Adolescent Male Sexual and Reproductive Health – Caring For A Forgotten Population

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DISCLOSURES

- Neither I nor any member of my immediate family has a financial relationship or interest with any proprietary entity producing health care goods or services related to the content of this CME activity.
- I do not intend to discuss an unapproved or investigative use of commercial products or devices.
- Some slides are part of the Adolescent Reproductive and Sexual Health Project (ARSHEP) of Physicians for Reproductive Health (PRH) and are available at: www.PRH.org

Objectives

By the end of this presentation, participant will be able to:

- Describe the benefits of male involvement in sexual and reproductive health,
- Identify barriers to health care and opportunities to provide adolescent male-friendly health services and
- Discuss misconceptions around male sexual health and how they affect health care delivery.

A Forgotten Population

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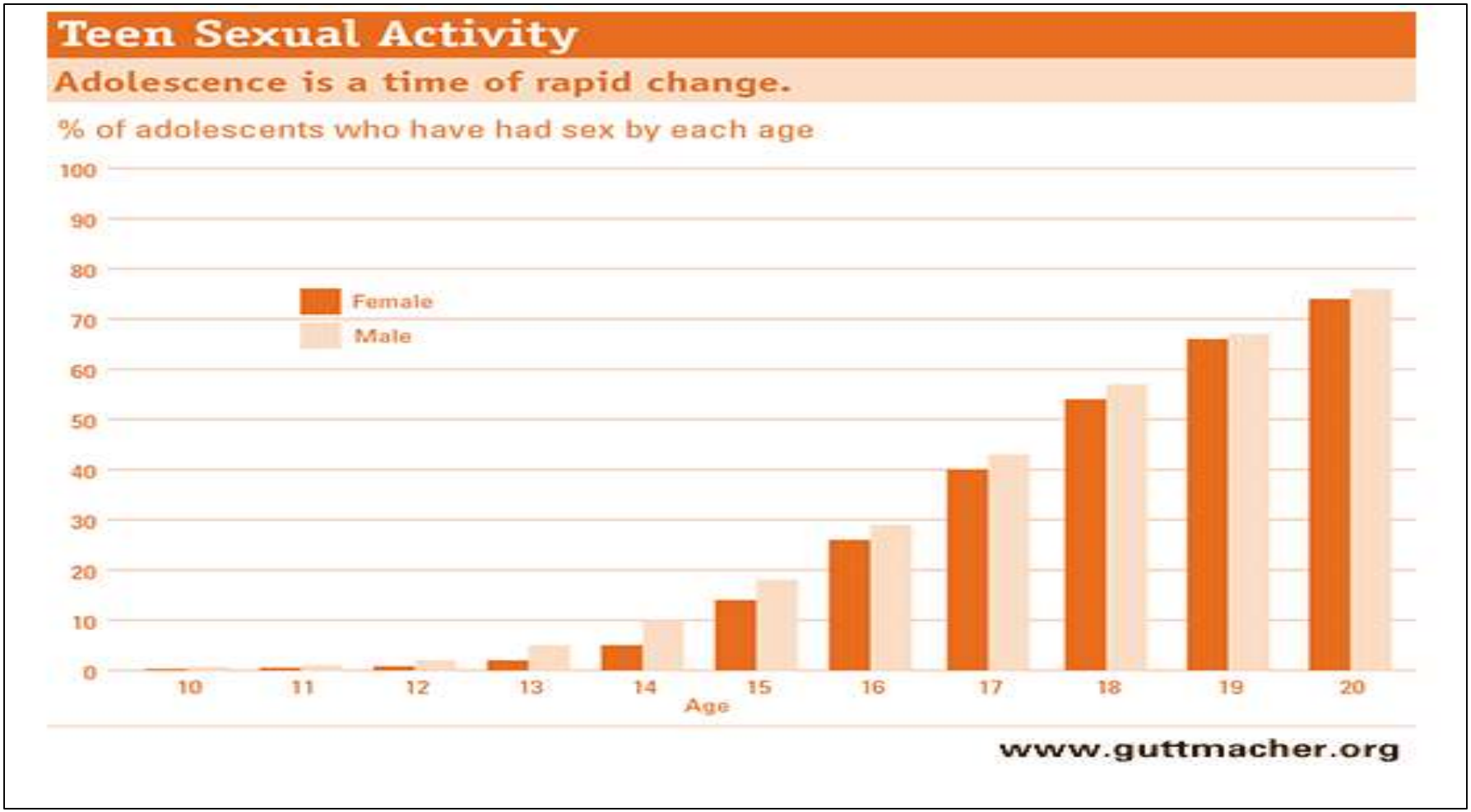
Myth Busting

Age at First Intercourse

- Young males start having sex much earlier than young females?
- True or False?

Most Males and Females Begin Sex at Age 17



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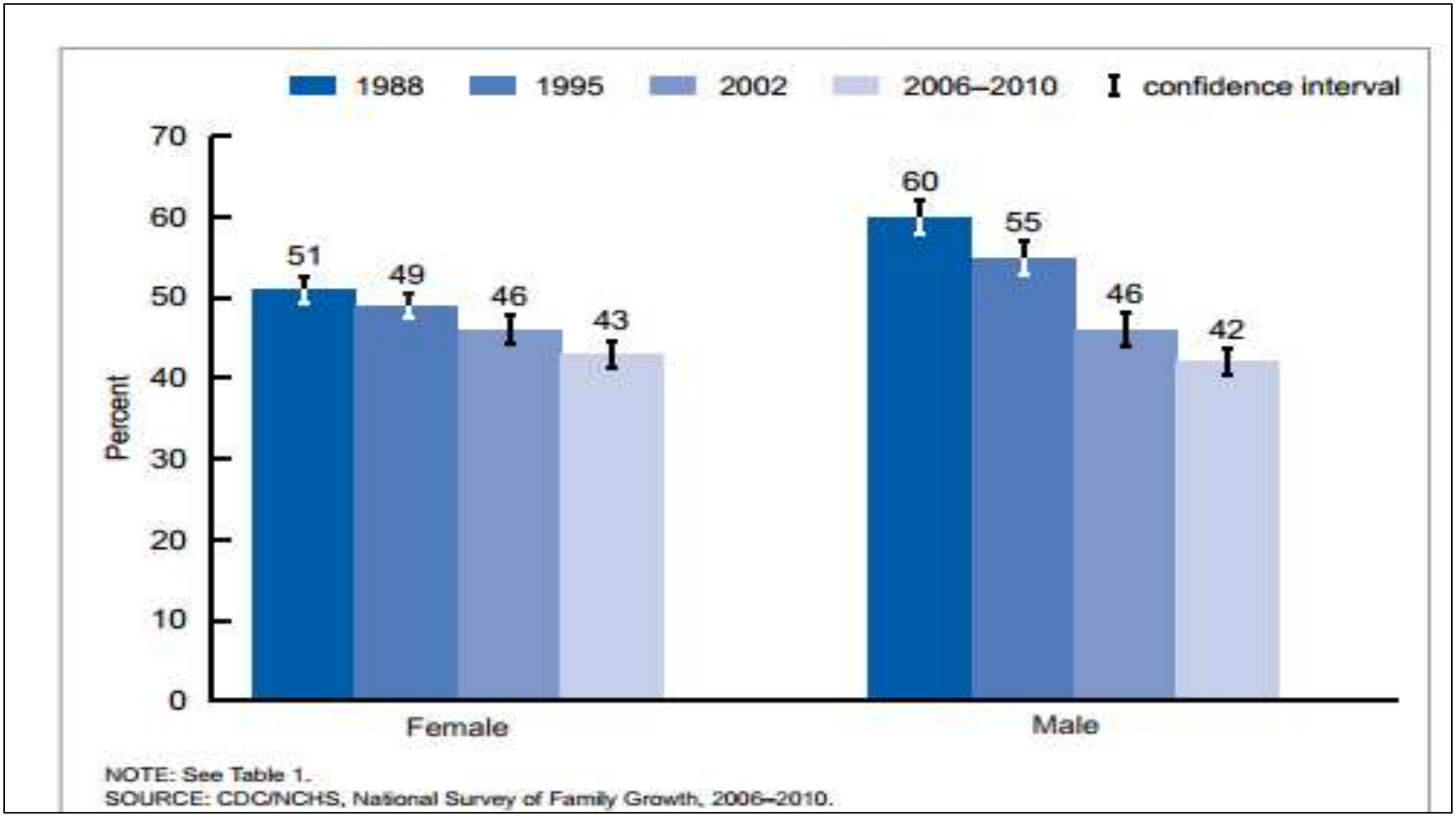
Nearly Half of Males and Females Aged 15-19 Have Had Sex



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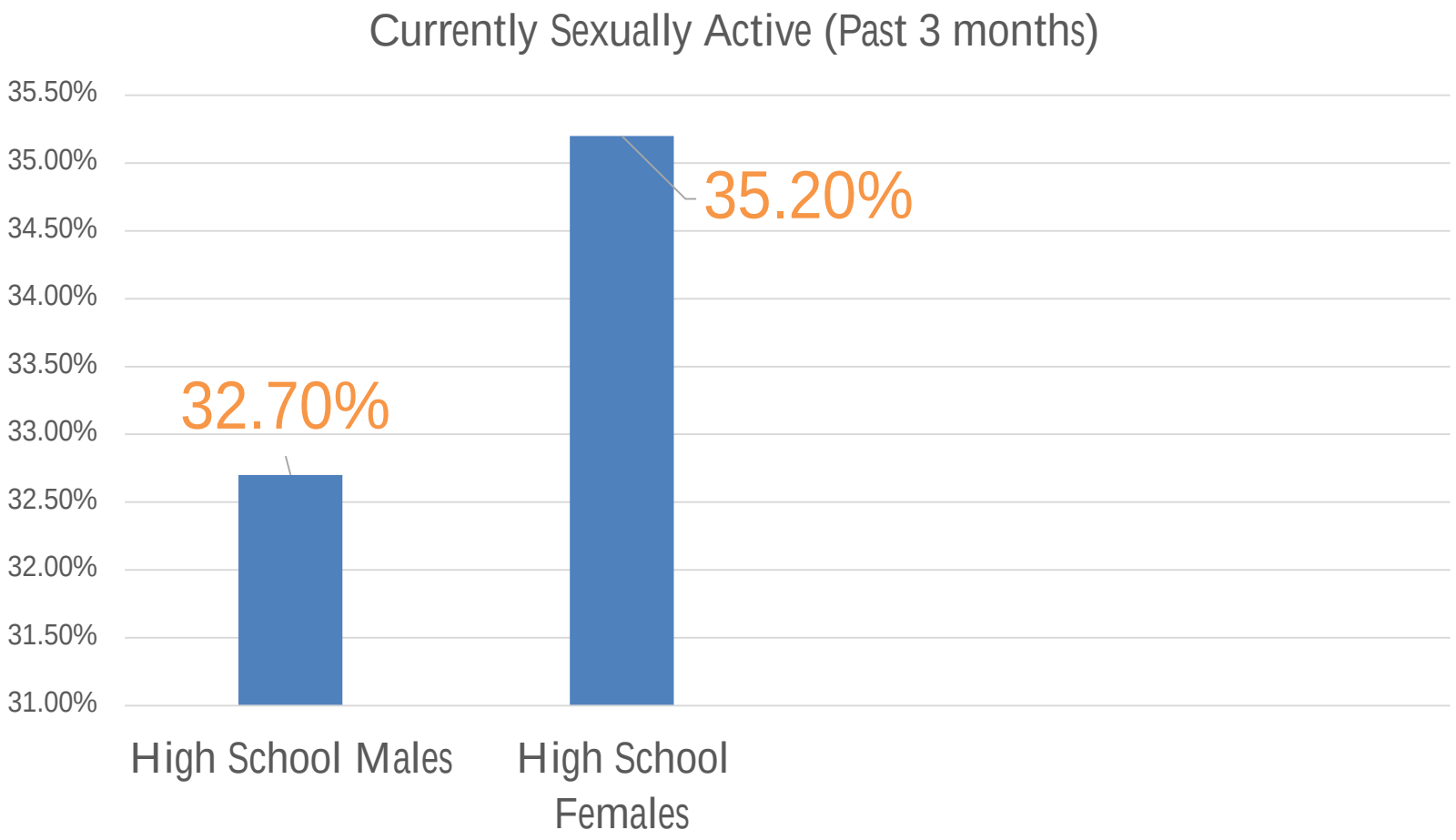
CDC/NCHS, National Survey of Family Growth, 2006–2010

Sexual Behavior

- Young males are more sexually active than females
- True or False?

High School Females More Sexually Active



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2015 Youth Risk Behavior Survey

Males and Sexually Transmitted Infections (STIs)

- Young males acquire more STI infections than females.

- True or False?

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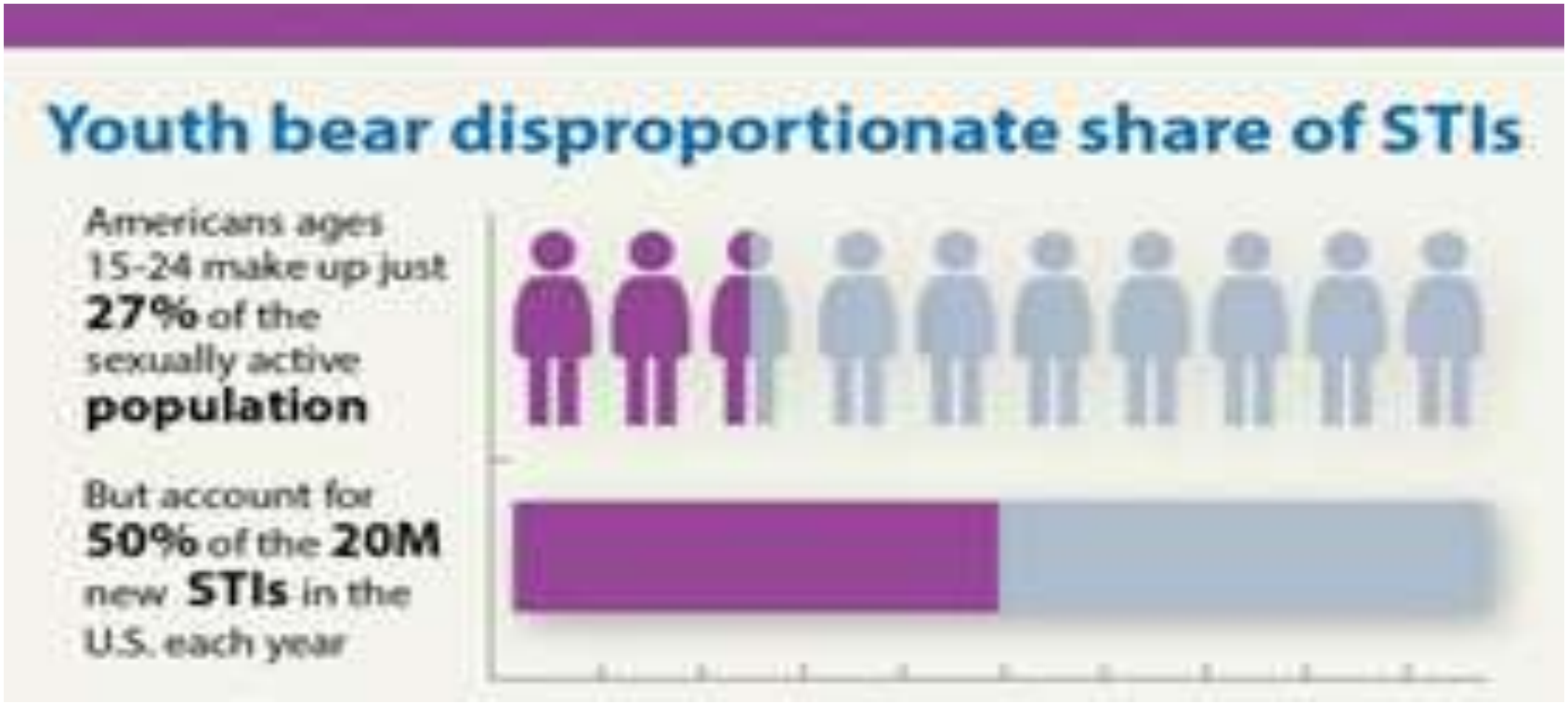
Males and Females BOTH at Increased Risk for STIs

- # of new STI infections is equal among young males (49%) and females (51%)



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2015 CDC STD Surveillance Report

Oral Sex

- Young males engage in oral sex in place of vaginal sex to avoid the risk of pregnancy?

- True or False?

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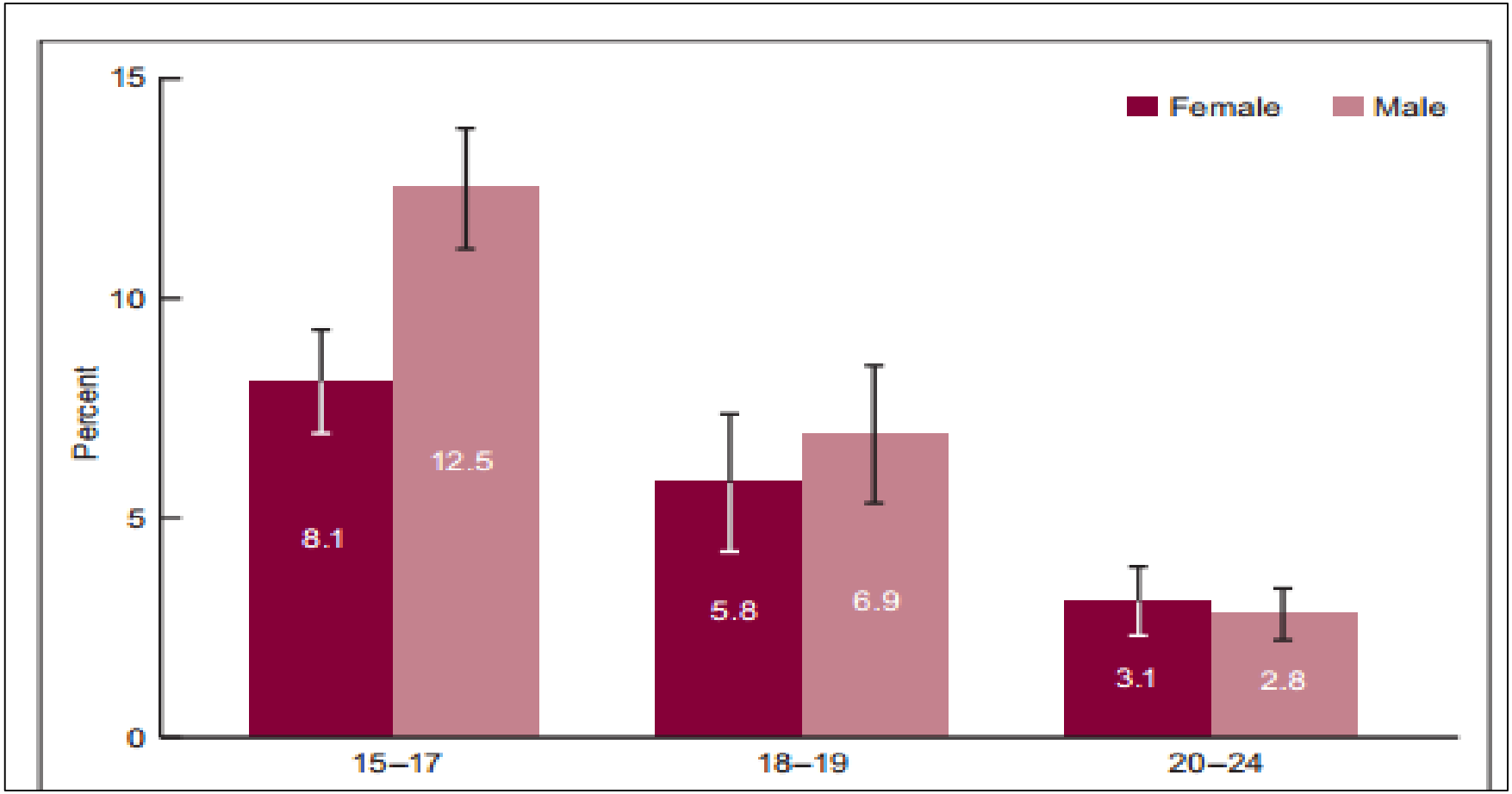
Oral Sex DOES NOT Replace Vaginal Sex



CDC/NCHS, National Survey of Family Growth, 2006–2010

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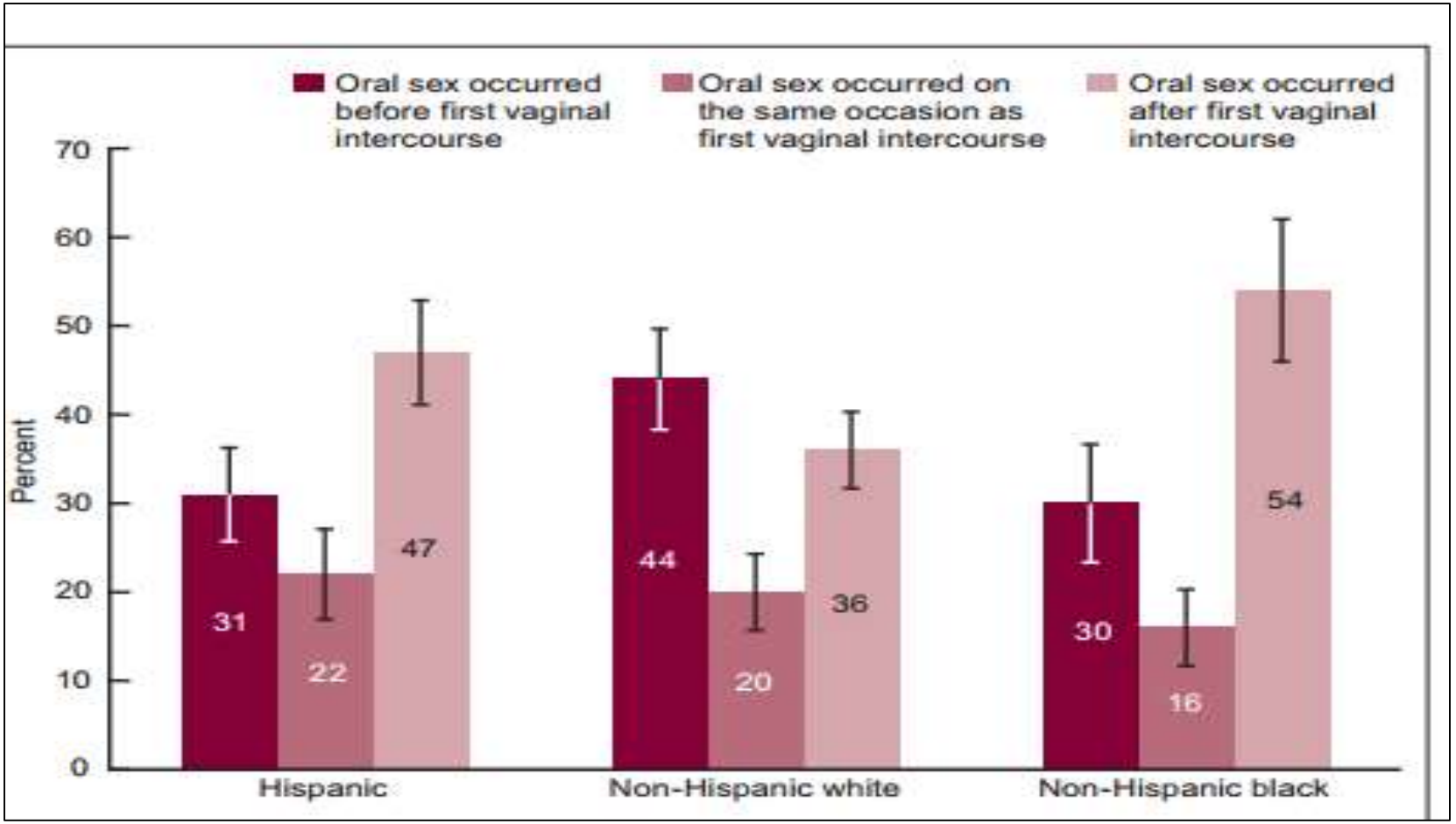
Timing of Oral Sex: Males Aged 15-24



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CDC/NCHS, National Survey of Family Growth, 2006–2010

♂ Sexual Behavior with Opposite-Sex Partners

Age (yrs)	Any sex	Vaginal sex	Oral sex	Anal sex
15–19	58%	45%	48%	10%
20–24	86%	82%	80%	32%

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NSFG 2006-8

http://www.cdc.gov/nchs/data/nhsr/nhsr036.pdf

♂ Sexual Behavior with Same-Sex Partners

Age (yrs)	Any sex with ♂	Anal sex with ♂	Oral sex with ♂
15–19	3%	1%	2%
20–24	6%	3%	6%

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NSFG 2006-8

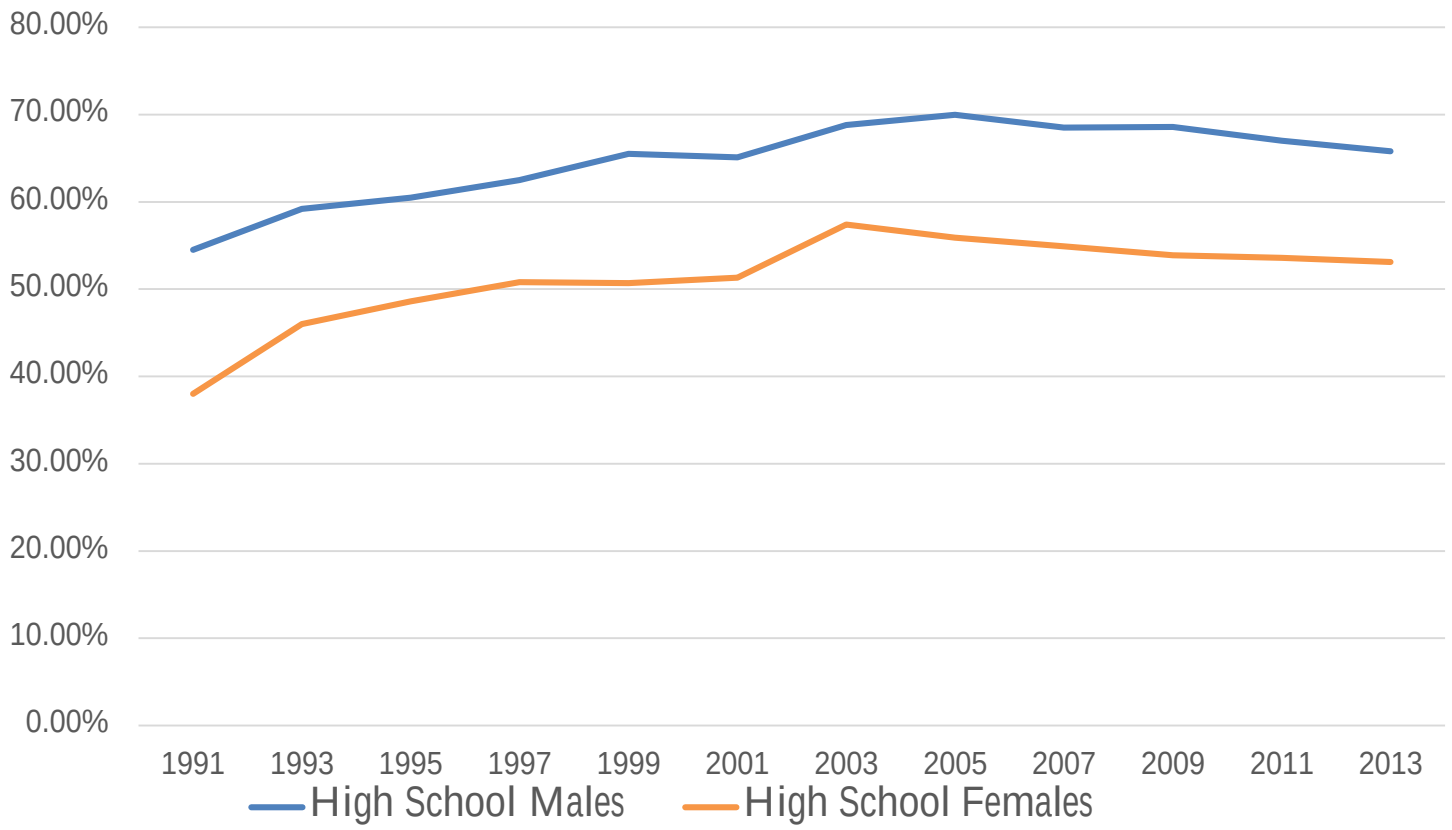
http://www.cdc.gov/nchs/data/nhsr/nhsr036.pdf

Condom Use

- The majority of teenage males did not use a condom at last sex.

- True or False?

YRBS 2013: Condom Use



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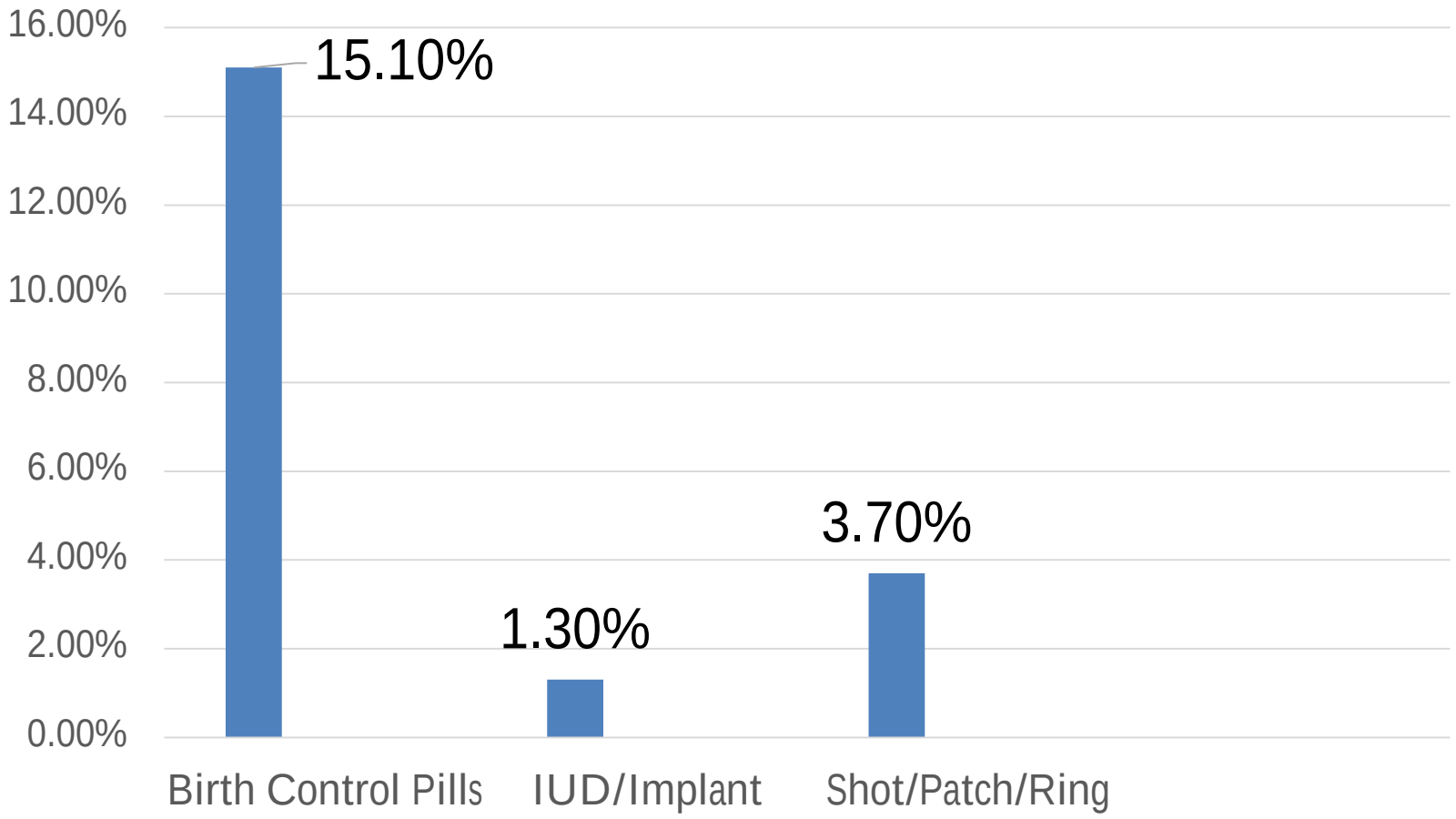
High School Male Contraceptive Use at Last Sex



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2015 Youth Risk Behavior Survey

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Barriers to Care for Young Males

Few Young Males Receive Sexual Health Services

- Primary care providers 3 times more likely to take sexual histories from female than male patients
  - 2 times more likely to counsel females on condom use
- Of 15- to 19-year-old sexually active males:
  - 1/4 have had an HIV test
  - <50% used condoms 100% of time
- Less than 20% of males received counseling from a health care provider on reproductive health

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http://www.guttmacher.org/pubs/fb_YMSRH.html (JUNE 2008)

AAP. Clinical Report. *Pediatrics.* 128(6); December 2011.

Structural Barriers to Care for Young Males

- No consensus on standards
- Lack of routine channel for obtaining care
- Inadequate medical training
- Gaps in financing
- Provider/staff bias toward providing male reproductive health care

Barriers to Health Care Use

- Fear
- Stigma
- Shame
- Denial
- Lack of social support
- Lack of confidential services
- Lack of health insurance options (especially for older teens)
- Not knowing where to go for care

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AAP. Clinical Report. *Pediatrics.* 128(6); December 2011.

Opportunities to Provide Sexual and Reproductive Health Care

- Sports physicals
- School physicals
- Working papers
- Immunization visits
- Acute care/ chronic care visits
- When young males accompany partners, friends, or other family members to medical visits
- ANY VISIT!!!!!

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Establishing a Male-Friendly Environment

Community Needs Assessment

- Are there young males in the area who need services?
  - Where are they?
  - What are their health care needs?
  - How can they be reached?
- Are there other organizations offering young males care in the community?
- What services will you offer that will differentiate yourself from others in the area?

Training Needs for Staff Caring for Young Males

- Exploration of preconceived opinions about young males
- Male clinical issues
- Insurance (private and government) eligibility and billing
- Respectful communication
- Cultural competence

The Values and Attitudes of Staff Around Males

- Staff exercise
  - How is serving young men different than serving adult males or young females?
  - What does making your clinic "male adolescent-friendly" mean to you?
  - What are some of your reservations about serving young males?

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Male-Focused Sexual Health History:

Case Study

Case: Eric

- Eric is a 17-year-old male who has made an appointment for a sports physical.

- How do you begin the visit?

Sexual History Tips

- Reassure confidentiality
- Take history when the patient is still dressed
- Assess development and structure questions accordingly
- Watch for concrete vs. abstract answers
- Use open-ended questions

Components of a Sexual History

- Sexual attraction/orientation
- Sexual initiation and age of onset
- Gender identity
- Number of partners
- Current/past STI history
- Use of condoms
- Experience of sexual abuse and safety
- Healthy relationships
- Engagement in vaginal, oral, or anal sex
- Knowledge about correct condom use
- Hormonal contraception
- Comfort with changes in one's body/physiology
- Masturbation
- Sexual pleasure and satisfaction

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AAP. Clinical Report. *Pediatrics.* 128(6); December 2011.

Sexual Health Assessment

- The 5 P's Approach:

1. Practices
2. Partners
3. Pregnancy Prevention
4. Protection from STIs
5. Past STI History

Comprehensive HEEADSSS

- H: Home
- E: Education/Employment
- E: Eating
- A: Activities
- D: Drugs
- D: Depression
- S: Sexuality
- S: Suicide
- S: Safety
- *Additional questions:
  - Strengths, Spirituality

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Klein DA, Goldenring JM & Adelman WP. *Contemporary Pediatrics*. 2014.

Sexual Behavior Questions

Don't

- Ask "Are you sexually active?"
- Use gender-biased pronouns when referring to sexual partners
- Use judgmental language
- Use slang unless patient offers it first

Do

- Assure confidentiality
- Explain why you are asking sensitive questions
- Ask patient to describe specific sexual behaviors
- Add "second tier" questions to assess comfort with behaviors

Sample Questions on Sexuality

- Have you ever been in a romantic relationship? **Tell me** about the people that you've dated.
- **Describe** your sexual relationships (such as involving kissing or touching).
- **Tell me** about your sexual life.
- Let's talk about sexual attraction. Are you interested in boys? Girls? Both? Not yet sure?

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Klein DA, Goldenring JM & Adelman WP. Contemporary Pediatrics. 2014.

Assessing the Health of the Relationship

- What does a healthy relationship look like to you?
- What is it like when you and your partner get into an argument?
- How does you partner feel about you hanging out with other friends?
- (If sexually active) Who makes the decisions about when to have sex?

Case: Eric

- During the sexual history, you discover that Eric has had two female partners and is currently in a monogamous relationship with his girlfriend.

- He reports that his girlfriend is "on the pill" and that he uses condoms "half the time."
  - What follow-up counseling do you give?

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Case: Eric

- Explore reasons for using condoms only "half the time"
  - Comfort?
  - Cost?
  - Trust?
- Develop an intervention plan to address issues raised as an obstacle
- Discuss EC as rescue method for birth control

Case: Eric

- Do you test Eric for sexually transmitted infections?

Considerations for STI Screening

Chlamydia	Screen at-risk males: Men who have sex with men (MSM); males in teen correctional facilities, high school & STD clinics; attending National Job Training Program; in military <30 years; entering jails <30 years; entering juvenile facilities; high-prevalence communities.
Gonorrhea	Screen at-risk males: MSM; persons reporting multiple or anonymous sex partners; engaging in sex and illicit drug use (e.g., methamphetamine).
Syphilis	Screen at-risk males: MSM; persons engaging in high-risk sexual behavior; commercial sex workers; persons who exchange sex for drugs; entering adult correctional facilities; high-prevalence communities.

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Marcell, A.V. and the Male Training Center for Family Planning and Reproductive Health. 2014.

Considerations for STI Screening

HIV/AIDS	Screen all clients aged 13-64 years & subsequently test high-risk individuals at least annually. High risk includes MSM; injection drug users & their sex partners; persons who exchange sex for money or drugs; sex partners of HIV-infected persons; persons who themselves or whose sex partners have had >1 sex partner since most recent HIV test.
Hepatitis C	Conduct one-time testing without prior ascertainment of HCV risk for persons born during 1945-1965, a population with a disproportionately high prevalence of HCV infection and related disease.

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Marcell, A.V. and the Male Training Center for Family Planning and Reproductive Health. 2014.

Case: Eric

- If Eric had reported oral or anal sex with another man, would you test for rectal or pharyngeal chlamydia and gonorrhea infection?

Chlamydia Testing for MSM under 25

- Screen for urethral/rectal infection in males who in the past year have had:
  - Insertive anal intercourse
  - Receptive anal intercourse (NAAT of a rectal swab preferred)

- Urine based NAAT is preferred
- Re-screen for reinfection at 3 months
- Screening for pharyngeal infection NOT RECOMMENDED

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Marcell, A.V. and the Male Training Center for Family Planning and Reproductive Health. 2014.

Gonorrhea Testing for MSM

- Screen for urethral/rectal infection in sexually active MSM at least annually who have had:
  - Insertive anal intercourse
  - Receptive anal intercourse (NAAT rectal swab preferred)
- Screen for pharyngeal infection in males who in past year have had:
  - Receptive oral intercourse (NAAT preferred)
- Urine based NAAT is preferred
- Re-screen for reinfection at 3 months
- More frequent screening for MSM w/multiple or anonymous partners/illicit drug use

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Treatment for Uncomplicated Gonococcal Infections of the Cervix, Urethra, and Rectum

Recommended

Ceftriaxone	250 mg	IM	Once

PLUS

Azithromycin	1 g	Orally	Once
OR			
Doxycycline	100 mg	Orally	Twice a day for 7 days

Quinolones are no longer recommended in the United States for the treatment of gonorrhea and associated conditions, such as PID

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www.cdc.gov/mmwr/preview/mmwrhtml/mm6131a3.htm?s_cid=mm6131a3_w

Treatment for Uncomplicated Gonococcal Infections of the Cervix, Urethra, and Rectum

Alternative 1: *If Ceftriaxone is not available*

Cefixime	400 mg	Orally	Once

PLUS

Azithromycin	1 g	Orally	Once
OR			
Doxycycline	100 mg	Orally	Twice a day for 7 days

PLUS

Test of cure in 1 week

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www.cdc.gov/mmwr/preview/mmwrhtml/mm6131a3.htm?s_cid=mm6131a3_w

Gonorrhea Treatment Options for Pharynx

Ceftriaxone 250 mg in a single intramuscular dose

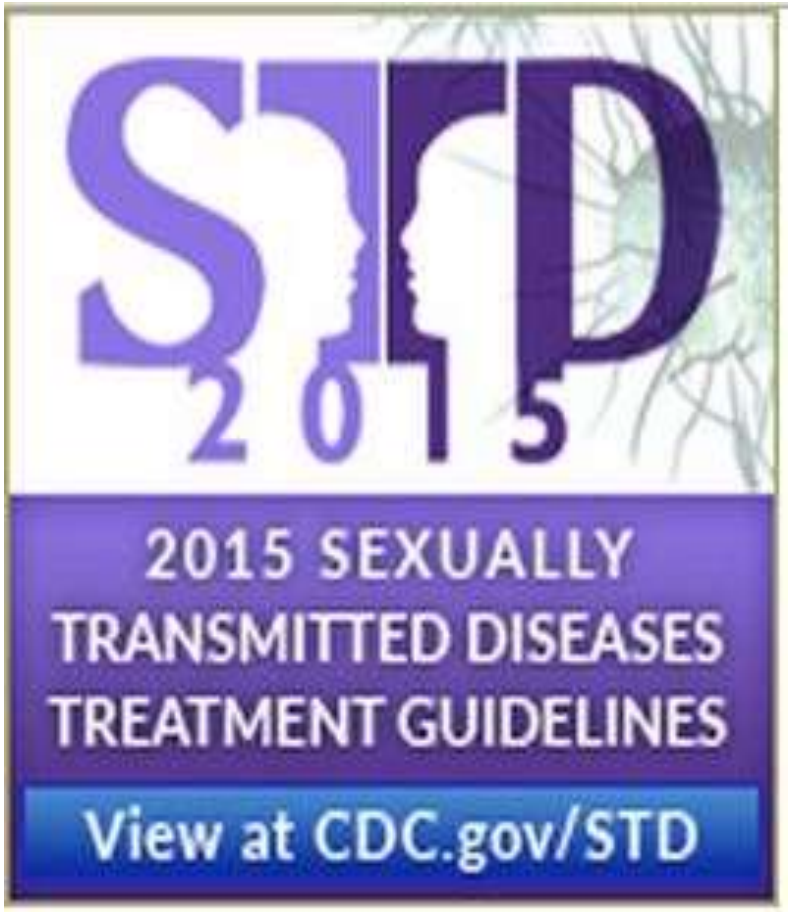
PLUS

Azithromycin 1 g orally in a single dose
OR
Doxycycline 100 mg daily for 7 days

As of 2007, quinolones are no longer recommended in the U.S. for treatment of gonorrhea and associated conditions.

Chlamydia Treatment

- Recommended Regimens
  - Azithromycin 1 g PO single dose
  - Doxycycline 100 mg PO BID x 7 days



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CDC STD Treatment Guidelines. 2015.

Case: Eric

- What other STI screening or immunizations would you consider?

Immunizations

- **Human papillomavirus (HPV4) vaccination**
  - Routine: ages 11-12; Catch up: ages 13-21; Special populations: ages 22-26; ages 9-10 can be vaccinated

- **Hepatitis B vaccination (HBV)** among persons aged <19 years and for all adults who are at risk or who request vaccination.
  - Young MSM may require more thorough evaluation

- **Hepatitis A (HAV)** among persons at risk

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Marcell, A.V. and the Male Training Center for Family Planning and Reproductive Health. 2014.

Recommendations AGAINST Routine Screening

- Not recommended to routinely screen in males who are at low risk for infection/asymptomatic:
  - Gonorrhea
  - Syphilis
  - Herpes Simplex
  - Hepatitis B
  - Hepatitis C

Case: Eric

- You tell Eric that his test results should be available in 2–3 days
- Give him a supply of condoms and discuss proper use and
- Make a follow-up appointment to receive test results and for post-HIV test counseling.

Summary

- Young males often do not receive the reproductive care they need.
- To become more male-friendly, providers and staff must assess preconceived notions about adolescent males.
- Comprehensive care includes
  - Counseling
  - Preventive health care
  - Clinical diagnosis and treatment

Provider Resources and Organizational Partners

- www.advocatesforyouth.org Advocates for Youth
- www.aap.org American Academy of Pediatricians
- www.aclu.org/reproductive-freedom American Civil Liberties Union Reproductive Freedom Project
- www.acog.org American College of Obstetricians and Gynecologists
- www.arhp.org Association of Reproductive Health Professionals
- www.cahl.org Center for Adolescent Health and the Law
- www.glma.org Gay and Lesbian Medical Association

Provider Resources and Organizational Partners

- www.guttmacher.org Guttmacher Institute
- janefondacenter.emory.edu Jane Fonda Center at Emory University
- www.msm.edu Morehouse School of Medicine
- www.prochoiceny.org/projects-campaigns/torch.shtml NARAL Pro-Choice New York Teen Outreach Reproductive Challenge (TORCH)
- www.naspag.org North American Society of Pediatric and Adolescent Gynecology
- www.prh.org Physicians for Reproductive Health

Provider Resources and Organizational Partners

- www.siecus.org Sexuality Information and Education Council of the United States
- www.adolescenthealth.org Society for Adolescent Health and Medicine
- www.plannedparenthood.org Planned Parenthood Federation of America
- www.reproductiveaccess.org Reproductive Health Access Project
- www.spence-chapin.org Spence-Chapin Adoption Services