

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

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- ▶ 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?

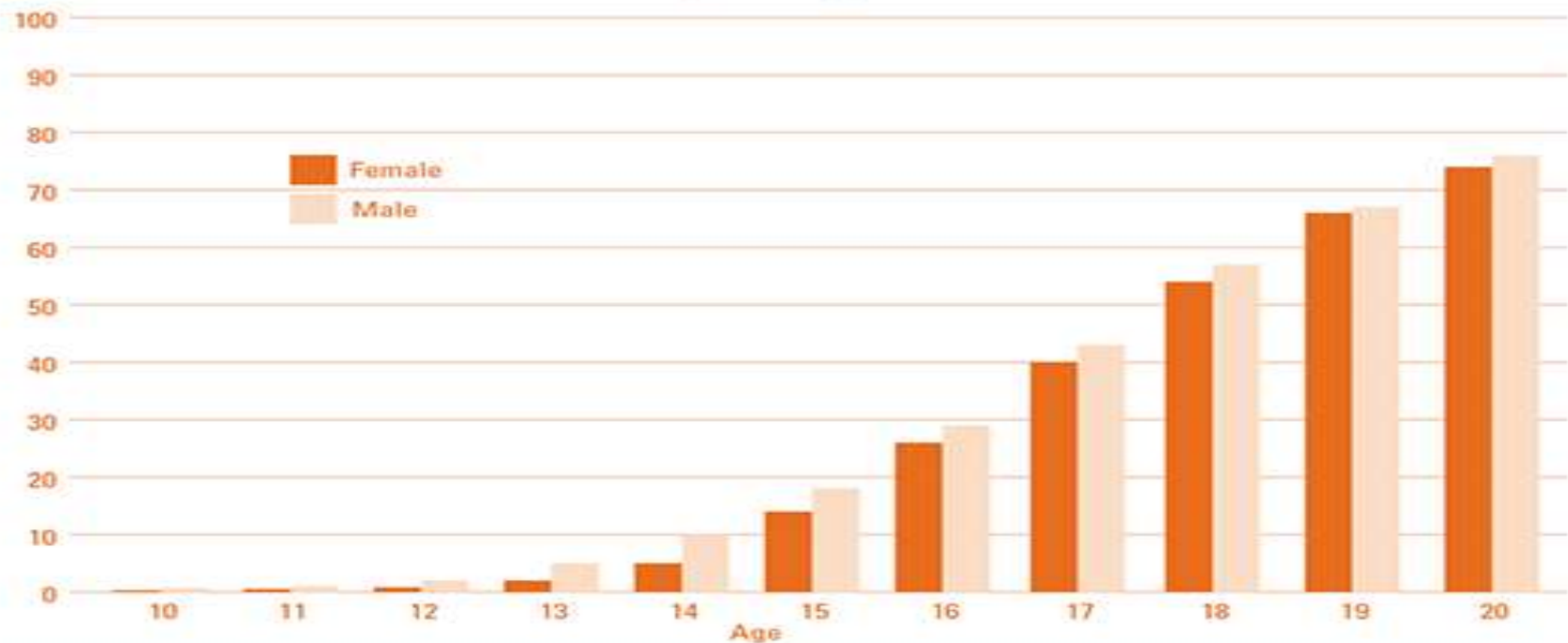


Most Males and Females Begin Sex at Age 17

Teen Sexual Activity

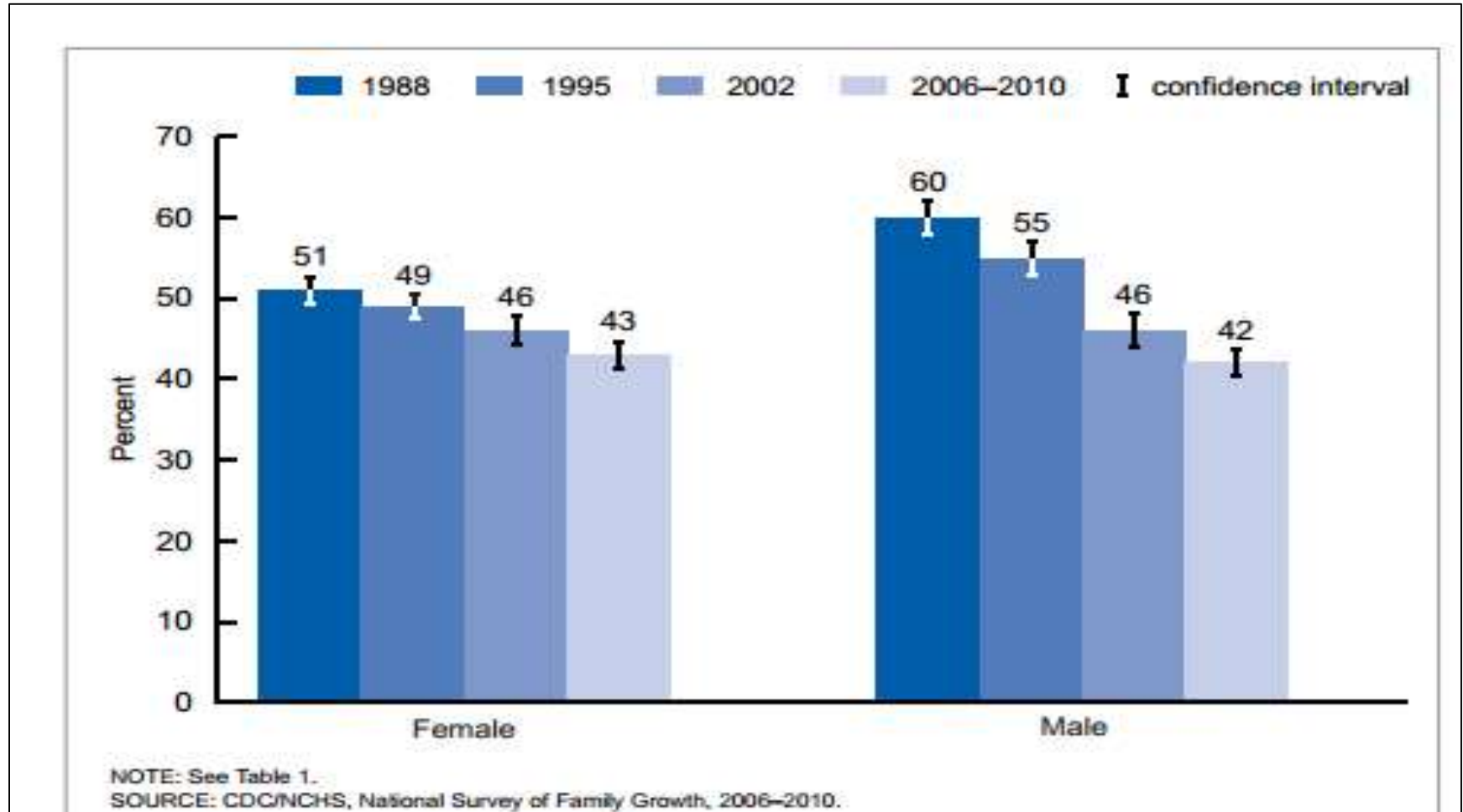
Adolescence is a time of rapid change.

% of adolescents who have had sex by each age



www.guttmacher.org

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



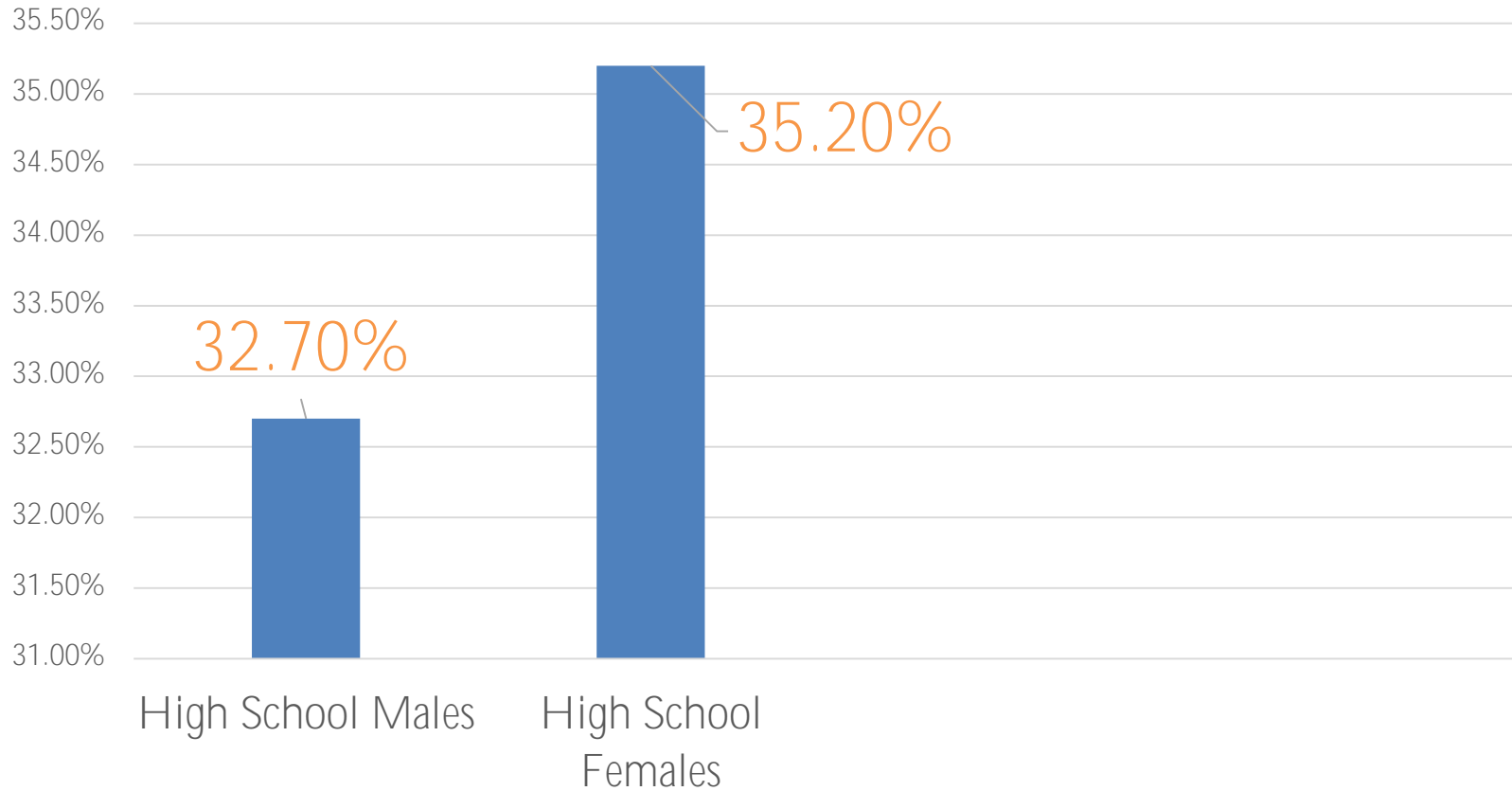
Sexual Behavior



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

High School Females More Sexually Active

Currently Sexually Active (Past 3 months)



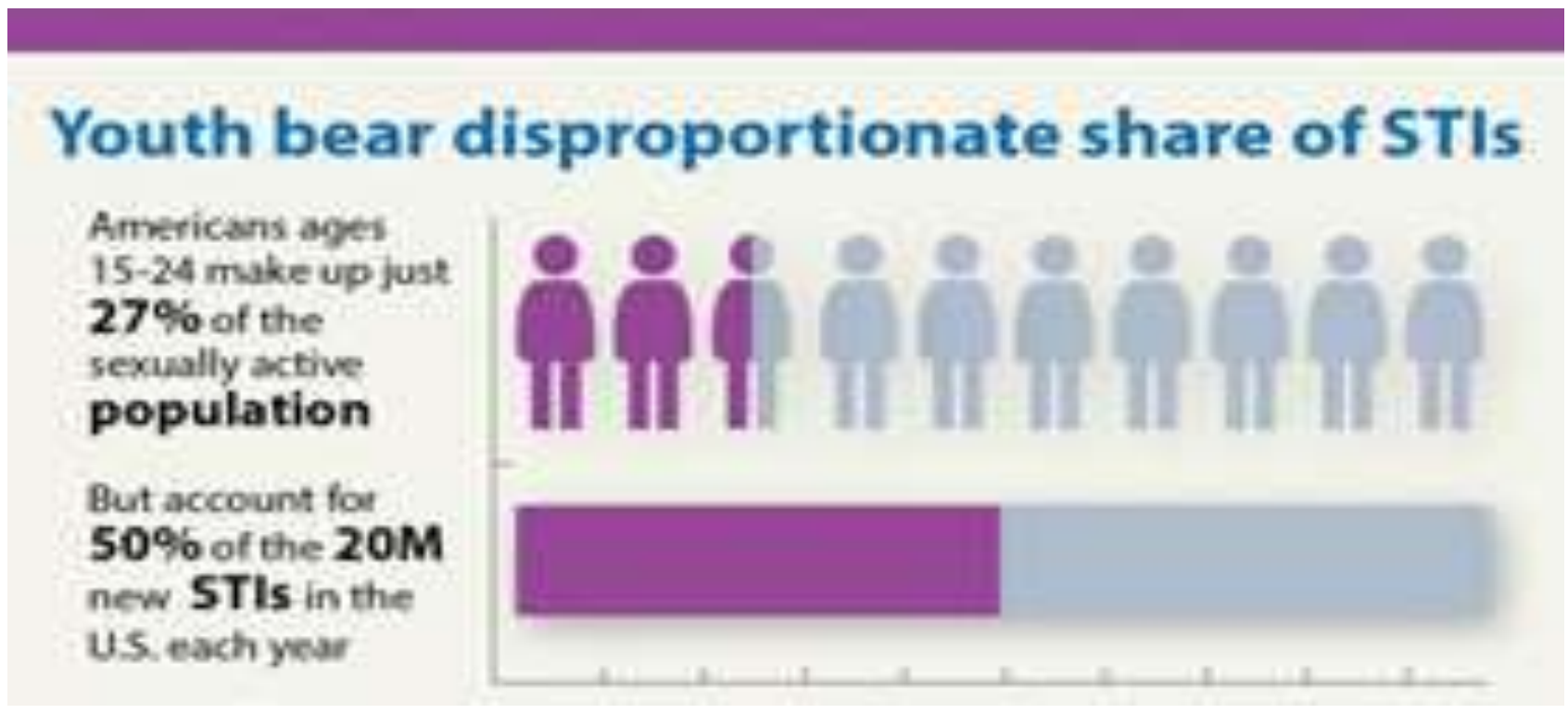
Males and Sexually Transmitted Infections (STIs)

- ▶ Young males acquire more STI infections than females.
- ▶ True or False?



Males and Females BOTH at Increased Risk for STIs

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

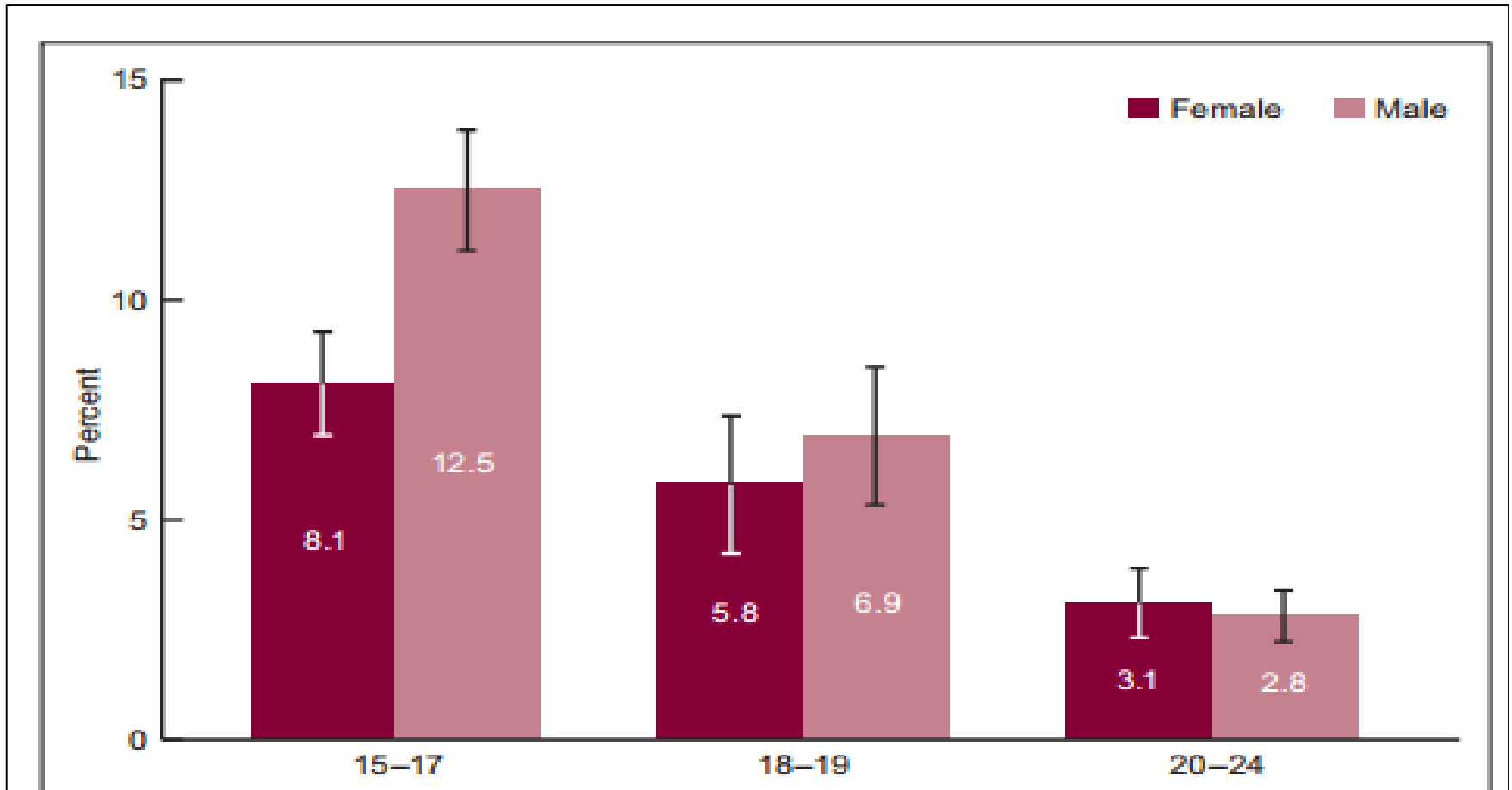


Oral Sex

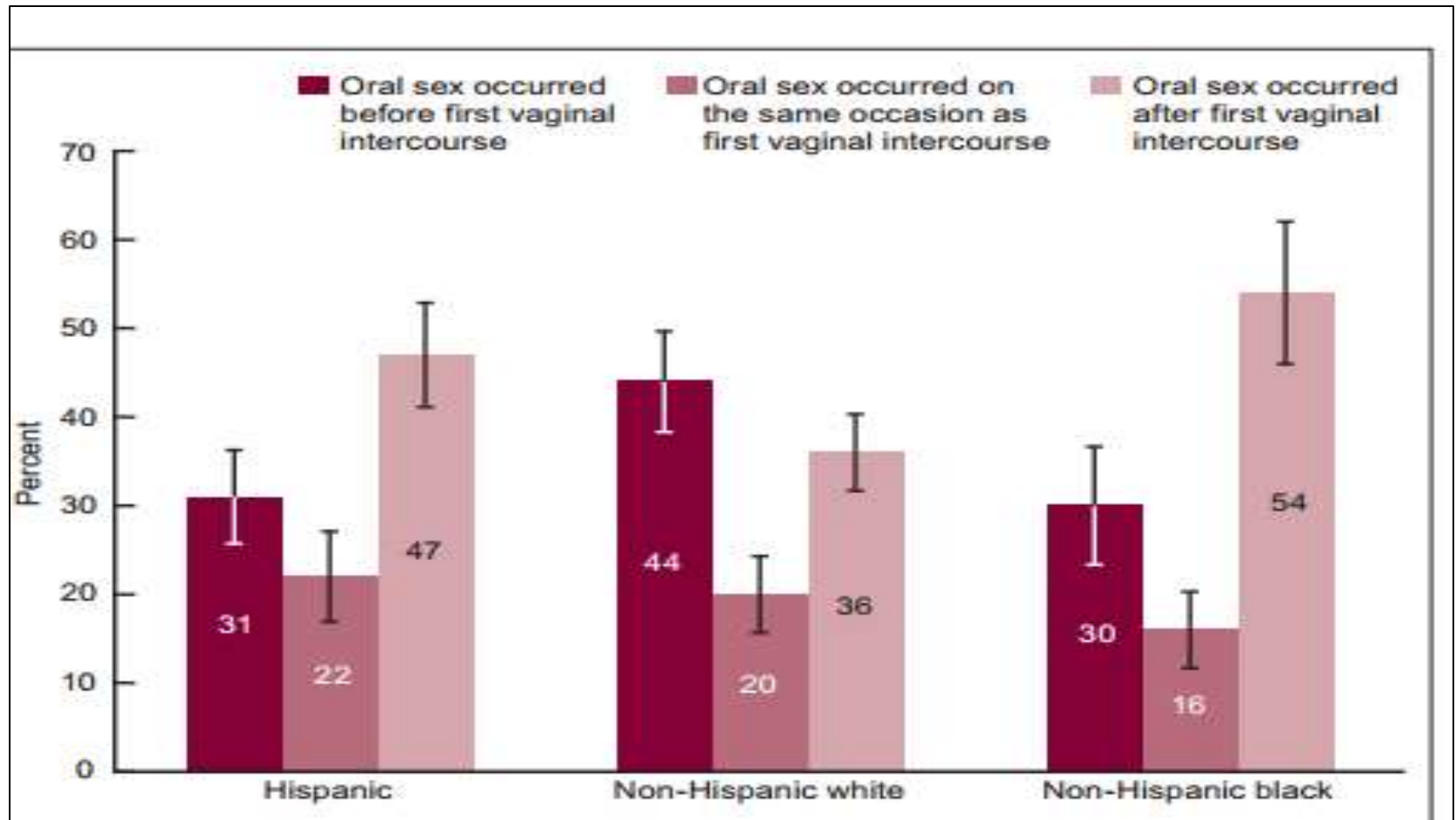
- ▶ Young males engage in oral sex in place of vaginal sex to avoid the risk of pregnancy?
- ▶ True or False?



Oral Sex DOES NOT Replace Vaginal Sex



Timing of Oral Sex: Males Aged 15-24



♂ 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%

♂ Sexual Behavior with Same-Sex Partners

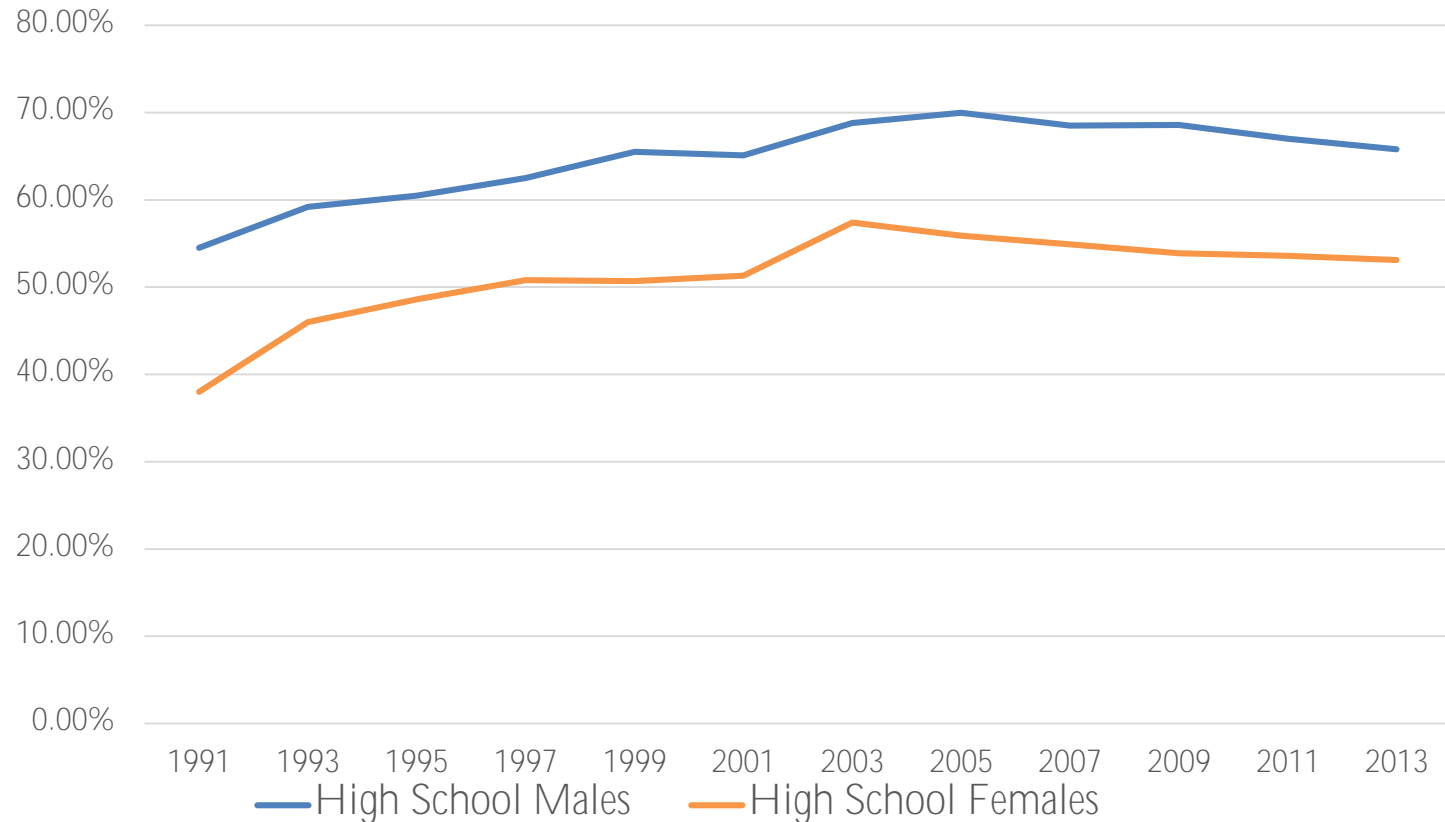
Age (yrs)	Any sex with ♂	Anal sex with ♂	Oral sex with ♂
15–19	3%	1%	2%
20–24	6%	3%	6%

Condom Use

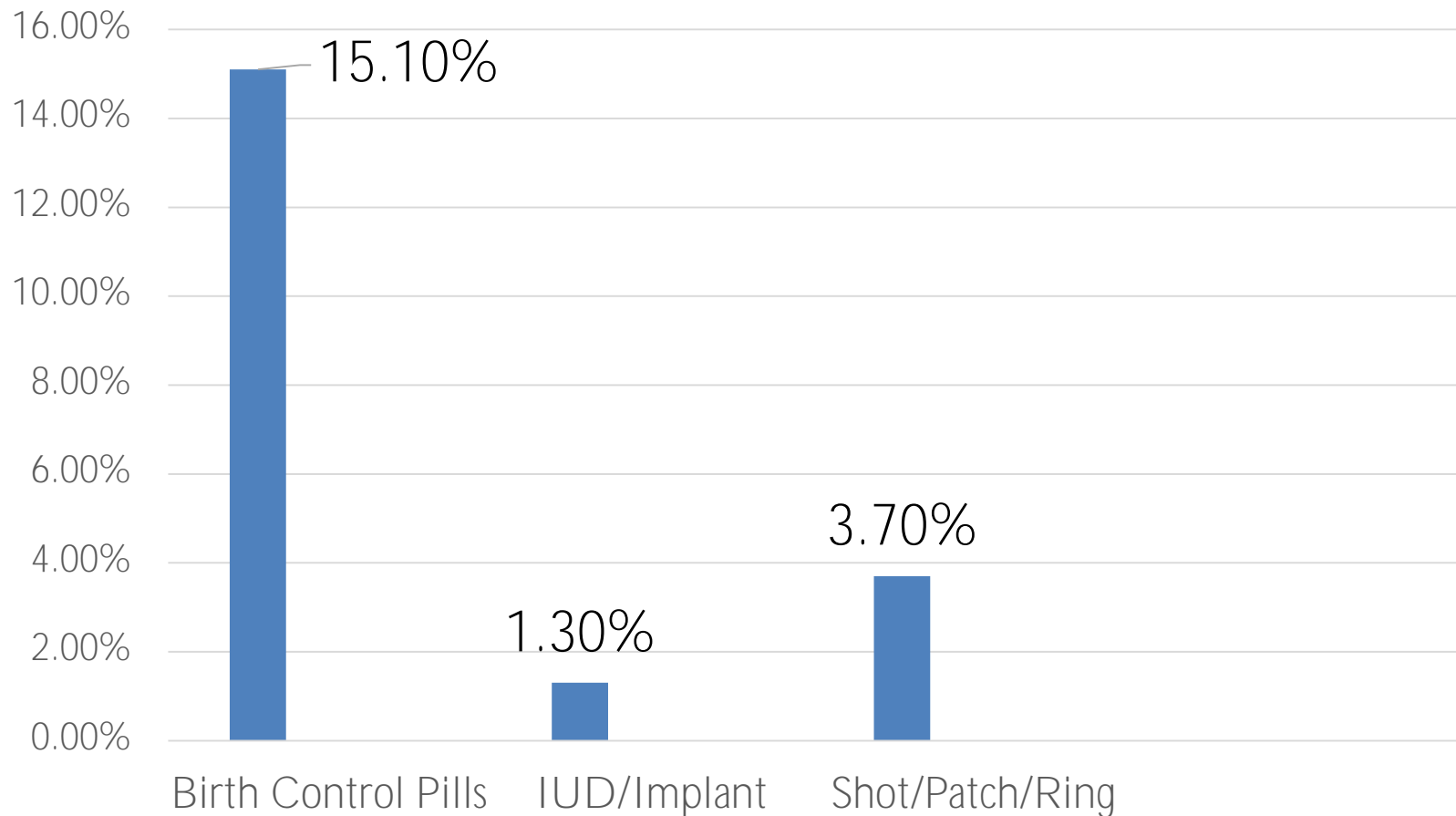
- ▶ The majority of teenage males did not use a condom at last sex.
- ▶ True or False?



YRBS 2013: Condom Use



High School Male Contraceptive Use at Last Sex





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

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

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!!!!!!



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?



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

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

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?

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 your 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?



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.

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.

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

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

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

Recommended

Ceftriaxone	250 mg	IM	Once
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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

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

Alternative 1: *If Ceftriaxone is not available*

Cefixime	400 mg	Orally	Once
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PLUS

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

PLUS

Test of cure in 1 week

Gonorrhea Treatment Options for Pharynx

Ceftriaxone 250 mg
in a single
intramuscular dose

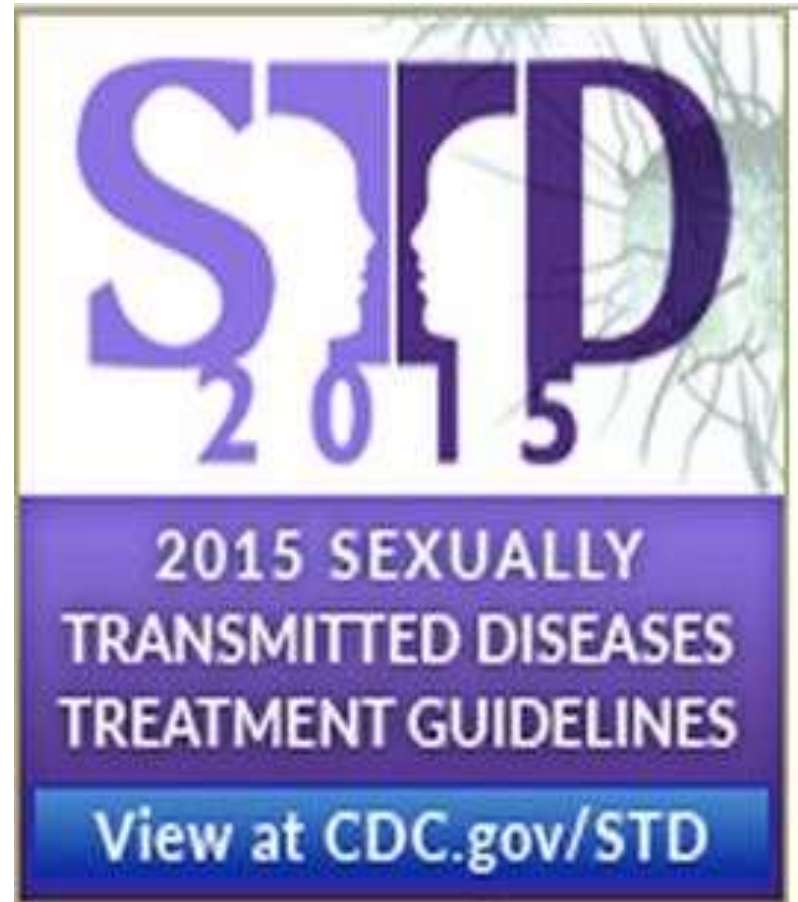
PLUS

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



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

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.gлма.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