ Yet a scoping review of sexual and reproductive healthcare for men in the Middle East, for example, found that while most programs focused on HIV and sexually transmitted infections (STIs), none focused on men's fertility, sexual dysfunction, or involvement in their partners' antenatal or postnatal care, revealing a limited view of SRHR in the lives of boys and men.¹⁶

WHAT IS COMPREHENSIVE SEXUALITY EDUCATION OR CSE?

Comprehensive sexuality education - or the many other ways this may be referred to - is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that empowers them to realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives.

CSE presents sexuality with a positive approach, emphasizing values such as respect, inclusion, non-discrimination, equality, empathy, responsibility and reciprocity. It reinforces healthy and positive values about bodies, puberty, relationships, sex and family life.

Source: <https://www.unesco.org/en/health-education/cse>.

See full guidelines here: UNESCO and UN Partners. 2018. *International technical guidance on sexuality education: an evidence-informed approach*. Paris: UNESCO and UN Partners.

Every boy needs to go into relationships as ready as possible for the physical, social, and emotional challenges – and joys – of sexuality and reproduction, with the knowledge of how to uphold his own rights and bodily autonomy and a commitment to respecting and protecting the rights and choices of others. Boys who lack the social and emotional skills to navigate relationships may struggle to form lasting and meaningful connections with others.¹⁷ UNESCO and its United Nations partners have developed guidelines on CSE that explicitly address the knowledge, skills and values young people need (see box). However, progress toward this inclusive vision remains limited, as many boys report they

lack access to quality information on SRHR. For example, in the Asia-Pacific region, nearly half of boys (45%) in one study said they had not received enough information about wet dreams before experiencing them. When it came to learning about sexuality, most turned to friends (56%) and the internet (55%) more than to schools (39%).¹⁸

When boys see themselves as having the right to health and well-being, they want to learn more. When boys know how to prevent disease and avoid unintended pregnancy, and when they assume responsibility for reproductive choices and reject the narrative that girls alone are responsible for unintended pregnancies, they protect their health

Boys need to be fully prepared with the skills and information they need to be informed and caring partners so that the people with whom boys will have sexual relationships, now and in the future, will be assured of their own rights and well-being.

Additionally, work with boys on masculinities is often perceived as taking resources away from girls. Addressing the gender-specific risks of boys should be done in a way that also advances the interests of girls.²⁰

and well-being and that of their partners, and contribute to more equitable relationships.

Boys who are unhappy in their heterosexual relationships, or struggling to initiate them, may experience resentment toward girls and women. These feelings are often rooted not in those relationships themselves, but in patriarchal gender expectations that link masculinity to dominance, control, and sexual success. These same norms can also fuel competition and insecurity among boys and men, reinforcing hierarchies of power and exclusion within peer groups.¹⁹ When boys learn to take responsibility for their own health and are given the knowledge and skills to develop caring relationships with others, everyone benefits.

Focusing on boys' experiences should not be seen as detracting from efforts to empower girls. This is not a zero-sum game, and comparing boys' and girls' challenges simplistically can obscure additional deep inequalities linked to income, race, disability, and other factors.²¹ However, calling attention to the needs and realities of adolescent boys (e.g., boys' disengagement from education)²² should not imply that the goal of empowering girls has been achieved.

Experiences vary widely among boys, and many face compounded disadvantages. Boys with

disabilities, for instance, encounter particularly severe barriers to SRHR information and services. Globally, almost 180 million young people ages 10 to 24 live with a physical, sensory, intellectual, or mental health disability that is significant enough to make a difference in their daily lives.²³ Despite having the same needs and desires as their peers, they are often perceived as asexual,²⁴ face stigma and discrimination,²⁵ and are excluded from school-based learning.²⁶ UNESCO estimates that only 1–2% of children with disabilities attend school. People with disabilities experience rates of sexual assault that are more than double the rate for those without disabilities,²⁷ and boys and men with disabilities are not immune to sexual violence.²⁸ Research from Uganda²⁹ and the United States shows that boys with disabilities may have higher sexual risk-taking, lower condom use, and higher STI prevalence compared to boys without disabilities,³⁰ underscoring the urgent need for accessible CSE and supportive services.

Other marginalized groups of boys, including LGBTQI+ youth, those from racial or ethnic minorities, those living in rural areas, and those out of school—also face systemic barriers to SRHR information and care. For example, many LGBTQI+ young people have limited access to services, reflecting factors such as the inadequate training of health and educational professionals

Boys' experiences, like everyone's, vary according to the details of their lives and who they are: their age, disability status, place of residence, ethnicity, marital status, race, socioeconomic status, and other factors that differ by context. SRHR programs must respond to boys depending on who and where they are.

and stigma.³¹ The materials and approaches themselves may be inadequate and fail to address LGBTQI+ needs; for example, a comprehensive study of the content of SRHR toolkits found that LGBTQI+ youth and youth in humanitarian settings were particularly underrepresented.³²

Boys who are members of racial and ethnic minorities often face increased discrimination and barriers to accessing sexual and reproductive health services. Constructions of masculinities vary within and between groups of men and impact access to and decision-making about contraceptive services.³³ In nearly every focus group in Equimundo's research

and programming on pregnancy prevention in the US, participants across various racial identities identified racism as the biggest issues facing young men of color. Future pregnancy prevention programming focused on young men of color should provide a space to acknowledge and incorporate racism, particularly as it relates to masculinity, healthy relationships, and pregnancy, as racism and marginalization influence how messages about masculinity are received.³⁴ Intersectional exclusion and discrimination affect and reinforce disadvantages for boys in other ways, including specific challenges for boys living in rural areas or who are out of school.³⁵

2. WHO AM I?

HOW BOYS LEARN ABOUT IDENTITY AND SEXUALITY



Equimundo's research with boys around the world shows that many are asking or thinking questions like:

Parents and other adults in my life avoid talking about sex with me. It would be awkward at first, but where else am I going to learn? I don't know enough about how my body or other people's bodies work. Is my body normal? What is "sex"? What should I do when my friends start talking about it or pressuring me? What about masturbation? Shouldn't boys think and act differently about sex than girls? I need help answering questions like these!

Research in early childhood development shows: "Gender is one of the first social categories children become aware of and,

in early childhood, is highly important to most children."³⁶ By about age 2, both boys and girls are actively seeking knowledge about their gender (what some researchers have referred to as the "gender detective" stage), interpreting it through a very limited framework of reference and applying it rigidly in their early lives: for example, labeling themselves as "a boy" or "a girl" and seeking to align themselves with others like them.³⁷ This can manifest in the toys or friends they choose to play with and the behaviors they adopt, including on the playground.³⁸ Somewhere between 1% and 3% of people identify with a gender other than that aligned with their assigned sex at birth (e.g., nonbinary, trans),³⁹ and approximately 1.7% of births will be someone born intersex (about the same proportion as of people born with red hair).⁴⁰

Most people tend to think about SRHR at the moments that children move into sexual maturity, but powerful gendered social norms, stereotypes, roles, and expectations are set in motion from a much younger age, even before a boy is born.

- In **South Africa**, a study highlighted how boys as young as 10 were proving themselves as “real boys” by using homophobic violence to exert power over those they perceived to be “gay” or feminine.⁴¹
- In the **United States**, most trans people spoke of how they knew their gender identity from an early age, even though they lacked the words to describe their experience.⁴²
- In the **Democratic Republic of the Congo**, research found gender norms harden as adolescents move into puberty, especially around the sexual double standard, but more so for girls than boys.⁴³
- In the **United Kingdom**, one study showed the opposite, with gender attitudes becoming less stereotypical with increasing age (varying by sex and family context).⁴⁴
- A recent systematic review of literature on gender attitudes among 10- to 14-year-olds in **29 countries** found that young adolescents often have very gender-inequitable attitudes, and these can differ by sociodemographic characteristics such as sex, race/ethnicity, immigration, social class, and age, and that peers and families were defining influences.⁴⁵

As children grow, the early understandings they form about gender are increasingly shaped by societal expectations and cultural norms. For boys, these influences often include prevailing ideas of

“traditional masculinity,” which can strongly affect self-perception, behaviors, and even body image. In the age of social media, desires for a muscular body type can be so strong as to propel boys into skipping meals or taking laxatives to lose weight, as well as to consume steroids or growth hormones to build muscle. When boys do not conform to traditionally masculine traits or behaviors, they can face ridicule, stigmatization, and bullying; similarly, girls who challenge traditional gender norms often experience discrimination and social exclusion, underscoring the pervasive impact of restrictive gender expectations on all young people.⁴⁶

For example, issues such as body dysmorphia and eating disorders among boys are raising alarm bells in the US and UK as a result of a demographic of teenage boys algorithmically exposed to “looksmaxxing” content via the “manosphere” subculture. Young men seeking to enhance their physical attractiveness in response to specific gender norms, standards, and masculine stereotypes are undergoing extreme and dangerous procedures and routines in order to live up to masculine norms that heavily attribute romantic success to the perceived genetic advantages held by tall, muscular men.⁴⁷

Much literature agrees that gender norms in these formative years affect adolescents’ short- and long-term health trajectories.⁴⁸ Children and adolescents naturally question gender norms and expectations even as they learn them, and this offers numerous and varied opportunities to sensitize them with appropriate SRHR knowledge and life skills.

THE CONTENT OF CSE FROM EARLY CHILDHOOD THROUGH ADOLESCENCE⁴⁹

The evidence is clear: CSE must start early and be presented in an iterative and mutually reinforcing fashion. Knowledge, attitudinal changes, and skills-building are not necessarily linear, but rather reflect an iterative and mutually reinforcing process that provides learners with multiple opportunities to learn, revisit, question, and reinforce key ideas. Topics are repeated multiple times with increasing complexity, building on previous learning using a spiral-curriculum approach.

The *International Technical Guidance on Sexuality Education* organizes content into four age groups—ages 5–8, 9–12, 12–15, and 15–18 and older—and identifies eight core areas of learning:

1. Relationships
2. Values, rights, culture, and sexuality
3. Understanding gender
4. Violence and staying safe
5. Skills for health and well-being
6. The human body and development
7. Sexuality and sexual behavior
8. Sexual and reproductive health

Each area combines factual knowledge with attitudinal and skill-based objectives tailored to learners' developmental levels.

Knowledge provides a critical foundation for learners, while attitudes help young people shape their understanding of themselves, sexuality, and the world. At the same time, skills such as communication, listening, refusal, decision-making, and negotiation; interpersonal; critical thinking; building self-awareness; developing empathy; accessing reliable information or services; challenging stigma and discrimination; and advocating for rights, enable learners to take action.

Knowledge builds the foundation for understanding sexuality and health, while attitudes shape self-awareness and respect for others. Equally important are life skills—such as communication, empathy, decision-making, and critical thinking—which enable learners to navigate relationships, challenge stigma and discrimination, and make informed, rights-based choices.

AREA FOR IMPROVEMENT: PARENTS AS SEXUALITY EDUCATORS

Lack of knowledge, shame and discomfort, a sense of protecting childhood “innocence,” a fear of judgment from others, or other reasons may underlie this reluctance.⁵⁰ As a result, many young men turn to peers, pornography, and online forums for sexual and reproductive health information – sources that are often inaccurate and misleading. Research shows that in low-income urban settings where access to technology may be limited, up to a third of 10- to 14-year-olds in Ecuador, Belgium, China, the Democratic Republic of the Congo, and Indonesia reported having seen pornographic videos (intentionally or unintentionally).⁵¹

While not all exposure leads to harm, concerns arise because much mainstream online pornography is produced without regulation and frequently depicts unrealistic, gender-stereotyped, or even violent portrayals of sex and relationships.^{52,53} Without comprehensive, age-appropriate SRHR education to provide context and critical media literacy, boys may internalize distorted ideas about consent, intimacy, and gender dynamics.

Yet research has shown that adolescents actually prefer obtaining SRHR information from their parents above other sources, that parental communication can improve boys’ knowledge of family planning, and that parental

oversight of a boy’s mobility can have a significant impact on his use of condoms during sex, as enhanced supervision may promote accountability or encourage greater caution in sexual decision-making.⁵⁴

Parents and other caregivers are key. Cultural factors may prescribe who in the family or community provides the information – perhaps an “auntie” or “uncle” takes on the responsibility if not a parent.⁵⁵ But in contexts where cohesion among extended families is breaking down due to migration and other socioeconomic pressures, many children, especially boys, are left without reliable family sources to provide information and socialize them into their sexual and reproductive roles.⁵⁶

Parents (and aunts, uncles, health workers, and other caregivers) need to initiate these conversations with their children early. The many age-appropriate ways to teach about bodies and consent from a very early age can cover topics of anatomy, communication, equality, nondiscrimination, boundaries, and preferences, so it’s not just about “sex” (e.g., using accurate names for all body parts, including penis and vulva; helping children accept when someone else says no; and learning how to respond briefly to factual questions such as what a sanitary napkin is or how to keep your body healthy).⁵⁷

Many parents are reluctant to speak about physical changes, let alone sexuality, with their children. But their silence teaches boys anyway, with potential harm to boys’ well-being.

As a panel of researchers concluded, the development of a healthy sexuality requires the “developmental acquisition of skills to navigate feelings, desires, relationships, and social pressures,” and further, “sexual development is not just physiologic changes of a person’s body but is a key part of social competency and should be considered in the context of basic human desires for connectedness and intimacy, beliefs, values, and aspirations.”⁵⁸

Research in the United States has shown: “Parent–child sex communication results in the transmission of family expectations, societal

values, and role modeling of sexual health risk-reduction strategies.”⁵⁹ Clearly, parents and other family and community members are best positioned to address this broad range of topics in a sensitive and timely manner. Yet knowing how to start early to build the range of skills and knowledge children need to accumulate can be awkward and uncomfortable for parents, most of whom did not benefit from conversations with their own parents.⁶⁰ Even when conversations about physical and social maturity and sexuality do take place, they are often happening too late. And they often fail to cover topics of consent, sexual orientation, and other core areas of SRHR.

Too often, parents and caregivers see boys as not needing the same level of attention as girls, or even push boys into adult roles such as employment, child marriage, or living on their own before they are ready.⁶¹

In settings as diverse as Honduras, Chad, and Nepal, 13% or more of boys are marrying before the age of 18, imposing certain adult roles on them at an early age and exposing them to the negative effects of child marriage as a harmful practice.⁶² Similarly, girls are often subjected to early marriage and certain gendered adult responsibilities, reflecting broader gendered expectations that can compromise the rights, well-being, and development of both boys and girls. Talking to parents across six diverse urban environments in six countries, the Global Early Adolescent Study found that parents routinely viewed boys as not needing the same level of monitoring and oversight as girls, and felt that it was girls’ sexuality that needed monitoring, and not boys’.⁶³ In some cases, parents openly

celebrated a boy’s sexual adventures and multiple partners as a sign that he was adhering to traditional masculine norms. One study respondent in Shanghai said, “A grown-up boy, like 18 years, has so little restrictions on him. He may have a dozen girlfriends, but people will appreciate that he is a popular boy.”⁶⁴

Another study in India noted: “A ‘good’ boy ... is expected to be naughty, to have many friends to play with (outside the home), and not always to listen to parents.”⁶⁵ Both instances highlight boys’ social independence and freedom from parental controls.

Neglect or abuse at home, as well as increased pressure from caregivers to take on adult roles such as informal employment, can increase boys’

The lack of parental engagement or supervision of boys can expose them to risks from which they might otherwise have been protected.

sexual risk-taking, their vulnerability to sexual exploitation and abuse outside of the home, and their inclination to engage in risky sexual behavior.⁶⁶ For example, a study of youth in the juvenile justice system in the US state of Florida found that boys who had experienced emotional abuse at home were 2.55 times as likely to be sexually exploited at a later stage, and boys who had experienced sexual abuse were 8.21 times as likely to be sexually exploited.⁶⁷

The patterns of sexual exploitation and abuse of boys differs from girls globally: boys are more likely than girls to experience bullying victimization,⁶⁸ and some groups of boys are much more at risk, such as those who are homeless, incarcerated, or in gangs.⁶⁹ Given the hidden nature of sexual abuse and exploitation, the true extent of the problem remains unknown.

And there are contextual differences. Stigma around boys' experiences of sexual violence, and strong traditional gender norms that define boys as capable of self-defense, make disclosure of incidents very unlikely and limit boys' access to

services,⁷⁰ both of which exacerbate the problem. For example, in Kenya, underreporting of male sexual abuse is significant; only 36% of men who had suffered sexual abuse in childhood reported it, usually to a friend.⁷¹

Additionally, many service providers or law enforcement officers may not recognize or report boys' sexual exploitation because of the gender-stereotyped view that boys cannot be subject to sex crimes. Male sexual victimization contradicts the "dominant script for boys" that portrays them as "brave, stoic and [dealing] with problems alone."⁷² Even though sexual violence against men and boys has been shown to be "regular and unexceptional, pervasive, and widespread, although certainly not at the rate of sexual violence committed against women,"⁷³ the topic has received very little research and policy attention.⁷⁴

Helping parents understand that boys need their guidance and supervision, and that the sexual double standard can be harmful to boys and girls, is an important element of programmatic support for parents.

ECPAT'S GLOBAL BOYS INITIATIVE⁷⁵

ECPAT describes itself as "the world's largest influencing network fully dedicated to ending the sexual exploitation of children," with a membership of 142 civil society organizations across 115 countries. Its Global Boys Initiative is dedicated to ending sexual violence against boys, countering the gender norms that prevent boys from being vulnerable and that encourage them to remain silent about abuses they may experience.

In addition to boys' own reluctance or hesitation to share, and the misconception that they are unlikely to experience sexual abuse, services are not well set up to address their needs.⁷⁶ Frontline workers are often unable to identify the signs of sexual abuse for boys, and they remain inexperienced in addressing the issue. They also have little training on dealing with these challenges among boys.

To address this gap, ECPAT has launched its [Global Boys Initiative](#) to develop a strategy with key partner organizations to build a stronger global response to boys' experiences of sexual exploitation and abuse.

Too many parents impart restrictive, gendered, or harmful ideas to boys related to sex and sexuality, especially around heteronormativity and homophobia.

Most parents reinforce heteronormativity and a rigid notion of gender in the context of their children's developing sexuality. Research indicates that many parents assume their sons are heterosexual, often emphasize heterosexual adult relationships in conversations, and provide limited acknowledgement or discussion of same-sex relationships.⁷⁷ Fathers and mothers who hold conservative beliefs frequently convey that homosexuality is wrong in order to point their children toward heterosexuality.⁷⁸ These messages, combined with rigid gender norms, can influence some boys to feel less comfortable expressing emotional vulnerability and may limit their opportunities to form close connections with other boys.

Similarly, many fathers convey messages about heteronormativity and about having sex as part of being a man. Fathers also tend to prefer that their sons be heterosexual, and “fathers of both sons and daughters construct and reinforce male sexual privilege and heterosexuality’s status as the ‘natural’ and ‘right’ form of sexuality.”⁷⁹ Rather than speaking honestly and respectfully about sexuality in a way that would permit personal revelation, many men would joke about it to their sons in a way that reinforces traditional gender roles.⁸⁰ In the area of sexual orientation, as in other aspects of SRHR, parents are in need of guidance on how to communicate with their children.

AREA FOR IMPROVEMENT: CSE IN SCHOOLS

As noted earlier on page xx, age- and developmentally appropriate CSE is for all; everyone needs the knowledge, attitudes, values, and skills it imparts, boys included. CSE helps a person understand and cope with the development of their body and the bodies of others, and it informs learners' experience and understanding of sexuality, reproduction, eroticism, and the emotional dimension of relationship formation and maintenance. Most

countries offer some form of sexuality education through schools, even if it is not labeled CSE.⁸¹

However, CSE faces a range of challenges globally. For example, inconsistent implementation may reflect a sense among some communities that CSE is part of a “Western agenda,”⁸² and conservative religious and cultural influences often attempt to hinder comprehensive SRHR education and services and treat them as

Cultural and political resistance to CSE at school makes its implementation inconsistent worldwide.

taboo topics.⁸³ As a consequence, funding, coordination, and monitoring and evaluation for CSE are often insufficient.⁸⁴ Additionally, CSE is often not appropriately adapted for the local context, and local stakeholders' participation in the development of CSE curricula is typically

very limited. It may be seen as incompatible with community norms that view grandparents or other family members as the appropriate providers of sex education.⁸⁵ Taken together, these challenges make it difficult for boys and girls to access CSE.

Prevailing sexuality education approaches may frame sexuality in quite different ways for boys and girls, highlighting abstinence, protection, and contraception for girls, and arousal, pleasure, and STI prevention for boys.⁸⁶ In short, they may reflect a sexual double standard that helps shape boys' and girls' sexuality.

Even when the necessary school and community supports are in place, sexuality education is often not fully implemented, reflecting teacher discretion and discomfort.⁸⁷ The content of sexuality education can be inconsistent and fail to achieve the standard set by the United Nations,⁸⁸ and it may reinforce harmful, traditional gender norms and stereotypes that do not uphold bodily autonomy and SRHR.⁸⁹ It may also overemphasize abstinence due to ungrounded fears that sexuality education will promote sexual promiscuity.⁹⁰ (The evidence has emphatically shown the opposite is true: abstinence-only programs are associated with a range of negative outcomes, while CSE reduces the number of sexual partners.⁹¹)

Students may themselves be dissatisfied with curricula that seem to regulate and discipline

youth sexuality. A UNFPA-led survey of 1,400 adolescents in 27 countries in Asia and the Pacific found that almost half felt the CSE they received at school or from their parents was inadequate.⁹² The survey also found that 45% of boys said they had not received enough information about wet dreams or nocturnal emissions before they experienced them for the first time.

Recent research by UNESCO has highlighted a growing crisis in boys' education, documenting boys' academic underachievement, declining motivation, and higher rates of school dropout in many countries.⁹³ The economic and social costs of this disengagement are already enormous. Boys who leave school—or who remain enrolled but are not meaningfully engaged—miss out on even the limited comprehensive sexuality education (CSE) that formal education systems provide.

One limitation of school-based CSE is that out-of-school youth or younger adolescents miss out on that content.⁹⁴

Out-of-school boys can be reached, but it requires targeted investment and programming. For example, one out-of-school CSE program implemented in Colombia, Ghana, Iran, Ethiopia, and Malawi has effectively reached diverse groups of youth who are often excluded from traditional in-school systems.⁹⁵ This includes adolescents living with HIV, young people with disabilities, those out of school, migrant and rural youth, and young people selling sex. Tailored to local contexts and delivered in sites such as youth centers, clinics, refugee camps, or via peer-education models, such programs often succeed in engaging those who would otherwise be left behind. However, participants' mobility is an obstacle to regular attendance and risks fragmenting curriculum delivery. Additionally, resource gaps are pervasive for this kind of program, with insufficient funding and shortages of specially skilled personnel and assistive materials for marginalized groups (e.g., sign language or accessible formats).

Children in school also face challenges to receiving CSE. In addition, interventions provided at school tend to focus on adolescents ages 15 and over, while younger adolescents could also benefit

from being able to make informed preventive choices.⁹⁶ Even though global data show that the majority of boys and girls under the age of 15 have not had sexual intercourse, many have started to explore other sexual activities like kissing, hugging, fondling, and oral and anal sex.⁹⁷ Sexual intercourse before age 15 often occurs against the will of boys and girls, with up to 13% of boys ages 13 to 17 and 2% to 23% of girls reporting sexual violence.⁹⁸ CSE to prepare boys for all aspects of their emerging sexuality and relationships, and not just intercourse, is absolutely essential.

Boys, like everyone, are curious about their bodies, emotions, and relationships, and they seek answers. Whether young people lack CSE altogether, or whether that CSE is inadequate, the reality is that they often have to seek information from other sources. These may include pornography, websites of varying levels of accurate information, the manosphere, social media, and peers. They are getting information, but it needs to be accurate, age-appropriate, and aligned with values of gender equality, as well as convey the skills and confidence needed to participate in mutually satisfying, respectful, and consensual relationships.

BOYS AND MENSTRUATION - AND BOYS AND SPERMARCHE

Boys' knowledge and attitudes around menstruation, menstrual health, and menstruating girls has been receiving research and programmatic attention in recent years, with one global systematic scoping review showing a consistently low quality of menstrual education across low-, middle-, and high-income countries.⁹⁹ The onset of menstruation can be associated with gender discrimination at school, including teasing and assault from boys, who are making the connections between menstruation and girls' maturing sexual capacities.¹⁰⁰ Period teasing has been shown to be associated with incomplete knowledge of what menstruation is, as well as stigma around the process, and evidence from Tanzania and elsewhere shows that teasing makes girls avoid school when they are menstruating.¹⁰¹

Most data on attitudes toward menstrual health are collected from women and girls, even though the attitudes and behaviors of boys and men at school have been cited as important obstacles to girls' school attendance (e.g., in Zambia).¹⁰² But research with boys, girls, and teachers in Ghana identified parental education and exposure to television and radio as important determinants of menstrual knowledge.¹⁰³ The study recommended that menstrual education starting in primary school can prepare and inform girls, reduce stigma, and instruct boys on how to support girls and people who menstruate.

Puberty and menstruation provide opportunities for an empowering and gender-equitable discussion of physical development and sexuality, and capable teaching could build boys' support for girls in and out of school. Critiques of sexuality education have shown that girls and boys are often taught quite differently, with girls being taught about menstruation and contraception in a way that highlights problems, "oriented towards reproduction, hygiene, and personal stress [while] boys receive more positive information about 'exciting' and 'powerful' bodily changes they can enjoy."¹⁰⁴

WHAT ABOUT BOYS AND SPERMARCHE?

Spermarche refers to the moment when boys are able to produce viable (fertile) sperm. However, most people don't know the word "spermarche," which makes sense given the deep-seated beliefs that boy's sexuality just "is." Spontaneous ejaculations, often called "nocturnal emissions," are a normal part of boys' development and yet, along with spontaneous erections, are topics of shame and stigma.

A 2002 literature review in the US found that most boys did not talk to anyone about their first ejaculation despite feeling "excited," "surprised," and "curious."¹⁰⁵ The review cited a study in the US from the 1990s that found that 31% of boys, while knowing spermarche would happen at some point, had received no information about it from any source. The study surmised that because spermarche is linked with sexuality, it is made taboo, shrouding this natural part of a boy's pubertal development in secrecy and shame. Therefore, boys need education from early childhood so that by the time they encounter pubertal changes, they are able to learn and grow from the changes.

AREA FOR IMPROVEMENT: PORNOGRAPHY, SOCIAL MEDIA, AND THE INTERNET

In the absence of parental- or school-based CSE, many young people turn to the internet for learning about sexuality.¹⁰⁶

While the internet does have the potential to increase access to positive and accurate sexuality education, it can also propagate inappropriate and inaccurate information, especially among young people who are unable to discern what is truth, what is myth, and what is stereotypical or violent.¹⁰⁷ Boys are more likely to view pornography than girls, and increasingly at younger ages. Pornography, a global industry that is sexist and commercial, tends to shape girls' sexuality for male self-interest and maintains harmful patriarchal norms that perceive girls as passive and silent.¹⁰⁸

Adolescents acknowledge that much pornography is violent, and 54% even admit to being influenced by it in their personal sexual experiences. In fact, research has found that sexual coercion is often, but not always, associated with routine viewing of pornographic content – e.g., in Spain,¹⁰⁹ in the United States,¹¹⁰ and in a global systematic review.¹¹¹ In an illustration of the cyclical nature of violence and internet use, another study found that boys who held sexist attitudes or agreed with relational violence were more likely to use the internet to stalk, harass, or control their partners.¹¹²

Sexting, or the exchange of erotic/sexual and intimate content through texts, has become a normalized reality in adolescent relationships. However, sexting is often a no-win situation for girls, who may be seen as “sluts” if they do send suggestive texts and “prudes” if they don't. Boys' masculinity, on the other hand, is often validated by the receiving and reading of such texts.¹¹³ Emerging research on technology-facilitated gender-based violence underscores how digital violence and harassment remain overlooked and under-scrutinized by policymakers, legislation, civil society, and citizens, with devastating results and a lack of access to justice for those affected.¹¹⁴

Better tools are needed for adults to help boys navigate with a critical eye the deluge of information coming from social media and the internet. In this area, as in many others, boys and girls would benefit from explicit training at school, at the community level, and within out-of-school programs on critical thinking and discernment regarding sources of information.

BOYS AND MENSTRUATION - AND BOYS AND SPERMARCHE

All children and adolescents have a right to learn about sexuality in developmentally appropriate ways, at a pace that allows them to make emotional, intellectual, and ethical sense of their sexual feelings and reactions and that present sexuality as a normal and pleasurable part of human existence and relationships. Research consistently finds that boys and young men, when asked, say they long for meaningful connections, including from sexual encounters.¹¹⁵

How does porn foster or undermine boys' capabilities, especially those related to intimacy, healthy sexuality, and authentic self-expression?

- Porn often expresses and reinforces harmful gender and sexual norms and expectations around male dominance.
- Porn often portrays a male sexuality that focuses on the size of men's genitals, fetishizes bodies, and idealizes sexual performance by focusing on how long men can maintain erections and dominate sexually rather than on sexual consent, pleasure, and intimacy.
- Porn introduces mostly unprotected sex and lacks displays of consent and condoms or contraceptive use.

Many advocates from diverse vantage points, for example, hold that secrecy and silence about porn use are personally and socially unhealthy. Many agree that free and unregulated porn is problematic and tends to exacerbate the industry's exploitative and coercive practices, as well as the lack of consent negotiation. There is also general agreement that porn's impact on children, how it introduces them to harsh and confusing messages, requires special attention.

In questioning porn, it is important to affirm that boys' sexuality is not the problem. Satisfying boys' need for and right to information about sex and sexuality is a basic child right and a critical responsibility for all who care about them.

Source: Equimundo & UNFPA. (2025). *Boys and Digital Porn: Navigating Sexuality in the Internet Age*. Washington, DC: Equimundo; & New York: UNFPA.

3. WHAT ABOUT MY FRIENDS?

BOYS' MALE PEERS AND EARLY ROMANTIC RELATIONSHIPS



Friends are critical for adolescent development, and peer influences can shape boys' early romantic or intimate relationships.

From listening to boys around the world, we know that many of them may ask or think questions like:

When should I have my first kiss? How can I tell someone I like them? Do I have to do everything they want to do? Should I break up with someone if they won't have sex with me? How can I respect a girl or boy who does have sex with me? What if I am not attracted to girls? Does oral sex count as sex? How can I speak up when my friends are insulting someone?

Gender norms and stereotypes influence who boys choose for friends, but these friendships in

turn can reinforce gender-inequitable attitudes, beliefs, and behaviors that boys will take with them into their romantic relationships and future lives. A study looking at very young adolescents (ages 10 to 14) in Belgium and Egypt found that in both countries, by the time boys reached 12 to 14, peers had become more influential than parents, while caregivers still played a key role for girls. Both boys and girls at this age said they sought out friends who matched gender stereotypes. Boys said that the most important friendship traits were trust and honesty, and a good friend was one who defended you, while girls more often sought out a "polite" girl.¹¹⁶

A boy's sexual and reproductive health would benefit if he learned and practiced the values of mutual respect, love, and care in his adolescent friendships and early romantic relationships.

Relationships are just as important for boys as for girls in their cognitive and social development, but restrictive masculine norms discourage boys from developing or valuing emotional relationships. American scholar and activist bell hooks wrote that society doesn't expect boys to be lovable.¹¹⁷ Many boys aren't taught how to love, how to seek it out, or how to respond when love ends, despite evidence to suggest that boys desire and benefit from intimate partnerships,¹¹⁸ and their mental health can be harmed when they are not able to maintain them. In many Global North contexts, the expectation – even pressure – for men to develop connection and

intimacy with others only through women and through sex with women hinders men's close friendships with other men and limits their capacity to establish deep friendships with girls. Research has shown that many boys go into adolescence with strong and affectionate bonds with their friends, and that these bonds are damaged by the harmful and often homophobic messages about masculinity to which adolescent boys are exposed.¹¹⁹ Those peer relationships can be nurtured and ultimately built on to cultivate greater trust, respect, and communication across boys' relationships and with the girls and women around them.

AREA FOR IMPROVEMENT: BULLYING AND COMPETITION AMONG MALE PEERS

Male peers are especially central in shaping and perpetuating restrictive or harmful norms of masculinity, either by encouraging behaviors that fit the masculine ideal or ridiculing the behaviors that transgress the norms and stereotypes.

Too often, boys' male peers encourage harmful behaviors such as drinking, smoking, risky sexual activity, and fighting, including by using homophobic insults and bullying, or excluding boys from the group if they don't conform.¹²⁰

- A review of 26 studies found that adolescent boys in the United States were more susceptible to peer influences that encourage risk-taking behavior, as they seek to align with masculine ideals but also seek validation from their peers.¹²¹

- Several researchers have surmised that the fear of ridicule or exclusion from the group partly explains why boys are less likely to challenge existing patriarchal gender stereotypes.¹²²
- A study in four countries of the Global Early Adolescent Study also found that boys who challenged gender norms by their dress or

behavior were often seen as socially inferior, reporting that “boys who are not like boys will be laughed at by other boys, be despised or talked about, or be called names like gay or faggot (United States and Belgium), or sissy or weirdo (China).”¹²³ This discrimination against marginalized masculinities is something gender-transformative programs should tackle from an intersectional lens.

The ideas that men and boys should be eager to participate in sex, view sex as a “conquest,” and must be heterosexual are often central to dominant scripts of masculinity, and to the peer pressures or bullying boys may face.¹²⁴

One harmful aspect of dominant masculinity is that it must be defined or proven in relation to other boys and men.¹²⁵ As such, some boys may feel compelled to “compete” with their peers through physical competition or by amassing sexual experience.¹²⁶ This may involve battling in sports or physical fights or displaying hypersexuality through risk-taking behaviors (e.g., multiple partners, group sex, unprotected sex, or coerced sex).¹²⁷ Sexual risk-taking, similarly, is often seen as a way to affirm one’s masculine identity.¹²⁸

One consequence of not having a healthy relationship with puberty and sexuality is that boys may pathologize their own experiences and, out of insecurity, feel the need to put down others. Dominant masculinity requires unequivocal heterosexuality, heterosexism, and homophobia, so young people with minority sexual orientations or gender identities are

vulnerable to violence from peers and severe discipline from educators. This is particularly likely in countries where laws forbid positive or even neutral discussions of sexual orientation and gender identity.

For example, a study of teenage boys in Sweden found that many boys wanted to be able to show their emotions but were afraid to in a group setting because of mocking and teasing. In the same study, boys who were unable to manage the “front stage” performance of being a boy were more likely to self-harm, adopt risky behaviors, or engage in gender-based violence.¹²⁹ There are similar stories from the US, where research has found that boys say they do value friendships but are reluctant to show emotions for fear of being called “girly.”¹³⁰ Boys deserve better, and programs and policies should work to create enabling environments where emotions can be expressed freely.

Boys in some parts of the world are increasingly uncomfortable with these hypermasculine performances, however, and research is showing that trying to live up to these ideals can cause mental health problems.

AREA FOR IMPROVEMENT: BOYS' EARLIEST ROMANTIC RELATIONSHIPS

Boys want sex, and girls want romance, right? Not so fast!

Much of the research on intimate partner relationships and masculinity has been focused on *adult men*, especially those in heterosexual relationships. But there is a growing body of literature on the importance of romantic relationships much earlier in life, including early adolescence. These early relationships are another area of socialization for more gender-equitable attitudes that boys can carry with them into their future lives and relationships.¹³¹

Globally, boys are taught that their bodies are supposed to be strong and impenetrable; that softness, pain, and tears are not masculine; that vulnerability and asking for help are signs of weakness; that emotions other than rage and anger are to be suppressed or hidden; and that those who do not achieve these norms – i.e., women and some other men – are inferior.¹³² These norms can affect a boy's health and well-being, influencing areas like whether he gets tested for STIs or uses a condom during sex, whether he seeks consent or perpetrates coercion in his sexual relationships, and whether he seeks help for mental health issues or suppresses them with alcohol, drugs, or violence.¹³³ These behaviors can, in turn, influence the health and well-being of the people with whom he has relationships, whether they're romantic, familial, or platonic.

Several quantitative global surveys have shown a decrease in condom use at last sex among adolescent boys in the US and Western Europe over the last two decades, while condom use increased in African, South American, and West Pacific countries.¹³⁴ Providing nuance and interpretation, a qualitative study in Malawi of 400 males ages 12 to 19 found that their self-esteem was tied up in their ability to acquire as many sexual partners as possible, with the use of a condom a significant marker of a loss of masculinity; when girls their own age were saying “no,” these young men were turning to sex workers, younger girls, and older married women to prove their worth.¹³⁵

Similarly, a qualitative study with adolescent boys (ages 12 to 16) in the US state of Indiana found that most boys felt that using a condom would make sex feel “less pleasurable.”¹³⁶ In the United States generally, misconceptions and fears about reproductive health, and cultural expectations about what truly defines a man, mean that female sterilization is twice as prevalent as vasectomy (according to 2015 estimates from the United Nations)¹³⁷ – despite the fact that vasectomy is equally effective, is less invasive, and carries a lower risk of complications.¹³⁸

Too often, boys enter early romantic relationships carrying the masculinity scripts that have been reinforced by parents, peers, and social institutions through gender socialization.

The idea that all boys are hypersexual and hormonally driven does boys a great disservice.

Additionally, the unequal power relations in heterosexual relationships place women and girls at heightened risk of coercive, unprotected sex and unintended pregnancies.¹³⁹ Masculine scripts that measure a boy's worth based on his aggressive heterosexual sexual performance, prowess, and desire are common in many countries. Globally, boys start having sex earlier than girls on average, with 19.7% versus 8.9% having had sex before age 15.¹⁴⁰ Boys are also more likely to engage in risky sexual behaviors, such as having multiple concurrent partners and not using condoms.¹⁴¹ Sexual coercion also occurs in same-sex relationships, with added shame and stigma associated with experiencing sexual trauma from a male partner.¹⁴²

There is evidence that boys and young men who reject rigid definitions of male sexuality as being about conquest and domination grow up to experience more fulfilling relationships. For example, a study in the US state of Ohio with

about 1,000 adolescents ages 12 to 19 found that boys were less confident navigating relationships than girls but were equally emotionally invested and more amenable to changing attitudes and behaviors.¹⁴³ Some boys admitted to feelings of shame and embarrassment if a girl ended the relationship and were less likely to try again or to try to work the problems out. The study also found that boys were more likely than girls to report that their partners had influenced them in their communication style, academic performance, or a shift toward more gender-equitable attitudes, and this was more common among boys who had been in longer-term relationships.

The notion that boys don't care about relationships, love, and romance is far from true. Belonging and social connection are core human needs, and vulnerability is part of that. Boys need fulfilling connections beyond the hypersexual stereotypical male ideal and need to be provided with the skills and support networks to navigate them.

4. DOES THIS AFFECT EVERYBODY ELSE, TOO?

LINKING BOYS' HEALTH WITH THE BROADER COMMUNITY AND WELL-BEING



When boys are allowed to benefit from SRHR education, they become able to ask the following questions:

What responsibility do I have in preventing unintended pregnancies and STIs? How can I support initiatives that promote gender equality, reproductive rights, and sexual

health awareness within my community? How can I advocate for CSE and access to healthcare services for myself and others in my community? How does my understanding and practice of SRHR contribute to creating a safe and supportive environment for everyone, especially those who may be marginalized or vulnerable?

The logic is simple: When we care for boys' SRHR, they also learn to care for it. And when boys care about their SRHR, they're also more likely to care about it for others, with broad community benefits.

Because boys are so often underprepared for their sexual and reproductive lives and relationships, they expose themselves, their partners, and their community to risk. They sometimes fail to achieve the intimacy, satisfaction, and well-being that might

be possible. Conversely, when boys are adequately and empathetically prepared for healthy sexual lives, the rewards are shared across families, communities, and society. The benefits extend to a wide range of areas, as this section outlines.

BENEFIT OF BOYS' IMPROVED SRHR: ACCEPTANCE AND SUPPORT OF SEXUAL DIVERSITY

Negative reactions to disclosing sexual orientation can affect mental health and school performance. For example, research in the United States indicates that negative reactions to disclosure of sexual orientation are associated with depression and lower self-esteem.¹⁴⁴ Other research shows that the people to whom a person decides to “come out” or reveal their sexual orientation can affect school

performance.¹⁴⁵ A study in Italy of young gay men found that internalized sexual stigma was linked with dissociative disorders, and other types of mental illnesses.¹⁴⁶ Additionally, trans people are more likely to attempt suicide than cisgender peers, as research in New Zealand shows.¹⁴⁷ Teaching boys about gender and sexual diversity as part of SRHR would help with this and expand mutual support and acceptance.

BENEFIT OF BOYS' IMPROVED SRHR: REDUCED TRANSMISSION OF STIs, INCLUDING HIV

STIs and HIV acquired during adolescence and young adulthood can have lasting health consequences if undiagnosed or untreated.

Worldwide, the highest reported rates of STIs are among young people between 15 and 24, with women and girls disproportionately affected.¹⁴⁸ Although prevention and treatment

work require working with both partners, often interventions fail to reach boys and young men. Boys are often not encouraged to seek medical treatment, and unlike many adolescent girls and

young women, generally do not have scheduled health appointments during which overall health can be checked, such as HPV schedules in early adolescence, regular cervical or breast cancer screening, or prenatal and antenatal tests. Without such encouragement, and as a consequence of restrictive gender norms that limit seeking healthcare, boys and men are less likely to seek testing, and are more likely to transmit STIs to their partners.¹⁴⁹

These STIs include HIV. Up to 60% of new infections and half of all people living with HIV globally are adolescents, with adolescent girls between the ages of 10 and 19 making up 71% of all new infections. In sub-Saharan Africa in 2022, almost six times as many adolescent girls were newly infected with HIV as adolescent boys. However, in East Asia and the Pacific, more adolescent boys are newly infected with HIV each year, reflecting the gendered vulnerabilities of boys and girls in different regions.¹⁵⁰ Only

two of 11 sub-Saharan African countries in one study had rates of HIV testing for boys and men above 20%.¹⁵¹ Data from the International Men and Gender Equality Survey (IMAGES) show that although men report low levels of testing compared to women, men with higher education and more equitable gender norms are more likely to seek HIV/STI testing.¹⁵²

The long-term impacts of men not seeking or obtaining care stem from their greater likelihood of presenting late, having their needs unmet, and failing to remain in treatment—patterns that are closely connected to social norms and stereotypes associating boys and men with strength, emotional restraint, and self-reliance. Research from Malawi shows how health care institutions do not adequately address men's SRHR, so the problem is not simply one of men's failure to present at services.¹⁵³ A recent review of reviews describes the many health benefits of addressing boys' and men's SRHR.¹⁵⁴

BENEFIT OF BOYS' IMPROVED SRHR: BETTER MENTAL HEALTH FOR BOYS AND MEN

Connections with others and healthy sexual relationships are essential for most people to lead happy, meaningful lives. Interventions with boys are increasingly recognizing the connections between healthy relationships and mental health and well-being. (Unfortunately, evidence on the impact on mental health outcomes is concentrated in the Global North, with a few notable exceptions.)¹⁵⁵ For example, a gender-transformative intervention focused on relationships in the US with ninth-grade boys brought about improvements in mental health,¹⁵⁶ and another program in Canada showed a

decline in depressive symptoms among boys who participated in the intervention.¹⁵⁷ It is easy to see how strong connections with peers, partners, family, and others can support a sense of belonging and being valued that would contribute to good mental health.

In 2017, the multi-country [Man Box report](#) highlighted the importance of poor mental health among young men in Mexico, the US, and the UK.¹⁵⁸ The report found that young men's mental health was in a troubling state. Behind their bravado often lay deep insecurities, depression,

and frequent thoughts of suicide. In the US and UK, men who conformed to traditional masculine norms, or the “Man Box,” were significantly more likely to show symptoms of depression compared to those who didn’t adhere to these norms. As one sign of this, many more young men reported *providing* emotional support than admitted to having *requested* emotional support from a friend.

Fast-forward six years: In the [State of American Men 2023](#), two-thirds of young men expressed the feeling that “no one really knows” them, underscoring the fragility of their connections and relationships.¹⁵⁹ This crisis of connection intersects with the lack of consensus on what defines a “good man” and how a person should become one. Consequently, many young men turn to the “manosphere” – an array of websites and forums that promote specific views on masculinity, often characterized by misogyny and anti-feminist sentiment. These platforms offer clear but simplistic messages about gender roles, which can contribute to violence, poor mental health, and anti-democratic tendencies.

As social, political, and economic conditions evolve rapidly, young men are increasingly finding community and belonging online that resonates with their identities and concerns. The anger and frustration stemming from high expectations and pressures to conform to societal definitions of manhood may contribute to the aggression seen online, particularly when masked by anonymity and the distance provided by a screen. Recent data show a growing adherence to traditional masculine norms: for example, 55% of men in

2025 (up from 46% in 2017) believed they deserve to know where their partner is at all times, and 42% thought men should always have the final say in relationship decisions compared to 34% in 2017. Additionally, 38% of men in 2025 agreed with the statement that “a gay guy is not a real man,” rising from 29% in 2017.¹⁶⁰

These trends indicate a strengthening of rigid gender expectations over time, which may fuel frustration and reinforce exclusionary attitudes. Some young men – particularly those experiencing economic insecurity – appear increasingly vulnerable to narratives promoted by the manosphere, where traditional notions of dominance and control are valorized and grievances are amplified. The formula of the manosphere is perfectly calibrated to draw them in and play on their insecurities.

As recent research in [The Manosphere, Rewired](#) showed, mental health is a frequent concern across other topic areas that men gravitate to online.¹⁶¹ A low sense of their own worth, loneliness, suicide, a lack of purpose, depression, and the experience of discrimination are all topics that men touch upon online when they open up about how they feel, even as they discuss a range of other topics. These negative emotions account for part of young men’s vulnerability to the attraction of the manosphere. SRHR information and services can help lay a foundation for boys’ healthy development, helping shape early perceptions and behaviors that influence their later sexual and reproductive choices, their social connections and their wellbeing.¹⁶²

BENEFIT OF BOYS' IMPROVED SRHR: NONVIOLENT COUPLE CONFLICT RESOLUTION

The better mental health of boys and men is logically connected with more mutualistic, healthy, and communicative relationships. The understanding a person develops about who they are and their place in the world affects their ability to initiate and sustain connections with sexual and life partners. Equimundo's IMAGES data show that gender-traditional attitudes about topics related to SRHR shape relationship dynamics by impeding communication and creating unstated expectations and pressures.¹⁶³

It is easy to see how negotiating pregnancy, disagreeing with one's partner (or not), having children (or not) by choice (or not), living with them and caring for them (or not), and remarrying after a first union (or not) would all have significant effects on a person's identity, health, educational attainment, income, and social relationships. SRHR interventions that include a social norms component contribute directly to reducing violence and improving relationship dynamics.¹⁶⁴

BENEFIT OF BOYS' IMPROVED SRHR: CHALLENGING SEXUAL DOUBLE STANDARDS

The double standard exists where boys and girls are seen and treated differently for the same sexual behavior, both online and in real life.¹⁶⁵ This often means that girls are not expected to have sexual desires but rather to accommodate male "needs" and desires, whereas boys are viewed as not being in control of their sexual desires and behavior.¹⁶⁶ As part of the Global Early Adolescent Study, researchers in Kinshasa, Democratic Republic of the Congo, found that support for a sexual double standard among 10- to 14-year-old boys increased between pre-puberty and a year later. However, high parental monitoring of boys mitigated this increase in the sexual double standard.¹⁶⁷ Online, boys tend to send more threatening texts and messages to girls,

and girlfriends, especially when they want to have sex.¹⁶⁸ A study in Australia analyzed the patterns of sexting and revealed how the sexual double standard reflected and reinforced gender inequality through this medium of communication, in which men believe that a woman is ultimately responsible for protecting her own body and reputation and feel that having shared a sext, she can't hold anyone else responsible if the content ends up elsewhere.¹⁶⁹ SRHR programs provide opportunities to question traditional masculinity in ways that support more egalitarian relationships, though research from the Netherlands showed that the sexual double standard persists, though it is weaker than in the past.¹⁷⁰

BENEFIT OF BOYS' IMPROVED SRHR: PREVENTION OF TECHNOLOGY-FACILITATED GENDER-BASED VIOLENCE

When boys lack social skills and do not learn how to relate, how to navigate intimacy and relationships, and the importance of mutual respect and bodily autonomy, technology becomes another platform for expressing disrespect and control over others, especially girls.

As digital technology increasingly shapes and organizes everyone's lives, it is also contributing to technology-facilitated gender-based violence.¹⁷¹ The report *The Manosphere, Rewired: Understanding Masculinities Online & Pathways for Healthy Connection* (2024) by Equimundo highlights how young men can turn to online spaces dominated by “manosphere” ideology — which often promotes misogyny, entitlement, and resentment — and how algorithm-driven platforms amplify these messages by rewarding sensationalist and aggression-based content.¹⁷² This form of digital aggression involves the use of information and communication technologies or digital platforms to commit and amplify acts of violence against an individual based on their gender. Online harassment has become a new tactic among “incels,” or “involuntary celibates.” These individuals are often adolescent boys and men who describe themselves as unable to find a romantic or sexual partner despite desiring one and share several core ideological beliefs, including entitlement, misogyny, and jealousy.¹⁷³

Digital aggression tactics can also include online sexist comments, cyberbullying, or “revenge porn” or image-based victimization, which is the nonconsensual sharing of sexualized images with the deliberate intent to cause harm.¹⁷⁴ One

of the few studies exploring the prevalence of image-based victimization found that among individuals ages 16 to 64 sampled in New Zealand, Australia, and the UK, one in three had been victims of this form of victimization and that the main perpetrators had been men ages 20 to 29.¹⁷⁵ Another study of adolescent victimization in 31 countries found that countries with greater gender inequality had a higher rate of cyber victimization for boys and girls.¹⁷⁶

Unfortunately, many of the potential responses to technology-facilitated gender-based violence remain analog, with interventions oriented toward programs based in schools, clinics, and geographic communities. Despite extensive research on masculinities in general, the impact of these digital spaces has largely been overlooked.

Some emerging research is starting to provide alternative ideas for what can be done, however. Focusing largely on US platforms and communities, the *Manosphere, Rewired* report provides insights from a six-month study into young men's online lives.¹⁷⁷ The research analyzed gendered narratives and features on key online platforms with digital scraping and artificial intelligence (AI) analysis, as well as expert interviews and a review of the published literature.

The report found that the manosphere attracts boys and men with three specific kinds of vulnerabilities: those who are isolated and want to belong to a community; those who are thirsty for definitions of success and a roadmap to get there; and those who feel rejected or have experienced failure in their relationships with women. The research also found that offering boys emotional validation, a clear pathway to success, and accountability to a group can successfully address these vulnerabilities. It is clear from the analysis how online communities

can both exacerbate problems and offer solutions. This research is contributing to the [LinkUpLab](#): an innovation hub led by Equipundo and Futures Without Violence to incubate and accelerate solutions that reimagine the online spaces where young men play and connect safer, supportive, and pro-social. More initiatives and efforts are needed to promote healthy masculinities online, leveraging the positive connections young men already find in these spaces and ensuring more positive messages and content.

5. HOW WILL THIS AFFECT ME WHEN I'M OLDER?



TIMING AND ANTICIPATING STABLE RELATIONSHIPS, MARRIAGE, AND FATHERHOOD

When boys are exposed to SRHR information, they will be able to ask the following critical questions:

How should I weigh my choices? Why do I need to make so many decisions I'm not sure about? Should I wait to have a child until I've finished school? Do I want children? Should I get married or not? How do I support my new family when I am still in school? How do I support my family when I don't even know how to support myself? How young is too young to get married

or become a dad? How do I become a better man and better father?

When boys receive little or no information or access to SRHR-related services, and lack relationship skills, experience body dissatisfaction, and face heteronormativity- and masculinity-related pressures to conform and perform, they enter adulthood with much to contend with. The special challenge faced by boys can be a rigid and narrow understanding of what it means to “be a man” and what that entails regarding

Young people often “get off to a bad start,” or at least not a really good one, facing many obstacles to emerging as whole adults capable of managing healthy sexual and reproductive lives and relationships.

Boys eagerly anticipate being adults and aspire to be “better men.”

their sexuality. Combined with a pieced-together understanding of SRHR sourced from peers and the internet, boys especially are often poorly prepared for their sexual and reproductive lives.

How can adults in boys' lives help them to become “better men,” as they themselves desire? As two frequent (though not universal) experiences of adulthood, marriage and fatherhood are excellent places to start. Grounding this analysis in boys' positive intentions is helpful: A study of young men in two urban slums in Nairobi found that despite the

constraints of the context – extreme precarity, threats to life and property, and poverty – these youth continued aspiring to be better men than their fathers and to become “respectable men” in ways that affirmed and challenged hegemonic masculinity.¹⁷⁸ They dreamed of being able to move out of the slum, provide for their nuclear and extended families, send any current or future children to school, and be more involved in raising their children in nonviolent, caring relationships with their spouses and families. Supporting boys' reflection and plans to achieve their aspirations seems like a simple good.

SETTING BOYS UP FOR SUCCESS: MARRIAGE AND LONG-TERM COMMITTED RELATIONSHIPS

Boys, like girls, may face pressure to marry once they are considered “ready

It's not just girls. Boys can also be subjected to child, early, and forced marriage, though to a lesser extent than girls. An analysis of Demographic and Health Survey data has shown that while for girls, readiness to marry is most often based on age and menarche, “for boys, this is often defined through economic self-sufficiency and the ability to provide for the family.”¹⁷⁹ Adolescent boys may experience peer pressure to marry as well as pressure from parents and elders. This pressure is often rooted in expectations for a boy to “become a man,” ascend to the head of his own household, earn money to support the family, secure property inheritance, and/or produce children to continue the family

line. Research from Uganda indicates that young men may perceive marrying before their peers as an important form of competition, as they have few other domains in which to compete.¹⁸⁰

Globally, across 82 countries with data collected since 2007, one in 21 men ages 20 to 24 has been married before the age of 18 (4.5%).¹⁸¹ There is wide divergence across regions, with the lowest rates in the Middle East and North Africa (0.2%) and the highest in Latin America and the Caribbean (8.3%). Surprisingly, these do not align with the countries where child marriage is prevalent among girls. West and Central Africa (40.7%) and Eastern and Southern Africa (34.6%)

have the highest rates for girls, while those rates are highest for boys in Latin America and the Caribbean (8.3%) and East Asia and the Pacific (5.9%).¹⁸² However, specific countries stand out within these regions as having the highest rates of boys' child marriage, including Honduras, Chad, and Nepal, where 13% or more of boys are marrying before the age of 18.¹⁸³ Boys who are forced to drop out of school and start acting as breadwinners are also more likely to get married, with income-earning boosting their attractiveness to prospective brides' parents. However, boys with few economic opportunities who get married can find themselves locked into a cycle of intergenerational poverty for themselves and their families. SRHR programs and the kinds of conversations they can promote on gender and sexuality can provide moments to think through these choices before boys are directly confronted with them.

The evidence shows that even later in life, men in countries with a high prevalence of HIV who married in childhood lacked comprehensive knowledge of HIV more frequently than their peers and were at higher risk of infection.¹⁸⁴

In Latin America and the Caribbean, and in some other settings, boys' disengagement with schooling can be a driver of early marriage or fatherhood, with lasting repercussions for their lives.¹⁸⁵

Additionally, research from Uganda found that child, early, and forced marriage was associated with physical and health consequences, such as poverty, exposure to domestic violence, exposure to the risk of STIs, increased burden on the parents and family of the child groom, exposure to child labor, limited educational attainment, stigma and rejection from family and community, and lost childhoods.¹⁸⁶ In almost all countries with data, the odds of having fathered three or more children among men ages 20 to 29 are higher for those who married as children compared to their peers. In four countries, the odds of exceeding one's ideal family size among men ages 40 to 49 also appeared higher among those who married during childhood compared to men who married at older ages.¹⁸⁷ While having children may be desirable and bring a young man respect, it also represents a significant economic burden and pressure to provide.

Child grooms are forced to take on adult roles they are not prepared for, and early marriage does not serve boys well.

SETTING BOYS UP FOR SUCCESS: FATHERHOOD

Most of the literature on adolescent parenthood focuses on girls – and rightly so, as girls bear the great majority of the consequences. However, having boys think through whether they are interested in future parenthood and what that could look like is a healthy dimension of preparing for their sexual and reproductive lives.

The health implications for girls of early pregnancy are significant. Childbearing in adolescence is linked to depression, while complications from adolescent pregnancy can cause lasting health problems for the mother and child, and even death. Indeed, patriarchal norms of masculinity as practiced by boys and men can exacerbate these risks for adolescent girls who become pregnant.

For a number of reasons, it makes sense for boys to have the opportunity to think through potential future fatherhood. First, it can help boys sidestep traditional gender stereotypes to recognize that caregiving and nurturing are important aspects of their personhood and, potentially, of being fathers. Second, reflecting on future fatherhood can help boys develop emotional maturity and empathy as they anticipate the responsibilities and challenges of parenting. Considering their future roles as fathers can encourage boys to think through the kind of role models they want to be and help them cultivate positive characteristics such as patience and kindness, which are key for parenting but also relevant in all relationships. Finally, anticipating the

responsibilities of fatherhood can motivate boys to develop skills that will be valuable in parenting, such as communication, problem-solving, and emotional intelligence.

In regions with a high prevalence of early pregnancy, men tend to hold more decision-making power than girls and women. This can mean that adolescent girls who become pregnant are compelled by men in their lives to take the pregnancy to term rather than end the pregnancy.¹⁸⁸ A study in Ghana found that many young men said they would decide the reproductive outcome of a sexual partner based on their own lived experiences. Younger men had notions of abortion more likely to be drawn from cultural and social norms, while older men drew on their own personal experiences. In all cases in the study, men felt it was their right to decide whether to support a child or not.¹⁸⁹ As the previous section showed, quality SRHR programs can provide key moments to question aspects of masculinity and support the skills and understanding boys need to maintain more mutualistic relationships.

Boys and young men can dominate in reproductive decision-making, including on whether to terminate a pregnancy, even though the impact is most acutely experienced by girls and women.

Adolescent fatherhood is associated with an array of harmful outcomes for boys as well as for girls.

The negative impact of unintended pregnancy and birth on men's mental health in many settings is well established.¹⁹⁰ Evidence from the United States shows that boys who become fathers through unintended pregnancy are more likely to put on weight, smoke, have problems with emotional regulation, and experience negative mental health outcomes.¹⁹¹

Research from the United States (which has some of the best longitudinal data on the topic) shows that adolescent fatherhood often decreases employment opportunities for adolescents and young men, and early fatherhood is strongly associated with lost years of education as well.¹⁹² Adolescent fathers tend to accumulate fewer years of schooling and are less likely to receive a standard high school diploma than the general population. Further, a study in Jamaica found that almost 10% of fathers of any age experienced depression after a birth, highlighting the need for greater gender-sensitive health supports for new fathers.¹⁹³

Conversely, pregnancy prevention supports college completion for boys as well as girls. A long-term historical study in the US on the contraceptive pill's impact found that young women's use increased the likelihood that their male partners would complete college by about 2.5%.¹⁹⁴ This connection is already well documented for women. A different study in the United States compared the "schooling penalty" of having an unintended pregnancy across generations, finding that adolescent fathers born in 1997 experienced a larger educational penalty

than adolescent fathers from the prior generation, suggesting that the potential harms of adolescent fatherhood may have increased over time.¹⁹⁵ At the same time, causality runs in the opposite direction, with economic and educational disadvantages driving early pregnancy. Most important is to talk about the risks and challenges of early fatherhood in a way that is not stigmatizing to young people who are disadvantaged or socially excluded or who are already parenting.

Mental and physical health challenges, reduced academic achievement, pressure to work long hours to provide for a family and child at a young age – these are outcomes of adolescent fatherhood that follow a man through the remainder of his life as well. This harmful pattern can also replicate across generations. In 2021, the Young Lives study that followed 1,779 adolescents at ages 15, 19, and 22 in Ethiopia, India, Peru, and Vietnam found a direct correlation between having adolescent parents and entering early fatherhood, suggesting that early parenthood can replicate intergenerationally.¹⁹⁶ The study found similar outcomes in Brazil. Support for young fathers represents a gap and an opportunity in policy.

Adolescent boys and young men can sometimes fare better in life after becoming fathers. A study in San Francisco in the US showed that becoming a father changed young men's priorities and behavior and protected them from spending time on the street and becoming gang members.¹⁹⁷ Fathers' positive engagement in their children's upbringing has been linked to children's improved physical and mental health; better cognitive

Becoming a father too early brings implications across the remainder of a boy's life, with powerful intergenerational effects on his children as well.

When men become fathers at later ages and engage as coequal caregivers to their children, everyone involved may experience wide benefits.

development and educational achievement; improved peer relations and capacity for empathy; fewer behavioral problems (in boys) and psychological problems (in girls); higher self-esteem and life satisfaction; lower rates of depression, fear, and self-doubt into adulthood; lower rates of criminality and substance abuse; and more openness to critically examining traditional gendered roles.¹⁹⁸

Men who report close relationships with their children and build confidence in caring for them are also less likely to experience depression.¹⁹⁹ But adolescent fathers are often simply not set up for success in this regard. As research in the US

has shown, while young men express optimistic aspirations sparked by pregnancy and hope to establish enduring family connections, they also face structural conditions that frequently result in the breakdown of relationships.²⁰⁰ The analysis highlights that the important father-child bond is often vulnerable, and can be damaged by – poor relationships between the fathers and mothers of their children.

Providing better support systems, including parenting education, mental health resources, and relationship counseling, can help young fathers build stronger connections with their children and foster healthier family dynamics.

6. WHAT CAN BE DONE?

ACTIONABLE RECOMMENDATIONS FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS FOR BOYS



Currently, most gender-transformative SRHR programs focus primarily on girls and women and are largely aimed at empowering girls with the information and skills to challenge gender norms as a means of reducing SRHR risks. Continued investment in girls and women remains essential. However, it is imperative to focus on a gender relational approach, addressing the gender system as a structural force regulating interactions and behaviors that affect the health and social trajectories of everyone. Boys and young men also need attention, and improving their knowledge, skills, and access to services will benefit their partners and peers, including girls and women. Applying the framework of engaging

men as clients, equal partners, and agents of change means:

- As healthcare patients and service recipients, men and boys must have equitable access to SRHR information and services to support their own health and well-being.
- As equal partners, they should be encouraged to share responsibility in relationships, family planning, parenting, and decision-making, fostering mutual respect and equality.
- As agents of change, men and boys can actively challenge harmful gender norms, advocate

In a world where conservative and restrictive forces are moving against fundamental sexual and reproductive rights, especially those of women and girls, boys and men must be on board.

The findings in this report point to a single clear directive: start early with boys.

for women's and girls' rights, and help create supportive environments where everyone can thrive.

By combining investment in girls and women with the intentional engagement of boys and men, SRHR programs can more effectively address power imbalances and promote gender equality, leading to better health and social outcomes for all.

From early childhood, provide boys with information about their bodies and answer their questions. Talk to them about their worries and concerns, highlight the unfairness of gender inequality, and teach them to be inclusive, communicative, and compassionate. Engage them and support them to be allies now and in the future alongside the girls, women, adult men, and all individuals who are fighting for reproductive justice. View and treat boys as having their own needs distinct from those of men as opposed to always speaking of “boys and men” together.

We call upon these six sets of actors to take urgent action in line with the following priority recommendations:

1. ORGANIZATIONS WORKING DIRECTLY WITH PARENTS, FAMILIES, AND COMMUNITIES

- Engage parents by addressing the early gender socialization of boys. Before addressing topics on SRHR or introducing concepts of sexuality, support parents in critically reflecting on how boys are oriented and socialized: the messages they receive about identity, emotions, relationships, and power. Encouraging parents to question how notions of boyhood and, later, manhood are defined helps lay a foundation for healthier attitudes and behaviors related to sexuality, consent, and gender equality.

- Demystify SRHR topics for parents so that they can confidently engage their boys (and girls). This includes building parents' active engagement and skills to provide age-appropriate information; maintain open communication; take a holistic approach to the physical, emotional, social, and ethical aspects of sexuality; empower children to make informed and safe decisions about their bodies and relationships; provide accurate and clear information; link sexuality with values and ethics in line with healthy relationships that emphasize mutual respect and support; and navigate online space confidently. Their confident communication of their values and principles can help children navigate and critically evaluate the information they receive in online spaces, spaces that parents can often scarcely imagine.
- Make more parent-responsive resources available across online, faith-based, and other communities that parents can use to build their own knowledge on when and how to engage their kids from childhood through young adulthood. Ideally, these resources would provide parents (and aunts, uncles, and other caregivers and interested adults) with CSE so they can comfortably share accurate SRHR information with children in their lives.
- Ensure that community members (including teachers, pediatricians, and other health workers) and local leaders recognize the important roles they can play in creating a non-stigmatizing environment for talking about relationships and growing up.

2. SCHOOL SYSTEM

- As many others have said, age- and developmentally appropriate CSE is needed starting in the late primary school years, in and out of school and in health facilities, for boys,

girls, and their parents, and it should include digital literacy and sexual diversity.

- At the same time, it is crucial to review and strengthen current CSE content to ensure it does not focus exclusively on empowering girls and young women while addressing boys only as potential risks or bystanders. In line with UNESCO and UNFPA's gender-transformative guidance, CSE should also center boys' development, fostering self-awareness, empathy, and respect for others. Empowering boys in this way benefits not only their own well-being but also contributes to healthier, more equitable relationships and communities.
- Teacher training to deliver CSE with competence, humor, and compassion is a priority so that teachers do not do damage by working in situations that make them uncomfortable.
 - Teachers may need values clarification training. Alongside competence-building, they may require guided reflection to examine their own beliefs, attitudes, and potential biases around sexuality, gender, and relationships. Helping educators become aware of these internalized perspectives equips them to deliver CSE in a nonjudgmental, inclusive, and supportive manner.
 - They also need evidence-based and age-appropriate curricula that are readily available.
 - Teachers need to understand that for children, just knowing they have a safe person to talk about sexuality, gender, and emotional challenges makes a huge difference to their mental health.
- Schools should provide spaces for boys to learn about their own bodies and sexuality, as well as to talk about gender norms, the challenges they face, bodies, and the kinds of people they want to be as adults.

3. HEALTHCARE SYSTEM

- Healthcare facilities should be ready sources of CSE for all ages. This may require job aids for healthcare workers and other continuing education (including pre- and in-service training across cadres) as well as ensuring insurance and other systems are supportive of meeting boys' SRHR needs and questions.
- SRHR healthcare facilities need to develop compelling messages, pleasant spaces, and other ways to welcome and serve boys, while promoting gender equality and ensuring full access to services to girls.
- Health care systems need to provide the minimum services that boys need. They should consider specific clinical spaces or protocols for young men, learning from examples such as the [Young Men's Clinic](#) in the US or Brazil's [national program on men's health](#).
- It is critical to establish stronger connections between CSE and accessible, youth-friendly SRHR services. In sub-Saharan Africa, for example, service-related barriers remain significant even when young people have awareness and agency. This requires a whole health system approach, integrating schools, healthcare facilities, community health workers, community midwives, and outreach programs to ensure that knowledge gained through CSE translates into real access to care and support.

4. SRHR PROGRAMS

- SRHR programs must be more intentional in reaching out to boys, seeing them as individuals and sexual beings in need of dedicated space and attention within these programs as well as offering them safe spaces to reflect on and challenge stereotypical gender norms that can be harmful to boys as well as girls.
- SRHR programs need to provide boys and girls with the skills and knowledge to

achieve healthy connections with peers, partners, and others, achieving belonging and social connection. Two key components of messaging should be (1) gender and sexual diversity; and (2) gender equality.

- These programs must continue to develop creative and entertaining ways of reaching out to boys through sports, school clubs, and digital games and tools. Programs should include menstruation education, promoting communication skills, and promoting positive platonic male relationships.
- Programs should frame SRHR broadly, going beyond the clinical dimensions of pregnancy and disease prevention, guided by existing best practice.²⁰¹ They need to consider mental health and individual and group counseling as part of SRHR – especially when boys are not encouraged socially to openly discuss their challenges and seek answers to their individualized questions.
- Programs can work with groups of male peers, not just individuals, embedding gender-equitable attitudes and behaviors as part of gender-transformative activities.
- Programs should include caregivers of boys with the intention of shifting the narrative: while boys' sexual desires are natural, they need guidance, support, and accurate information to make informed, respectful, and responsible choices.
- Programs should address marginalized masculinities (i.e., situations when boys don't perform the stereotyped versions of masculinity). Stigma against non-dominant expressions of manhood should be framed as discrimination and addressed by gender-transformative programs.

5. RESEARCHERS

- Further research is needed to drive the field and establish accountability for boys (and men) to assume greater responsibility for their own and others' sexual and reproductive health. Studies indicate the need for research on boys and SRHR to go beyond self-reported attitudes to include more biological and behavioral outcomes,²⁰² and greater clarity is needed about the pathways through which change is likely to occur.
- Establish and collect data on standard measures of boys' knowledge, agency, self-efficacy (and so on), which is often only measured among girls; this would demonstrate the expectation that boys will be engaged and informed about SRHR and develop accountability for boys' well-being in the context of programs and policies. Gender-transformative programs in particular require investment in more rigorous evaluation approaches, including randomized controlled trials.
- Continue to track the long-term impacts of boys' SRHR on other aspects of their lives, as this research has provided such important insights on not just the lives of men but on those of women as well. Evaluations need to be conducted over longer periods for effects to yield and measure results downstream.
- Research on understanding boys and their socialization appears to be more widely accepted in the Global North compared to the Global South, particularly in Africa. Recommendations stemming from such studies in the Global South could help deepen understandings of boyhood, manhood, and socialization within deeply intertwined social, cultural, and traditional norms. This, in turn,

might contribute to improving the SRHR situation for both girls and boys in Africa, where key SRHR indicators currently show concerning trends.

6. POLICYMAKERS AND GLOBAL COMMITMENTS

- At the global level, commitments on SRHR have been timid and unambitious in general, and especially when it comes to men and boys. And why should this be when the potential benefits are so broad? No global commitments establish targets for male contraceptive use, for example. Likewise, very few countries mention men and boys in their SRHR policies or create entry points for them to receive information and services.²⁰³ Few discuss challenging ideas about masculinity or question the power men have over women's bodies that so often shapes sexual and reproductive decisions. This must change to unlock the benefits of boys' improved SRHR for themselves and for everyone in their lives.
- Achieving universal sexual and reproductive health and rights (SRHR) for boys requires targeted public policy interventions that institutionalize access, inclusion, and

accountability. Policies and systems must ensure that schools are mandated and resourced to deliver accurate, age-appropriate, and gender-transformative SRHR education for all students, including boys, even when parents are not fully comfortable with it. National education and health frameworks should explicitly affirm boys' equal right to learn about their bodies, relationships, consent, and reproductive choices, integrating SRHR into broader adolescent health and life-skills programs. When supported by comprehensive policy frameworks, universal SRHR for boys becomes a public good that strengthens equality, improves health outcomes, and promotes safer, more respectful relationships for all.

- There is an urgent need to address how technology—including online platforms, games, and digital communities—affects the attitudes and wellbeing of boys and young men. Policymakers should also examine how SRHR messages spread online and consider appropriate regulations to guide this.

Every boy should take up the struggle for SRHR as his own, because it is. But he has to be supported so he can find his way and get off to a healthy start.

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