Fathers' Engagement in Their Sons' Sexual and Reproductive Health

Kate Lucey, MD, MS, Craig F. Garfield, MD, MAPP

Despite ongoing efforts to promote sexual and reproductive health (SRH), teenagers continue to engage in risky sexual behaviors. Nearly 60% of high school seniors have had sex, yet only 54% of sexually active teenagers report using a condom during their most recent sexual encounter, down from 62% in 2005.[1] Concurrently, rates of sexually transmitted diseases are rising dramatically among adolescents and are increasing at a faster rate among boys than girls.[2] A recent Centers for Disease Control and Prevention analysis revealed that over the past 4 years, gonorrhea diagnoses have increased by 67% and syphilis diagnoses have increased by 76%. Nearly 2.3 million new cases of *Chlamydia*, gonorrhea, and syphilis were diagnosed in 2017 alone, breaking the previous record set in 2016.[3] Clearly, new approaches are needed to address these trends.

The landscape of SRH is rapidly evolving; contraception options are changing, and the days of health class and textbooks are going by the wayside[4] as teenagers increasingly turn to their cell phones and the Internet for information.[5] As the culture of SRH changes, so must our tactics for sexual health education. In this issue of *Pediatrics*, Guilamo-Ramos et al[6] identify a resource for SRH that is not new or edgy; in fact, it is the opposite. It is a simple resource that has always existed: the father. Fathers' impacts on their children's overall health and well-being are widely documented,[7] yet fathers are often overlooked as contributors to their children's SRH.[8] There are 27 million boys under the age of 18 living with fathers in the United States[9]; Guilamo-Ramos et al[6] take a first step in examining the feasibility and acceptability of engaging fathers and their sons more effectively in SRH.

In the study, the researchers interviewed 25 father-son pairs living in the Bronx, analyzing their communication around condom use and uncovering common themes surrounding preferences, barriers, and opportunities for condom education between fathers and sons. They report that fathers and sons want to have more discussions about condom use, but fathers feel they need better communication skills and more education to do this effectively. The authors go further to provide a table of programmatic suggestions for father-focused interventions designed to support teenagers.

The core message of the study (that teenaged boys want to hear from their fathers about condom use) is profound. Fathers intuitively know this is a tough topic to discuss, and despite lacking knowledge at times, they nonetheless possess some innate communication skills that can be supported and reinforced, such as using humor and starting conversations when they will not be interrupted or overheard. Yet several key follow-up questions emerge from this work. What options are available for sons in homes without a cohabiting or involved father? How can we reach fathers to educate and empower them to be effective sexual health educators to their sons? Where can fathers turn for reliable information to impart to their sons?

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Pediatric providers already fit this role. As a trusted community resource often found in school-based clinics and tasked with administering frequent adolescent immunizations, pediatric providers serve as a reliable and accessible resource for fathers. The American Academy of Pediatrics has even recently published updated guidelines regarding SRH education for pediatric providers. This publication offers information and methods that pediatric providers can apply during patient visits and includes resources parents can use to continue the discussion at home.[10] Knowing an adolescent and his parents and the dynamic of their relationship gives the pediatrician a unique ability to coach fathers on how to talk to their sons about condom use and other SRH topics.

At the same time, clinicians may only see teenagers once a year for a well-child check, and according to 1 study, they only spend an average of 36 seconds talking to teenagers about sex at these visits.[11] Furthermore, although evidence suggests a substantial number of fathers attend younger children's visits,[12] parents may not always accompany teenagers, so discussing SRH with fathers at these visits may be difficult. Therefore, identifying ways to involve fathers in SRH that extend beyond the traditional doctor-patient interaction is necessary. Public health campaigns could be used to encourage fathers to communicate with their sons about condom use and to point them toward useful educational resources. Partnering with schools, community groups, or adolescent sports teams (venues where teenagers and parents are often already interacting) may be a good place to start. In addition, as the Internet grows as a source for health education, using Web sites, YouTube, or social media to provide trustworthy and appropriate information may be a valuable way to engage with fathers on this topic.

As SRH evolves, the unique experiences and viewpoints of male adolescents are becoming better recognized and understood. Guilamo-Ramos et al[6] take us back to the basics, reminding us that fathers may be an underused resource for teenaged boys learning about condom use and one worthy of support. Empowering fathers to educate their sons not only regarding condom use but also about sexual health and health education more broadly is a key next step for clinicians caring for male adolescents and their families.

ABBREVIATION

SRH: sexual and reproductive health

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