Serving Male Clients in the Family Planning Setting

2012 Family Planning Update

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Implementation of Male Services

- Understand male patients
- Assess services
- Tools for change
- Ideas for success
- Sustain change
- Raise public awareness
Why Involve Males in SRH

Males have SRH needs in their own right & need to address
• – Both sides of partner equation
• – All males (heterosexual & non-heterosexual males)

Results in improved health outcomes for males’ partners
• – Direct benefits (↓ transmission of infections between partners) &
• – Indirect benefits (promote sharing of positive health practices)

Why Involve Males in SRH

Males are critical partners in family planning & to ensure

• pregnancies are planned & wanted
• **Improves** males’ capacity for parenting & fathering & child health outcomes
• **SRH care can act as a clinical hook** to address males’ other health needs

Sexual Reproductive Health

• “A state of physical, mental & social well-being & not merely the absence of disease, dysfunction or infirmity

• in all matters relating to the reproductive system, its functions & its processes.”

Sexual Reproductive Health

- Requires a positive & respectful approach to sexuality & sexual relationships
- To attain & maintain sexual health, sexual rights of all persons must be respected, protected & fulfilled
- Sexual experiences should be pleasurable & safe & free of coercion, discrimination & violence
- **Males**, along with females, have right to
  - Be informed
  - Have access to
- Safe, effective, affordable & acceptable family planning methods of choice & appropriate healthcare services
To achieve the desired, positive outcomes of sexual and reproductive behavior

– Avoiding potential negative consequences
Men’s Sexual and Reproductive Behavior and Health Needs

• Vary according to life stage (15-19, 20-29, 30-49)
• Are influenced by
  – Relationship status
  – Poverty
  – Race and ethnicity
  – School/work status
Male Methods Account for High Proportions of Contraceptive Use at all Ages

Alan Guttmacher Institute, In Their Own Right, 2002
Few Men Make Sexual and Reproductive Health Visits

![Bar chart showing annual visits per 100 men by age group:]

- **15-19**: 5
- **20-24**: 7
- **25-29**: 11
- **30-34**: 14
- **35-39**: 14
- **40-44**: 19
- **45-54**: 23

*Alan Guttmacher Institute, In Their Own Right, 2002*
What Title X Data Tells Us

• 8% of Title X clients are males, representing ~400,000 visits in 2010
• Age breakdown: ~25% 15-19; ~50% 20-29; & ~30% ≥30

Contraceptive snapshot of Title X clients
• **Condom use** as primary method reported by 70% males
• **No method use** reported by 7% males (1% are seeking pregnancy) vs. 13% females (8% are seeking pregnancy)
• 9% males rely on **female methods**
• 16% of females rely on **male methods**

Obstacles to Addressing Men’s Needs

• No consensus on standards for male sexual and reproductive health care

• Provider reluctance to offer services for men
  – Services focused on women and medical needs
  – Lack of information about men’s needs
  – Inadequate medical training
  – Gaps in financing

*Alan Guttmacher Institute, In Their Own Right, 2002*
Developing recommendations regarding delivery of family planning & SRH care for males across lifespan

Only Federal Program to make recommendations for delivery of clinical care services to men using a rigorous approach
Male FP Research Initiative

Goal: Assess a multi-component intervention at family planning clinics

- Clinic environment
- Administrative and clinical training
- Outreach, inreach, and clinic promotion
- Increase number of males served at FP clinics
- Increase RH services to male FP clients
- Five year effort, Fall 2008 – 2013
What We Know About Male Clients

• **Fear of unknown:** Health literacy, Noninvasive lab is key. Rapid HIV testing.

• **Time:** for an appointment or in reception viewed as too long.

• **Empowerment:** a clinic visit must **empower** men to take charge of their health.
What We Know About Male Clients

- **Accessibility:** Policies and procedures that improve access, men involved in STD and pregnancy prevention.

- **Patience:** If immediate needs met, feel comfortable and respected, more likely to come back.
Defining Needed Services

• Information – A&P, hygiene, prevention
• Skills – communication, condom-usage, risk reduction
• Counseling – self concept, motivation, decision-making
• Preventive health care – Hx taking, screening and assessment, referrals
• Clinical diagnosis and treatment – disease, dysfunction, infertility, vasectomy

(Sources: American Medical Association, EngenderHealth, Urban Institute and others)
Why Assess Services?

• Informs on current practices & changes over time;
• Enhances readiness for training and technical assistance;
• Prepares staff and the organization for changes.
Tools To Drive Change

Getting Ready for Male Reproductive Health Services:
An Assessment Toolkit
Tools To Drive Change

- Environmental assessment
- Clinic mapping
- Tracking staff activity
- Staff interviews

- Client interviews
- Satisfaction surveys
- Outreach assessment
- Community partner interviews
- Training needs
Ideas for Success

• Policies and procedures tailored to needs of clients, especially males.
• Improve accessibility, interpersonal communication, efficiency of service.
• All staff - involved in planning, kept informed and provide input.
• Phone, front desk, and reception are critical for success.
• Messages need to be empowering for men.
Sustaining Change

• Suggestions & feedback from staff priceless
• Pilot changes
• Collect, tally and share results
• Staff need recognition and support
Sustaining Change

• Cross training increases clinic efficiency
• Clinical training in male RH exams
• Staff training ongoing
• Keep in mind different stages of change
Clinic Environment

- Signage and promotion
- Staff marketing
- Visual messaging
- Literature
- Change the TV channel
- Hide the stirrups
Staff Attitudes and Training

• Need to buy into philosophy that male sexual health is important -- Change is easier if staff value the goal

• Need to be trained to have positive interactions with males

• Need training in providing male reproductive health exams and education
In-Reach
What is In-Reach?

• Promoting services in the clinic through the patients, staff, and vendors.

• Being “Marketers” of the male services you offer.

• Decision makers must provide support and guidance to this goal.
Women are the gatekeepers to Men’s Health

Number One Referral: Women
When?

Before the visit
- Waiting room-Flyers, Posters, Brochures

During the visit
- Medical Assistants, Nurse Practitioners, Doctors

After the visit
- Receptionist, take home flyer/clinic card
Where?

• EVERYWHERE!!
  – Waiting room
  – Counseling rooms
  – Exam rooms
  – Restrooms
  – Labs
  – Hallways

In a Health Department: Essential that all other departments know of services for men
Who?

• Clients
  – Encourage other men to come to the clinic

• Staff
  – “Marketers” of male services at every level

• Vendors
  – Inform other agencies of male services
Before Developing An Outreach Plan

• What is the primary language spoken and/or read?
• What is the literacy level you are trying to reach?
• What is the age you are trying to reach?
Before Developing An Outreach Plan

• Where do clients get information about healthcare?
• Where will you reach the most people?
• What if clients have a hard time accessing services? Clinic hours?
The Outcome is to:

• Have males receive SRH care in a comfortable & welcoming environment

• Have men take care of their health & participate in STI and pregnancy prevention

• Change clinic environment, policies, procedures and staff to be “male-friendly”
Benefits of Addressing Men’s Sexual and Reproductive Health Needs In Their Own Right:

• Societal awareness of men’s needs will improve.

• Men will receive the information and services they need to protect their health.

Alan Guttmacher Institute, In Their Own Right, 2002
Benefits of Addressing Men’s Sexual and Reproductive Health Needs In Their Own Right:

• The scope of services available for men and women will expand.

• Unintended pregnancies and sexually transmitted diseases will be reduced, and healthier pregnancies and better parenting will be promoted.

*Alan Guttmacher Institute, In Their Own Right, 2002*
RESOURCES

- EngenderHealth
- Alan Guttmacher Institute: Men
- FHI - Male Participation in Reproductive Health.htm
- RHO - Men and Reproductive Health.htm
- Planned Parenthood Federation of America, Inc. - Men's Health
Thank you!

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