Pilot Project to Address the Sexual and Reproductive Health Needs of Young Men

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Overview

• Goals & objectives of pilot project in Gaston County, North Carolina (NC)

• Background
  • Male access to sexual and reproductive health (SRH) services
  • Male knowledge of and influence on contraceptive decisions
  • Sexual and reproductive health guidance & recommendations

• Pilot project activities
Overview

• **Purpose:** Improve access to & provision of quality sexual and reproductive health services & education for young men ages 15-19 in selected pilot community

• **Partners**
  - JSI
  - CAI
  - Gaston County HHS Health Department (HD)
  - Gaston Family (Federally Qualified Health Center [FQHC])
  - Gaston Youth Connected
Project Objectives

• Improve health care providers’ knowledge, skills, & provision of quality sexual and reproductive health services & information to young men

• Improve young men’s knowledge about, ability to obtain, & use of sexual and reproductive health services

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Key Outcomes

• Increase the proportion of young men’s health care visits that address their sexual health needs
• Increase the number of young men ages 15-19 using sexual & reproductive health care services
• Increase provider knowledge about & comfort with addressing male sexual health concerns
• Improve young men’s knowledge of birth control methods
Background

• Recent national emphasis on engaging young men in teen pregnancy prevention & reproductive life planning efforts
  • President’s Fatherhood Initiative https://www.fatherhood.gov/
  • My Brother’s Keeper http://www.whitehouse.gov/my-brothers-keeper
  • Quality Family Planning Guidelines http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/QFP.htm
Adolescent Sexual and Reproductive Health Needs Often Unmet

- Older teens less likely than children/young teens to receive health care, particularly preventative health care (↑ for males)\(^1\)
- When adolescents do receive health care, their sexual health needs are often unaddressed (↑ for males)\(^2,3\)
- Yet, adolescents overwhelmingly express interest in receiving sexual health information from health care providers\(^2\)

\(^3\) Ott, M. *Journal of Adolescent Health*, 46(S3-S11), 2010.
Young Men Influence Female Partners’ Contraception Use

- Among females aged 15-19 years:
  - 25% report not using contraception because “partner did not want to use contraception” (PRAMS\(^1\))

- Influence beyond condom use
  - Females report males influence selection of female-controlled methods\(^2\)

- Young men’s approval of condoms & emergency contraception is fairly high, but knowledge of all contraceptive methods is relatively low\(^3\)

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1. MMWR 2012;61(02);25-29.
Lack of Access to Sexual and Reproductive Health Services

- **Social influences**
  - Masculinity & gender roles can be barriers for males to seek services
  - Embarrassment

- **Structural barriers**
  - Lack of clear & consistent guidelines
  - Inadequate provider training
  - Provider bias
    - Prefer to not address SRH
    - More likely to address SRH in females
  - Lack of teen friendly & male friendly health centers, providers
  - Lack of funding for confidential services

SRH Services for Adolescent Males: Important Guidance Documents

AAP:
http://pediatrics.aappublications.org/content/early/2011/11/22/peds.2011-2384
http://pediatrics.aappublications.org/content/132/1/198.full

Bright Futures:

CDC:
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5912a1.htm

USPSTF:
http://www.uspreventiveservicestaskforce.org/uspstf13/hiv/hivfinalrs.htm

SAHM:
http://www.adolescenthealth.org/SAHM>Main/media/Advocacy/Positions/Apr-14-Sexual-Repro-Health.pdf
Evidence-Based Adolescent SRH Care

• Clinical services as indicated
  – Time alone at every visit
  – Sexual health assessment at every visit
  – STI/HIV screening, diagnostic testing & treatment
  – Vaccinations – Hepatitis A & B, HPV

• Counseling & education
  – Promote dual protection (condoms + another form of birth control)
  – Help youth clarify pregnancy/fatherhood intentions
  – High-intensity behavioral counseling
Engaging Young Men in Preventing Premature Fatherhood: Key Pilot Activities

• Site selection
• Engage community planning group
  – Guide needs assessment, plan stakeholder meeting, design core components of intervention
• Conduct needs assessment
• Hold stakeholder meeting
• Develop intervention
• Develop, distribute/conduct technical assessment & training materials
• Implement & evaluate intervention
Engaging Young Men in Preventing Premature Fatherhood: Pilot Community Selection Criteria

- Community already engaged around providing clinical services to young men ages 15-19
- Health center has access to data on male services
- Commitment by health center leadership to enhance services to males
- Other male-related TPP projects implemented in target community
- JSI-Boston’s & CAI’s reflections on preliminary work in communities & clinics to engage males

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Assessment Phase

- Compile existing data (e.g. from TPP project, STD rates)
- Clinic Self Assessment
  - SRH services
  - Baseline data on male clients & SRH services provided to males
  - Male friendliness & accessibility
    - Policies & procedures
    - Staff structure & training
    - Organizational support
    - Physical environment
    - Community reputation
- Key informant interviews with service providers
- Focus groups with youth

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Stakeholder Meeting

• August 2014
• Planning session with key stakeholders
  – Medical director
  – Clinicians
• Introduce best practices
• Develop an action plan to identify areas to improve services for males
Future Activities

• Technical Assistance
  – Webinars to support clinics in overcoming challenges to better engage males
  – Individualized technical assistance

• Materials development
  – Promising/best practice documents
  – Clinic self-assessment check-list to support implementation of recommended best practices

• Communications and marketing tools
  – Communication and outreach templates designed to increase male use of services
Thank You!

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.