

**THE HEALTH OF ADOLESCENT BOYS:
COMMONWEALTH FUND SURVEY FINDINGS**

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The survey was conducted by Louis Harris and Associates, Inc., under commission by The Commonwealth Fund. It was developed under the guidance of the Fund's Commission on Women's Health, and with additional support from the W.T. Grant Foundation.

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THE HEALTH OF ADOLESCENT BOYS: COMMONWEALTH FUND SURVEY FINDINGS

OVERVIEW

Adolescence is a critical time for the health and future development of boys and girls. Experiences and behaviors during these formative years can influence lifelong health, as well as put current health at risk. Adolescence is also often a tumultuous age, marked by both a sense of insecurity and a striving to assert independence.

To explore adolescent experiences and the links between behavior and health, The Commonwealth Fund commissioned Louis Harris and Associates, Inc., to conduct *The Commonwealth Fund Survey of the Health of Adolescent Girls*, which included boys and girls in grades five through twelve in nearly 300 schools across the country. From December 1996 to June 1997, 6,748 students—3,586 girls and 3,162 boys—completed in-classroom questionnaires on a range of topics, including abuse and violence, mental health, risky behaviors, access to health care, and communication with providers.¹

The survey found disturbingly high rates of reported abuse, depressive symptoms, and risky behaviors among adolescents, especially by high school years. An earlier report focused on the health of adolescent girls.² The following report focuses on adolescent boys.

Adolescent boys' reports on their experiences, health, and behavior indicate that abuse, access to care, and emotional support are central areas of concern. Adolescent boys as well as girls report high rates of abuse with associated negative effects on mental health and self-confidence. In addition, drinking, smoking, and other behaviors of abused boys put their health at further risk. A significant proportion of boys also indicate lack of ready access to health care or support when feeling overwhelmed or depressed, and are notably uncomfortable discussing their health concerns and experiences.

¹ The survey included roughly equal samples of adolescents in grades five through eight and grades nine through twelve. The analysis divides the sample into two major groups to contrast experiences among older and younger adolescents: boys and girls in grades nine through twelve and in grades five through eight. For more information on survey methodology, see page 10.

² Cathy Schoen, Karen Davis, Karen Scott Collins, Linda Greenberg, Catherine DesRoches, and Melinda Abrams, *The Commonwealth Fund Survey of the Health of Adolescent Girls*, November 1997.

KEY SURVEY FINDINGS

HIGH RATES OF ABUSE AND CONCERNS WITH SAFETY

A disturbingly high proportion of adolescent boys reported experience with abuse and exposure to violence at home, in their neighborhoods, and in their schools. Although abuse rates were lower among boys than girls, one in eight (13%) of high school boys said he had been physically or sexually abused, or both (compared with 21% of high school girls). High school boys more frequently reported physical abuse than sexual abuse, with 12 percent reporting physical abuse and 5 percent reporting sexual abuse.

Abuse was typically a recurring event. Sixty-one percent of boys reporting either physical or sexual abuse said it had occurred more than once. However, patterns of the places and perpetrators of abuse differed by whether the boys had reported physical or sexual abuse. Two-thirds of boys who reported physical abuse said it had occurred at home (66%), and 68 percent reported that the abuser was a family member. In contrast, only one-third (35%) of sexually abused boys said the abuse happened at home, and less than half (45%) said the abuser was a family member.

Rates of abuse varied across groups of boys. Boys from families where the mother had less than a high school education were more than twice as likely as boys in families where the mother had higher education to report abuse. Abuse rates also varied by boys' race and ethnicity. Asian American boys were twice as likely as white boys to say they had been physically abused (17% vs. 8%), and three times as likely to report sexual abuse (9% vs. 3%). Hispanic boys also reported higher rates of physical and sexual abuse than white boys. These abuse rates were similar among black and white boys.

Abused boys were more than three times as likely to report symptoms of poor mental health than non-abused boys. Based on responses to a series of questions about their feelings over the previous two weeks, 40 percent of boys reporting physical or sexual abuse showed depressive symptoms, compared with 13 percent of boys who had not been abused. Abused boys also reported alarmingly high rates of thoughts about suicide: 15 percent said that they wanted to kill themselves, nearly double the rate of abused girls (8%), and more than half had thought about suicide. Abused boys were also nearly three times as likely as non-abused boys to show signs of low self-confidence (16% vs. 6%).

Abused boys often did not tell anyone about their abuse. Nearly half (48%) of abused boys said they had not talked to anyone about their abuse, compared with 29 percent of abused girls. Only 7 percent of boys said they had discussed their abuse with a doctor. When abused boys did talk to someone, their mothers appeared to be their primary confidantes: 29 percent of abused boys had told their mothers.

Abused boys were twice as likely as non-abused boys to smoke or drink frequently or to have used drugs. Less than one in seven high school boys who said he had not been abused smoked or drank frequently or used illegal drugs in the past month. In contrast, 30 percent of abused high school-age boys drank frequently, compared with 16 percent of non-abused boys. Twenty-seven percent smoked frequently, compared with 10 percent of non-abused boys, and 34 percent of abused boys had used drugs in the past month, compared with 15 percent of non-abused boys.³

Abused boys were at particular risk for eating disorders. In general, adolescent boys were less likely to report ever bingeing or purging than were girls (8% of boys vs. 16% of girls). Yet, almost one-fourth (23%) of abused boys said they had binged or purged, with 11 percent doing so daily and 5 percent doing so a few times a week. Abused boys were four times more likely to binge and purge than boys who said they had not been abused (23% vs. 6%), and eight times as likely to do so frequently (16% of abused vs. 2% of non-abused boys binged a few times a week or more).

Safety was a concern for minority boys. Overall, 16 percent of adolescent boys said they did not feel safe in their neighborhoods.⁴ Among minority boys, rates rose to one in four or more not feeling safe: 29 percent of black, 26 percent of Hispanic, and 23 percent of Asian American boys said that they did not always or often feel safe in their neighborhoods. In contrast, only 10 percent of white boys felt this way. Boys from minority groups were also twice as likely as white boys to feel unsafe in their schools: 31 percent of black, 29 percent of Asian American, and 28 percent of Hispanic boys said they did not always or often feel safe. In contrast, only 15 percent of white boys said they did not always or often feel safe in school.

Home did not provide a safe haven for many boys. Concerns about violence at home were similar across racial and ethnic groups of boys. One in four black and white boys, 26 percent of Asian American boys, and 30 percent of Hispanic boys reported a time when they wanted to leave home because of violence or the threat of violence. Overall, 8 percent of boys said they did not always or often feel safe at home.

EXERCISE AND ORGANIZED SPORTS ARE IMPORTANT TO BOYS

Boys indicated that regular exercise and organized sports are important activities throughout their adolescent years. Eight in ten boys said they exercised frequently and that exercise was important to them.

³ Frequent smoking was defined as smoking several cigarettes or a pack or more in the past week. Frequent drinking was defined as drinking at least monthly or weekly. Using drugs was defined as using illegal drugs in the past month.

⁴ The survey asked boys to report whether they always, often, sometimes, rarely, or never felt safe in their homes, schools, or neighborhoods. Those reporting that they sometimes, rarely, or never felt safe were grouped as not feeling safe.

Boys exercised frequently and participated in organized sports. The survey found that 83 percent of boys were exercising at least three times a week, with younger boys exercising slightly more frequently than older boys (86% vs. 80%). Younger boys were also more likely than older boys to participate in organized team sports (64% vs. 59%).

Types of exercise varied across groups of boys. Overall, boys were heavily involved in both organized team sports and individual exercise. However, the survey found that types of exercise varied by race and ethnicity. Hispanic and Asian American boys were less likely to play an organized sport than were white or black boys (56% of Hispanic boys and 55% of Asian American boys vs. 67% of black boys and 66% of white boys). However, Hispanic and Asian American boys were more likely to say they participated in some form of group exercise outside of gym class (20% of Asian American boys, 19% of Hispanic boys, 16% of black boys, and 13% of white boys).

Using mother's education as a proxy for socioeconomic status, boys from families with lower incomes were less likely than those in higher income groups to participate in organized sports or individual exercise: 53 percent of boys with mothers with less than a high school education participated in organized sports and 45 percent participated in individual exercise. In contrast, 70 percent of boys with college-educated mothers participated in organized sports and 62 percent exercised individually.

Boys with symptoms of poorer mental health were less likely to exercise. Thirteen percent of boys with depressive symptoms said they rarely or never exercised, more than three times the rate of boys with no depressive symptoms (4%). Among boys with symptoms of low self-confidence, 13 percent said they exercised less than once or twice a week, compared with 3 percent of those with high self-confidence. Among boys who exercised frequently, 37 percent rated their health as excellent, compared with only 15 percent of boys who exercised rarely or sometimes.

RISKY BEHAVIORS: SMOKING, DRINKING, AND DRUG ABUSE

The survey found that a significant proportion of boys and girls were engaging in behaviors that put their health at risk. By high school, boys and girls were smoking, drinking, and using drugs at similar rates. Although boys and girls gave different reasons for their behaviors, they each gave stress, peer pressure, and experimentation as leading reasons for frequent smoking and drinking.

Older boys and girls reported similar rates of smoking, drinking, and using drugs; however, younger boys were twice as likely as younger girls to engage in risky behaviors. The survey found that by high school, boys and girls were smoking, drinking, and using drugs at similar rates. However, in grades five through eight, boys were about twice as likely as girls to drink (6% of boys vs. 3% of girls) or smoke (5% of boys vs. 3%

of girls), and nearly one in ten (9%) younger boys had tried illegal drugs in the past month, compared with 6 percent of younger girls.

Reasons why boys smoked, drank, or used drugs differed from girls, but the leading reasons were similar. When frequent drinkers or smokers were asked why they smoked or drank, the four leading reasons given by boys and girls were to relieve stress, because they were around people who did it, because they wanted to experiment, or because it was fun. Boys were more likely than girls to say they smoked or used drugs to be cool (13% of boys vs. 4% of girls for smoking and 10% of boys vs. 4% of girls for drugs). Boys who drank frequently were twice as likely as girls who drank frequently to say they did so because they did not think they would live long enough to worry about the risks (12% vs. 6%).

Drinking, smoking, and drug use rates were high across racial and ethnic groups of boys. In contrast to minority girls, who were less likely to smoke or drink, the rates of frequent smoking and drinking by high school were similar among white, Asian American, and black boys. Roughly one in six black, white, and Asian American boys reported smoking or drinking frequently. Hispanic boys were more likely to drink or smoke frequently (23% smoked and 27% drank frequently). Hispanic boys were also more likely to have used illegal drugs in the past month: one-third reported drug use, compared with one-fifth of white and black high school boys and less than one in ten (9%) Asian American high school boys.

ACCESS TO HEALTH CARE: ONE IN FIVE BOYS FACES BARRIERS

One in five adolescent boys has experienced difficulty getting needed health care. Similar to girls, the risk of access problems increased when boys were uninsured or from lower income families. Three in ten uninsured boys reported a time they went without needed care. When boys received care, they often indicated discomfort with discussing a health problem with a provider, concerns about confidentiality, and a gap in communication with physicians.

One in five adolescent boys did not get needed care. One in five adolescent boys said there had been a time when he needed medical care but did not get it. Boys from lower-income families (measured by mother's education) were 50 percent more likely than boys from higher-income families not to have received needed care (28% of boys whose mothers had less than a high school education vs. 18% of boys with college-educated mothers).

Uninsured adolescent boys and abused boys were at double the risk for barriers to health care. Nearly three in ten boys (29%) who were uninsured said there had been a time when they needed care and did not get it. Uninsured boys were more than twice as likely as insured boys to lack a regular provider (38% vs. 16%). Abused boys were at even higher risk: more than one-third (35%), compared with 17 percent of non-abused boys, had a time when they did not get needed health care.

Minority boys were at risk for not having a regular source of care. In general, boys were more likely than girls to lack a regular doctor (21% of boys compared with 16% of girls). Minority boys were at the greatest risk: one in four or more black, Hispanic, and Asian American boys said they did not have a usual source of care, compared with 17 percent of white boys.

Confidentiality and costs were concerns for boys. As with girls, the leading reason boys gave for not getting needed care was they did not want to tell their parents about the problem (28%). This was followed closely by financial reasons: one-quarter of boys said they did not get care because it cost too much or they did not have health insurance.

Embarrassment was a barrier to getting health care, especially for abused boys, those with symptoms of poor mental health, and younger boys. One-third of abused boys and 38 percent of those with depressive symptoms said there had been a time when they were too embarrassed to discuss a problem with a health care provider. Younger boys were more likely than older boys to report this problem (23% vs. 17%). The topics that younger boys were too embarrassed to discuss included sexuality or sexual preferences (31%), changes in their bodies (29%), and physical or sexual abuse (26%).

Boys believed that physicians should discuss sensitive topics with them; however, these discussions did not often occur. More than half of boys believed that doctors should discuss smoking, drugs, alcohol, and prevention of sexually transmitted diseases with them. Yet, boys reported that doctors typically did not discuss these issues. Only one-quarter to one-third of boys said their doctors had discussed smoking, drugs, alcohol, or sexually transmitted disease prevention. Similarly, while one-third of boys said that doctors should discuss physical or sexual abuse and safety and violence, only 12 percent of boys said their doctors had discussed abuse with them, and 14 percent said they had discussed safety and violence. Physicians appeared more likely to discuss safer topics, such as eating habits and the importance of exercise.

Adolescent boys had strong preferences for privacy when talking to their doctors. The survey found that 26 percent of younger boys and 52 percent of older boys preferred to be by themselves when being examined by their doctors. Boys indicated that this preference was only sometimes met: 45 percent of younger boys and 70 percent of older boys said they had been given the chance to speak with their doctors privately. In contrast to their strong preference for privacy, adolescent boys expressed no preference in their doctor's gender: 62 percent said it did not matter.

SOURCES OF SUPPORT AND COPING STRATEGIES AMONG BOYS

Boys, more often than girls, have no one to turn to for support at times when they feel stressed, overwhelmed, or depressed. Moreover, boys appear to be less willing to talk about concerns or experiences.

Boys were less likely to report feeling stressed than girls. One-quarter of boys, compared with 40 percent of girls, said they had felt stressed three or more days in the past week.

One in five boys had no one to turn to for support when feeling stressed or overwhelmed. Overall, boys were more likely than girls to say “no one” when asked to whom they usually talked when feeling stressed, overwhelmed, or depressed (21% of boys vs. 13% of girls). Boys with symptoms of poor mental health were particularly at risk for lacking a support person: 40 percent of boys with severe depressive symptoms, compared with 18 percent of those without symptoms, said they had no one to talk to when feeling stressed, overwhelmed, or depressed.

Both boys and girls were most likely to name their mother as a source of support. Compared with girls, however, boys were more likely to talk to their fathers and less likely to talk to their mothers. When asked to whom they usually talked when feeling stressed, overwhelmed, or depressed, boys and girls often named their mother (46% of boys and 55% of girls). However, boys were more likely than girls to say they talked to their fathers (29% vs. 18%). Mothers were also the most frequently named source of support among younger and older girls and boys who lived with two parents. In two-parent families, younger boys were also highly likely to turn to their fathers (43%) as well as their mothers (61%).

Boys and girls appeared to differ in the ways they coped with stress. When asked what they did when feeling stressed or overwhelmed, boys were less likely than girls to talk to friends and more likely than girls to exercise or use computers. Less than half of boys (44%) said they called their friends when feeling stressed, compared with 70 percent of girls. Nearly half (46%) of boys, compared with 38 percent of girls, said they exercised for relief, and 38 percent of boys, compared with 31 percent of girls, said they used computers when stressed.

SOURCES OF HEALTH INFORMATION AND ATTITUDES TOWARD SEXUAL BEHAVIOR AMONG BOYS

Boys looked to a variety of sources for information about health issues. Parents and physicians were leading sources.

When asked where they would go to obtain information about health care issues, one-third of adolescent boys said they would first ask their mothers (37%) and 17 percent said they would first ask their fathers. Boys who lived with their fathers were twice as likely as boys not living with their fathers to say they asked their fathers first about health care issues (24% vs. 12%). Boys also relied on sources outside of their families for information: 44 percent named doctors, 34 percent named health class, and 31 percent named television.

Boys learned about birth control both inside and outside the home. The survey found that older boys learned about birth control from parents and a range of external sources. School was an important source of information: more than half of boys (56%) said they learned about contraceptives in health class. Other sources of information were parents (44%), friends (48%), television (46%), and magazines (36%).

Boys obtained birth control from a variety of places. More than two-thirds of older boys (69%) answered “a pharmacy” when asked where they would go to get birth control. One-quarter of boys said they would go to their regular doctors, one-fifth said they would go to Planned Parenthood, one-fifth said they would go to a parent, 14 percent said they would go to another doctor, and 12 percent said they would go to a school nurse or school clinic.

Boys reported varying attitudes toward sexual activity. One-third of older boys reported that they were waiting until they were married to be sexually active. Abstaining from sex was important: 70 percent of younger boys and half (49%) of older boys said that abstaining from sex during their teenage years was “very or somewhat important” to them.

SUMMARY

The survey findings indicate that a substantial proportion of adolescent boys are at risk and struggling as they navigate their teenage years. Rates of abuse are particularly disturbing, with one in eight boys reporting being abused by the time he reaches high school. Abuse triples the risk that boys will evidence symptoms of depression and eating disorders, and doubles the likelihood that they will smoke or drink frequently or use drugs.

Boys' health is also at risk because of lack of sources of support, their own discomfort in discussing health issues, and lack of access to health care. Abused boys, particularly, appear to be suffering in silence: half say they have not told anyone about the abuse. One in five boys answers "no one" when asked to whom he talks when stressed, overwhelmed, or depressed. Among high school-age boys, one in four has had a time he went without needed care. One in four does not have a regular physician.

Lack of health insurance contributes to access problems. Along with costs, boys cite this as leading reason for going without care. Their responses to the survey, however, also indicate that the health care system is missing opportunities to provide more effective care. Besides feeling uncomfortable talking about their problems and lacking the privacy that might enable them to do so, boys indicate a substantial gap between what they think doctors should discuss with them and what they actually discuss.

The nation faces a challenge in responding to adolescents at risk and opening the doors to care and counseling. With enactment in 1997 of the State Children's Health Insurance Program, which makes \$24 billion in new federal funds available to states for coverage of low-income children up to age 19 over the next five years, communities and the health care system have an opportunity to reach out to adolescents as well as young children and make a difference. Boys' reports indicate that improved health insurance could make a major difference in improving access to care if it removes financial barriers, covers needed counseling as well as medical care, and gives physicians time and encouragement to talk and review a range of adolescent health and behavioral issues.

Moving beyond health insurance, the striking evidence of the negative effects of violence and abuse on health and behaviors speaks strongly for concerted efforts to identify and help boys at risk. Creative outreach strategies that recognize the warning signs and efforts to provide counseling, support, and training for health professionals and educators will be critical to preventing abuse from taking a long-term toll on health. Community-wide efforts to prevent abuse and exposure to violence should be high on the public health policy agenda.

SURVEY METHODOLOGY

Conducted by Louis Harris and Associates, Inc., *The Commonwealth Fund Survey of the Health of Adolescent Girls* consisted of in-class questionnaires completed by 6,748 students (3,586 girls and 3,162 boys) in grades five through twelve, and by a separate sample of 218 high school dropouts. The classroom sample included a nationally representative cross-section of schools, with 265 public, private, and parochial schools participating. In addition, the survey included an oversample of 32 urban schools to enable comparisons of responses by race and ethnicity. In the analysis, all responses were weighted to reflect known distributions of adolescents by grade, region, race and ethnicity, and gender.

The field work took place from December 1996 through June 1997. Inclusion of fifth through eight grades enabled comparisons of girls and boys in early adolescent years with those in high school years. Roughly half of those surveyed were in grades five through eight (3,216) and half were in grades nine through twelve (3,532).

Four different versions of the questionnaire were developed: one each for girls and boys in younger and older grades. Because the study was self-administered, not all students answered every question. Calculations of response data were based on the total number of adolescents answering each question.

DEFINITIONS OF KEY VARIABLES

Abuse. The questionnaire included two general questions about physical and sexual abuse and another about date- or boyfriend-related abuse or violence. The definition of abuse was left up to the girls and boys. The questions were:

Have you ever been sexually abused?

Have you ever been physically abused?

Has a boyfriend or date ever forced you to have sex against your will (or when you didn't want to)?

Depressive symptoms. Adolescents were asked to choose one of three feelings in 14 different areas that best reflected how they had felt in the past two weeks. In each area, the statements included a positive, a moderately negative, and a severely negative choice. The most negative feelings included: I am sad all the time, nothing will ever work for me, nothing is fun at all, I hate myself, I want to kill myself, I feel like crying every day, things bother me all the time, I do not want to be with people at all, I look ugly, I feel alone all the time, I never have fun at school, I do not have any friends, I can never be as good as other kids, and nobody really loves me. Positive statements, such as, I like myself, I look okay, I like being

with people, I have fun at school many times, and I have plenty of friends, received a score of zero. Moderately negative statements received a 1, and the most negative statements received a 2. Any adolescent with a score of 13 or higher was classified as having severe depressive symptoms, and those with scores ranging from 9 to 13 were classified as having moderate depressive symptoms.

Self-confidence. The self-confidence scale included a series of 10 statements to which adolescents were asked to respond that they either strongly agreed, somewhat agreed, somewhat disagreed, or strongly disagreed with. Half the statements were worded negatively and half were worded positively. Statements included: I feel I do not have much to be proud of; I feel that I am a failure; I wish I could have more respect for myself; I certainly feel useless at times; at times I think I am no good at all; I feel I'm a person of worth, at least on an equal basis with others; I feel that I have a number of good qualities; all in all, I am able to do most things as well as most other people; I take a positive attitude toward myself; and on the whole, I am satisfied with myself. Each answer was scored from 1 for low self-confidence to 4 for high self-confidence, with a maximum cumulative score of 40 and minimum of 10. Adolescents scoring 35 or more with scores of 4 on at least half the questions were classified as having high self-confidence. Those scoring less than 25 were classified as having low self-confidence, since all responses were in a negative range. Those who had both positive and negative responses—scores of 25–34—were grouped as having moderate self-confidence.

**THE HEALTH OF ADOLESCENT BOYS:
COMMONWEALTH FUND SURVEY FINDINGS**

CHARTS

Abuse and Violence

Exercise and Organized Sports

Risky Behaviors

Access to Health Care

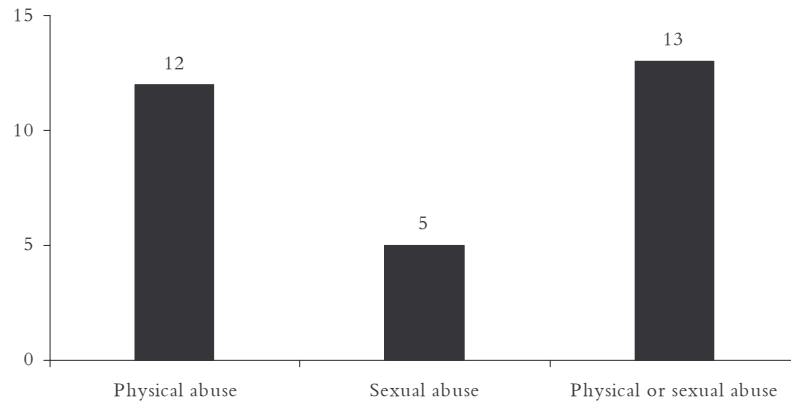
Sources of Support and Coping Strategies

Sources of Health Information and Sexual Behavior Attitudes

CHARTS ON ABUSE AND VIOLENCE

More Than One in Eight Boys Report Abuse

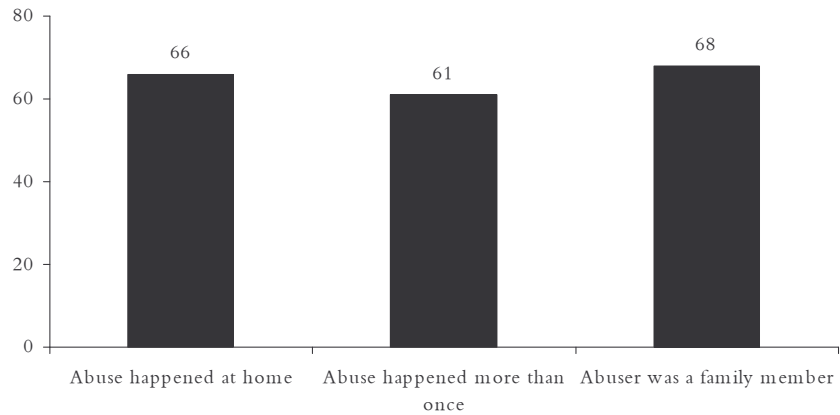
Percent of boys reporting ever being abused, grades 9-12



The Commonwealth Fund Survey of the Health of Adolescent Girls, 1997
Louis Harris and Associates, Inc.

Most Physical Abuse Happens at Home, It Happens More Than Once, and the Abuser Is Usually a Family Member

Percent of physically abused boys

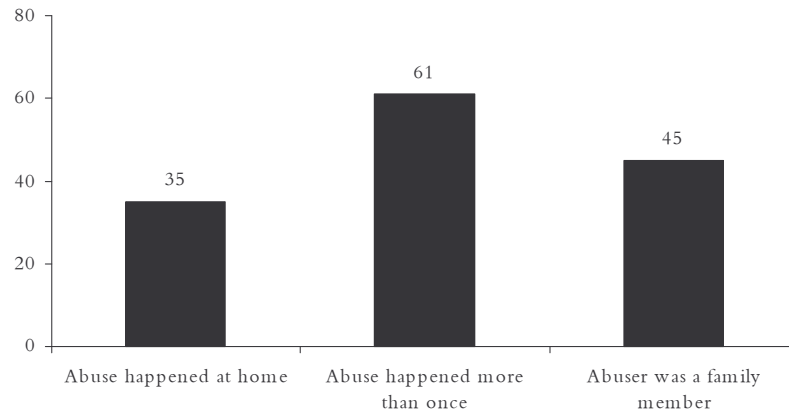


The Commonwealth Fund Survey of the Health of Adolescent Girls, 1997
Louis Harris and Associates, Inc.

CHARTS ON ABUSE AND VIOLENCE (cont.)

Most Sexual Abuse Happens Outside the Home, It Usually Happens More Than Once, and the Abuser Is Often Not a Family Member

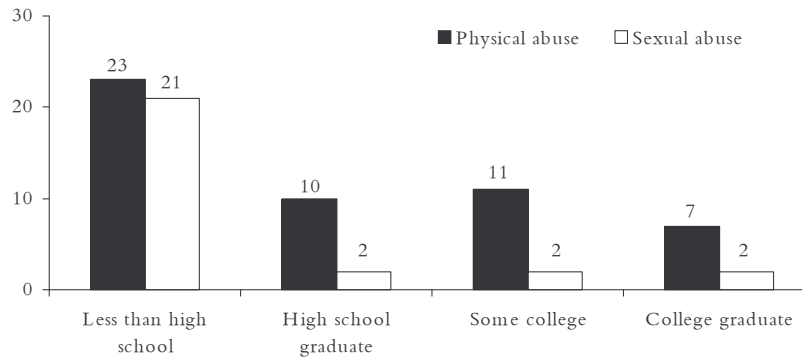
Percent of sexually abused boys



The Commonwealth Fund Survey of the Health of Adolescent Girls, 1997
Louis Harris and Associates, Inc.

Boys with Less-Educated Mothers Are at Higher Risk of Abuse

Percent of boys reporting abuse, by mother's education*

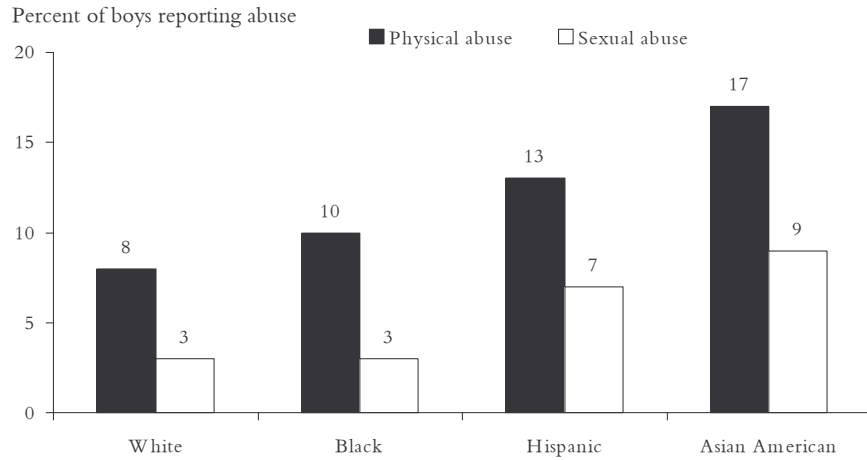


* Mother's education used as a proxy for socioeconomic status.

The Commonwealth Fund Survey of the Health of Adolescent Girls, 1997
Louis Harris and Associates, Inc.

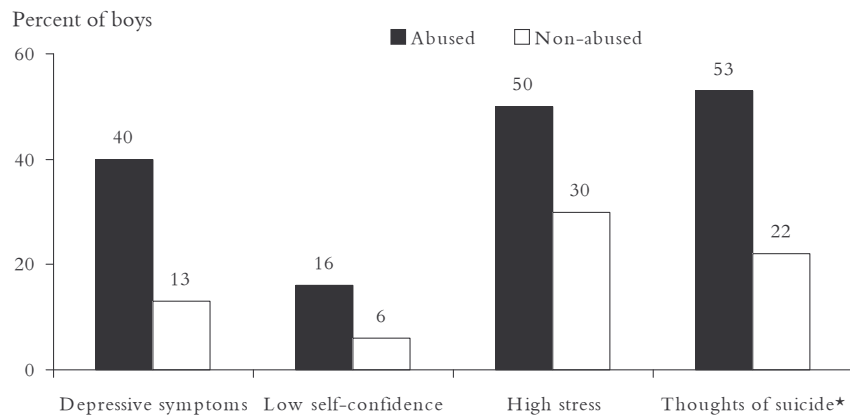
CHARTS ON ABUSE AND VIOLENCE (cont.)

Asian American and Hispanic Boys Are Most at Risk of Abuse



The Commonwealth Fund Survey of the Health of Adolescent Girls, 1997
 Louis Harris and Associates, Inc.

Abused Boys Are More Likely to Have Symptoms of Poor Mental Health



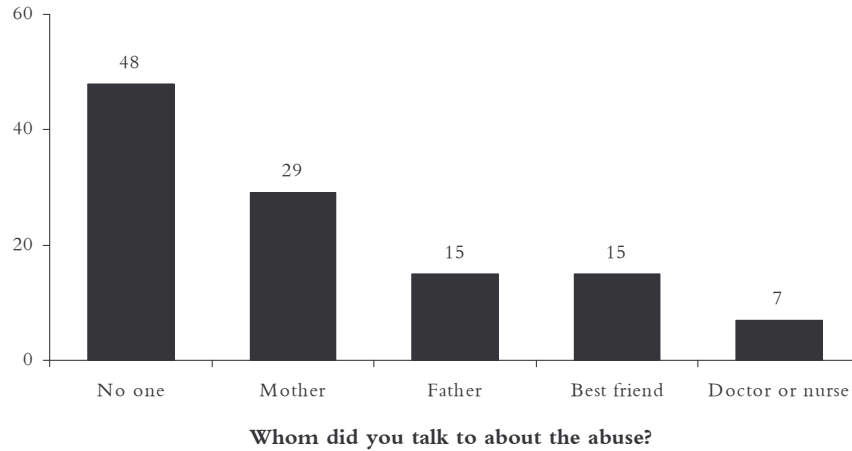
*Boys who said they thought about or wanted to kill themselves.

The Commonwealth Fund Survey of the Health of Adolescent Girls, 1997
 Louis Harris and Associates, Inc.

CHARTS ON ABUSE AND VIOLENCE (cont.)

Half of Boys Tell No One About Their Abuse

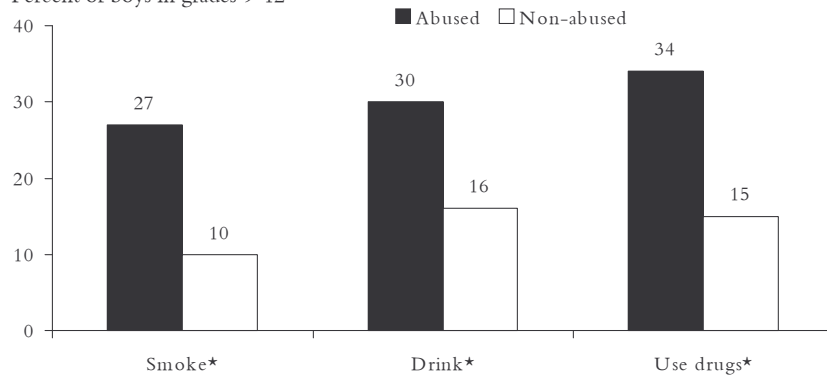
Percent of sexually and physically abused boys



The Commonwealth Fund Survey of the Health of Adolescent Girls, 1997
 Louis Harris and Associates, Inc.

Older Abused Boys Are More Likely to Put Their Health at Risk

Percent of boys in grades 9-12

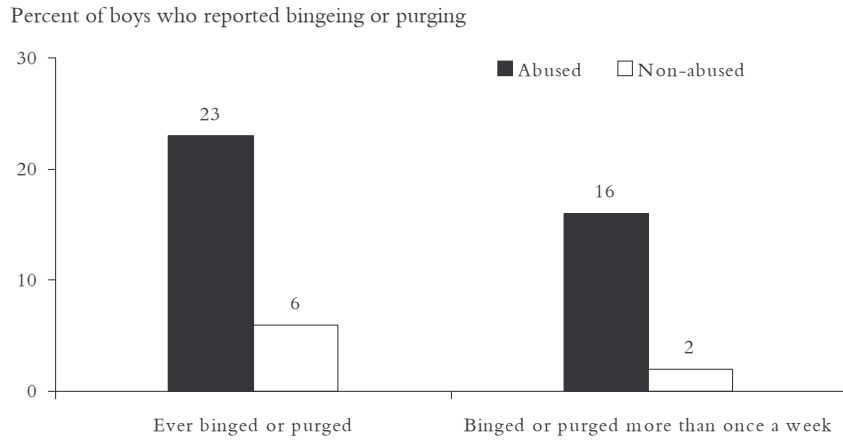


*Smoke = smoke several cigarettes or a pack or more in the past week
 Drink = drink at least once a month or once a week
 Use drugs = used illegal drugs in the past month

The Commonwealth Fund Survey of the Health of Adolescent Girls, 1997
 Louis Harris and Associates, Inc.

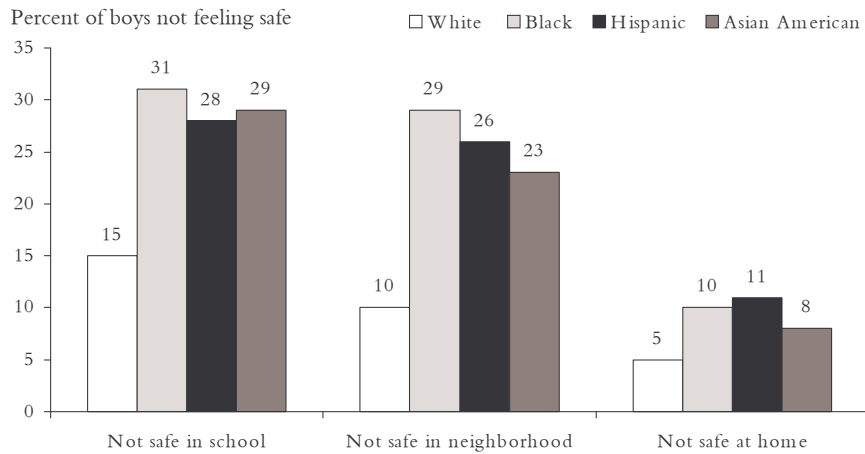
CHARTS ON ABUSE AND VIOLENCE (cont.)

Abused Boys Are More Likely to Engage in Bingeing or Purging



The Commonwealth Fund Survey of the Health of Adolescent Girls, 1997
 Louis Harris and Associates, Inc.

Minority Boys Often Feel Unsafe at School or in Their Neighborhoods

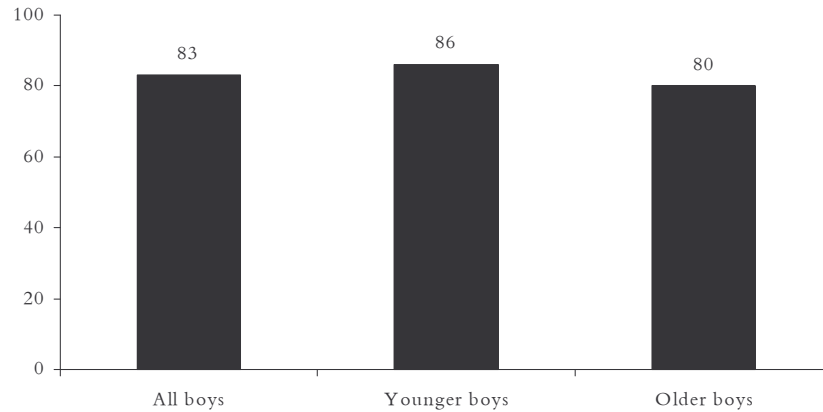


The Commonwealth Fund Survey of the Health of Adolescent Girls, 1997
 Louis Harris and Associates, Inc.

CHARTS ON EXERCISE AND ORGANIZED SPORTS

Frequent Exercise Rates Are High Among Younger and Older Boys

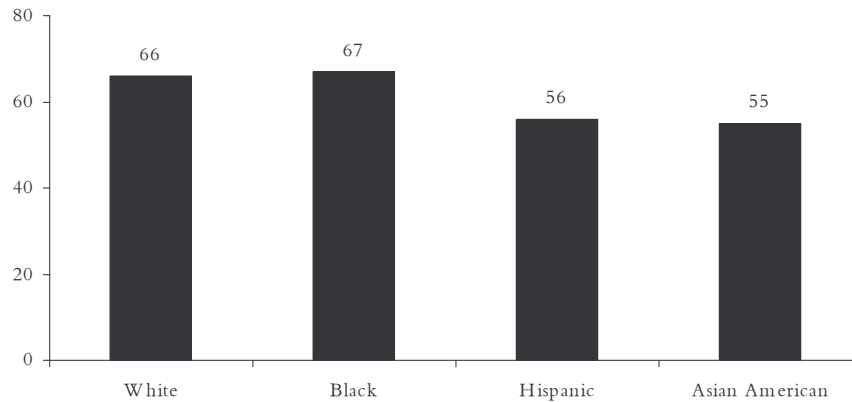
Percent of boys exercising at least three times a week



The Commonwealth Fund Survey of the Health of Adolescent Girls, 1997
Louis Harris and Associates, Inc.

Asian American and Hispanic Boys Are Less Likely to Engage in Organized Sports

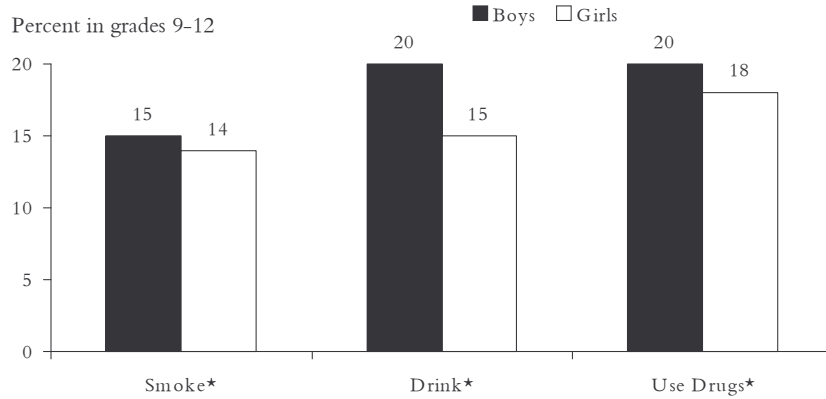
Percent of boys engaging in organized sports



The Commonwealth Fund Survey of the Health of Adolescent Girls, 1997
Louis Harris and Associates, Inc.

CHARTS ON RISKY BEHAVIORS

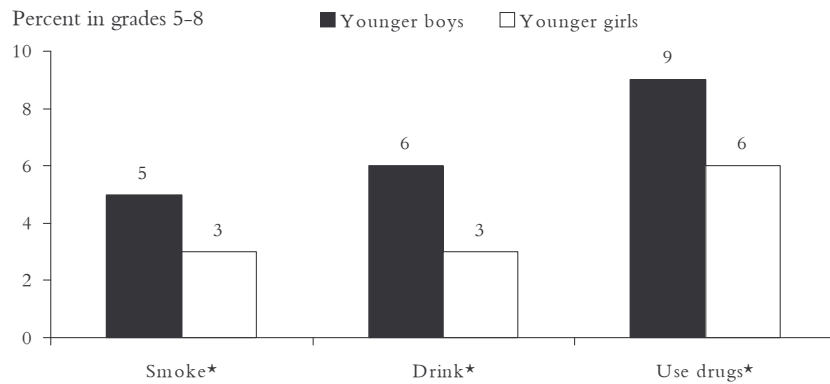
Older Boys and Girls Report Similar Rates of Smoking, Drinking, and Using Drugs



*Smoke = smoke several cigarettes or a pack or more the past week
 Drink = drink at least once a month or once a week
 Use drugs = used illegal drugs in the past month

The Commonwealth Fund Survey of the Health of Adolescent Girls, 1997
 Louis Harris and Associates, Inc.

Younger Boys Are More Likely Than Younger Girls to Engage in Risky Behaviors

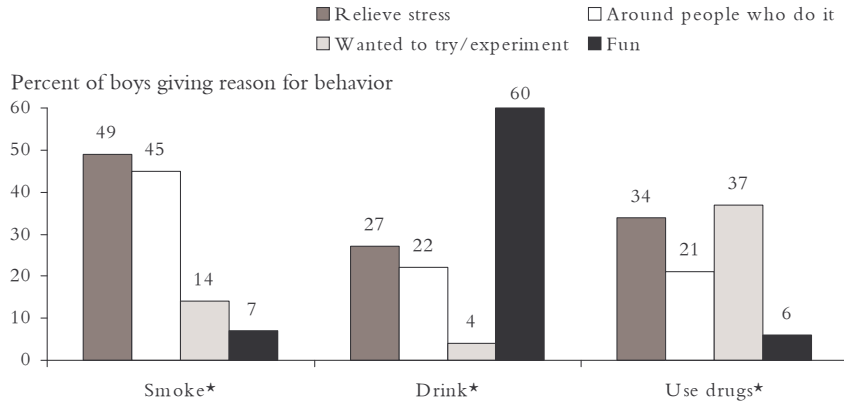


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CHARTS ON RISKY BEHAVIORS (cont.)

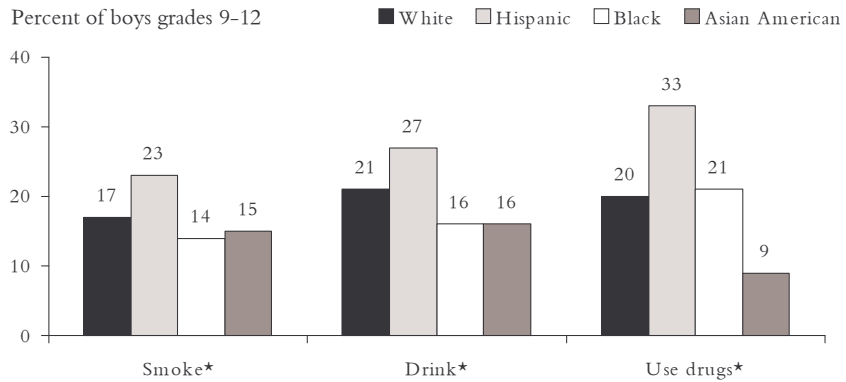
Leading Reasons Given by Boys for Engaging in Risky Behaviors



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Boys' Risky Behavior Rates Are High Across Race and Ethnic Groups

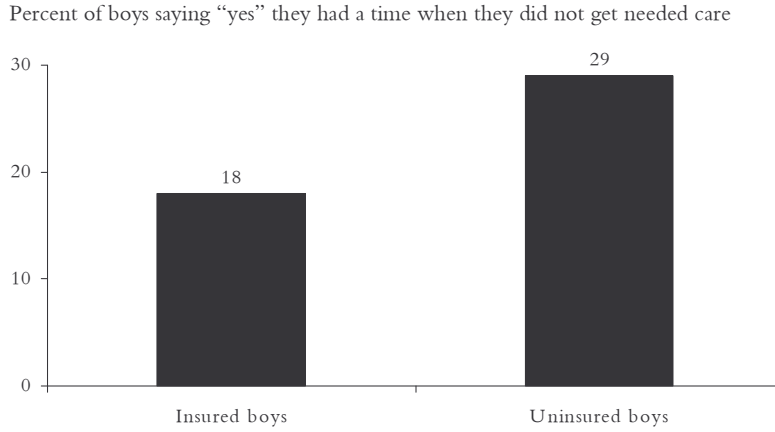


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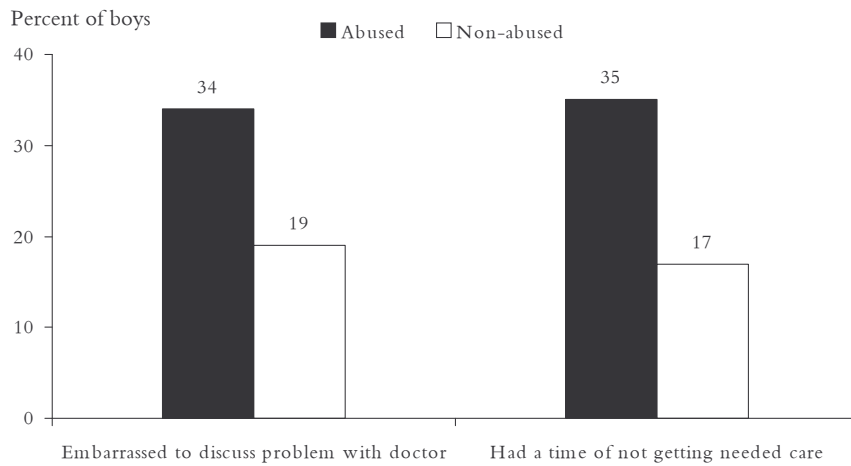
CHARTS ON ACCESS TO HEALTH CARE

Uninsured Boys Are More Likely to Go Without Needed Care



The Commonwealth Fund Survey of the Health of Adolescent Girls, 1997
Louis Harris and Associates, Inc.

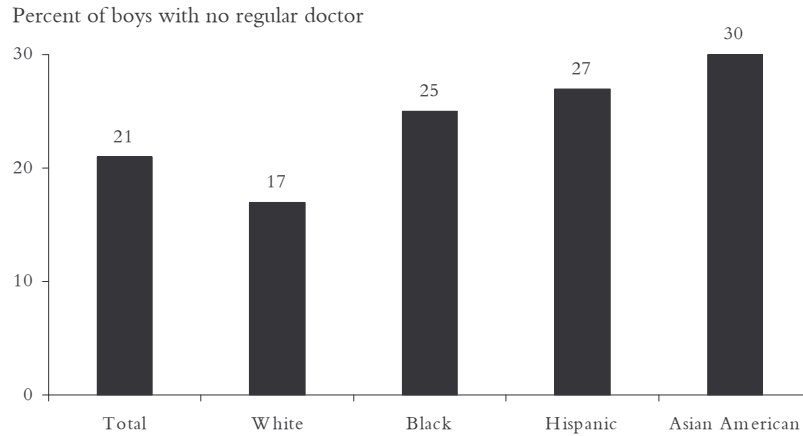
Abused Boys Are at Higher Risk of Access Barriers



The Commonwealth Fund Survey of the Health of Adolescent Girls, 1997
Louis Harris and Associates, Inc.

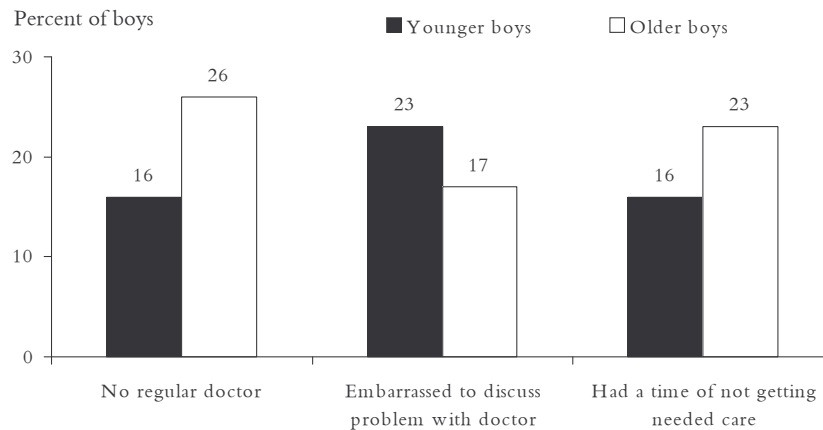
CHARTS ON ACCESS TO HEALTH CARE (cont.)

Minority Boys Are Less Likely to Have a Regular Physician



The Commonwealth Fund Survey of the Health of Adolescent Girls, 1997
Louis Harris and Associates, Inc.

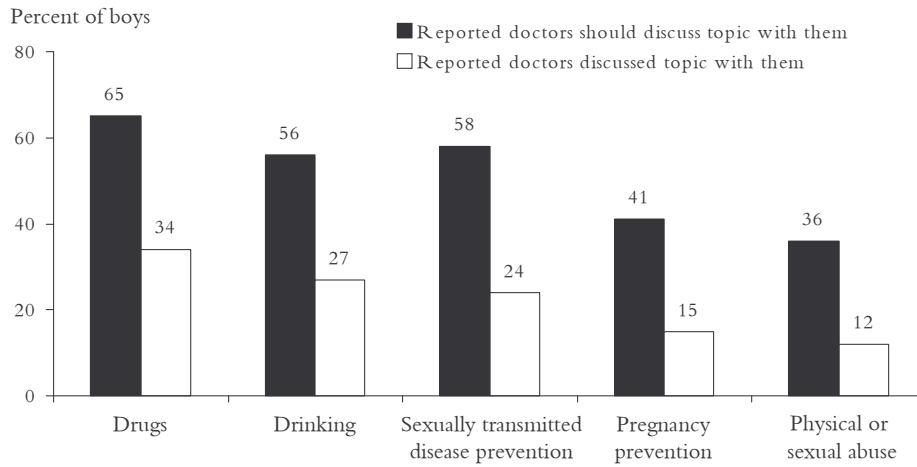
One-Quarter of Older Boys Face Access Barriers



The Commonwealth Fund Survey of the Health of Adolescent Girls, 1997
Louis Harris and Associates, Inc.

CHARTS ON ACCESS TO HEALTH CARE (cont.)

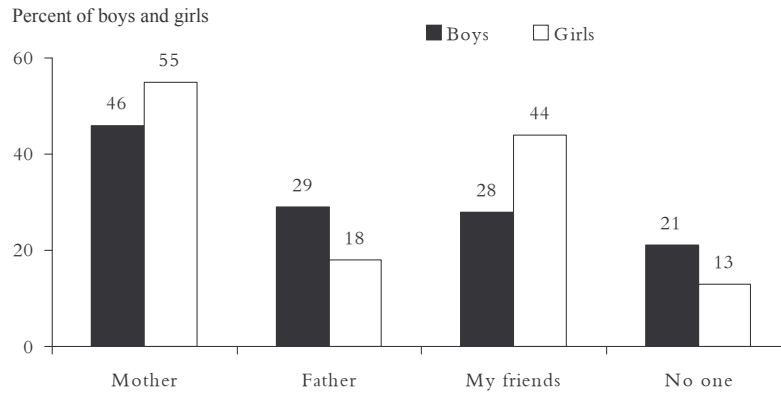
A Gap Exists Between What Boys Believe Doctors Should Discuss and What Doctors Have Discussed



The Commonwealth Fund Survey of the Health of Adolescent Girls, 1997
Louis Harris and Associates, Inc.

CHARTS ON SOURCES OF SUPPORT AND COPING STRATEGIES

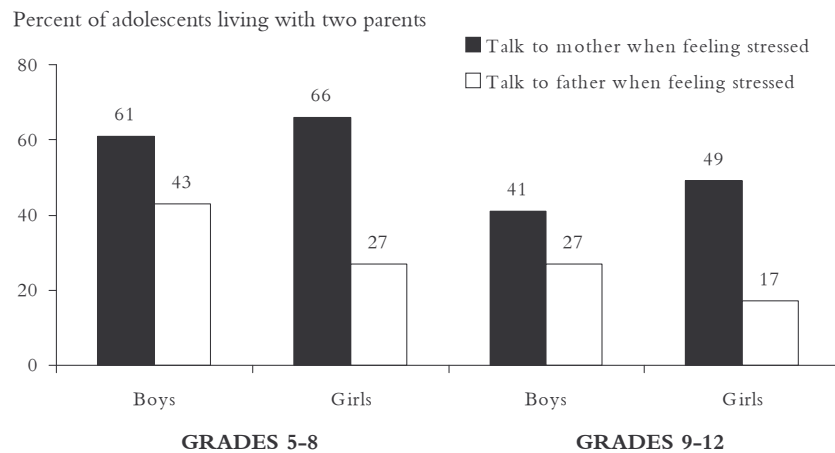
Boys Are Less Likely Than Girls to Have a Source of Support



Whom do you usually talk to when you are feeling stressed, overwhelmed, or depressed?

The Commonwealth Fund Survey of the Health of Adolescent Girls, 1997
 Louis Harris and Associates, Inc.

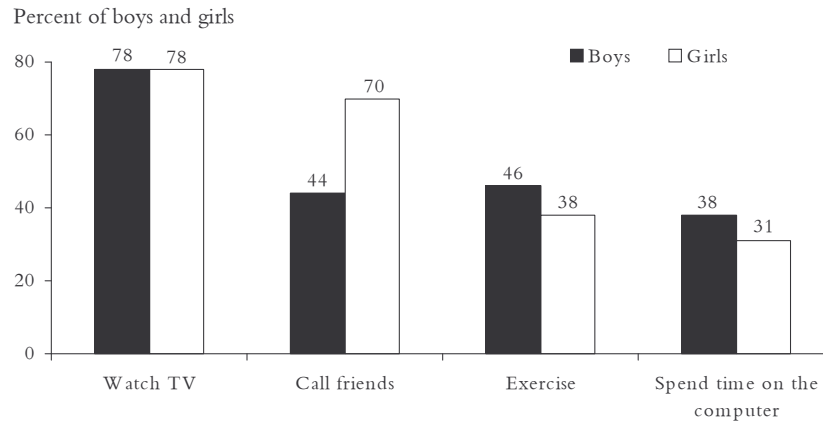
Boys Are More Likely Than Girls to Talk to Their Fathers When Feeling Stressed



The Commonwealth Fund Survey of the Health of Adolescent Girls, 1997
 Louis Harris and Associates, Inc.

CHARTS ON SOURCES OF SUPPORT AND COPING STRATEGIES (cont.)

Boys Are More Likely Than Girls to Exercise or Spend Time on a Computer When They Are Stressed

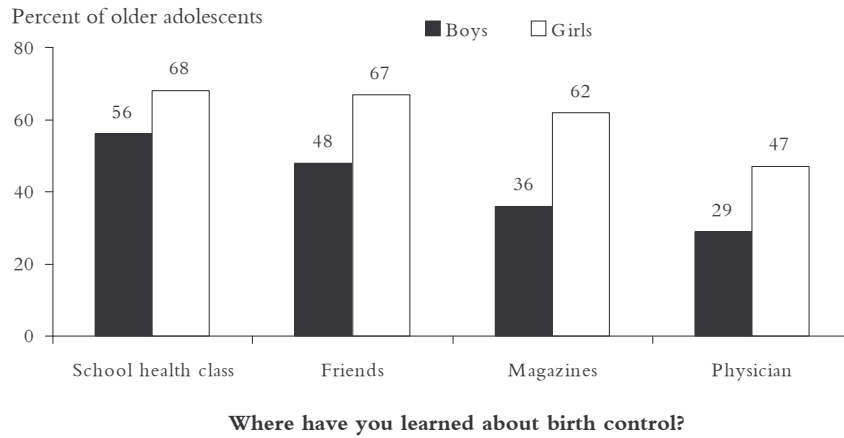


What do you do when you are feeling stressed, overwhelmed, or depressed?

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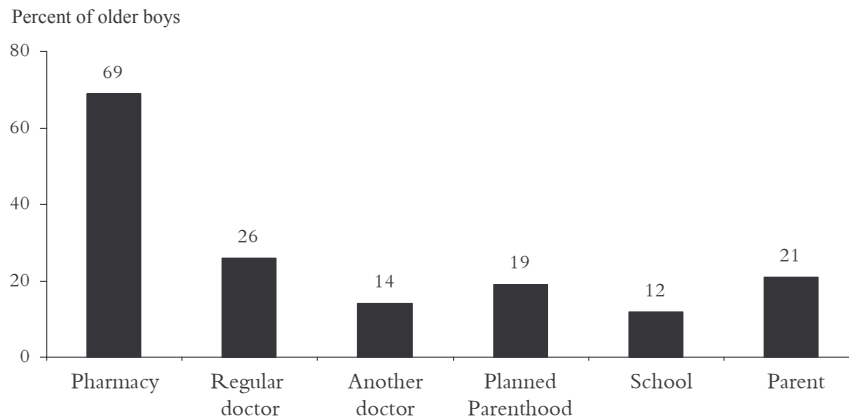
**CHARTS ON SOURCES OF HEALTH INFORMATION AND
SEXUAL BEHAVIOR ATTITUDES**

**Older Boys and Girls Differ on Sources of
Information About Birth Control**



The Commonwealth Fund Survey of the Health of Adolescent Girls, 1997
Louis Harris and Associates, Inc.

**Older Boys Would Use a Variety of Sources to
Obtain Birth Control**



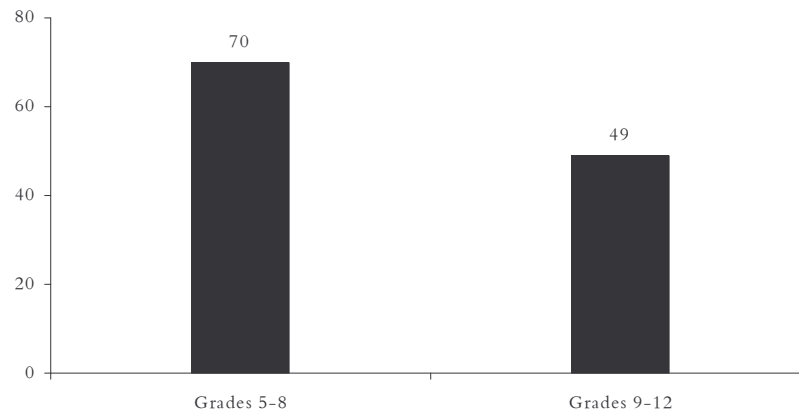
If you wanted to get condoms, spermicides, or birth control pills, where would you go?

The Commonwealth Fund Survey of the Health of Adolescent Girls, 1997
Louis Harris and Associates, Inc.

CHARTS ON SOURCES OF HEALTH INFORMATION AND
SEXUAL BEHAVIOR ATTITUDES (cont.)

Boys' Attitudes Toward Sexual Behavior Change Over Time

Percent of boys saying it is "very or somewhat important" to "not have sex during my teen years"



The Commonwealth Fund Survey of the Health of Adolescent Girls, 1997
Louis Harris and Associates, Inc.

THE COMMONWEALTH FUND

The Commonwealth Fund is a philanthropic foundation established in 1918 by Anna M. Harkness with the broad charge to enhance the common good. The Fund carries out this mandate through its efforts to help Americans live healthy and productive lives and to assist specific groups with serious and neglected problems. In 1986, the Fund was given the assets of the James Picker Foundation, in support of Picker programs to advance the Fund's mission.

The Fund's current four national program areas are improving health care services, bettering the health of minority Americans, advancing the well-being of elderly people, and developing the capacities of children and young people. In all its national programs, the Fund emphasizes prevention and promoting healthy behavior. The Fund's international program in health policy seeks to build a network of policy-oriented health care researchers whose multinational experience and outlook stimulate innovative policies and practices in the United States and other industrialized countries. In its own community, the Fund makes grants toward improving public spaces and services.