

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





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 providers²



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¹ Rand et al. National Health Care Visit Patterns of Adolescents. *Arch Pediatric Adolescent Medicine*, 161(3):252-259, 2007.

² Marcell, et al. Male Adolescent and Sexual and Reproductive Health Care. *Pediatrics*, 128(6): e1658-e1676, 2011.

³Ott, 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”**(PRAMS¹)
- Influence beyond condom use
 - Females report males influence selection of female-controlled methods²
- Young men’s approval of condoms & emergency contraception is fairly high, but knowledge of all contraceptive methods is relatively low³

1 MMWR 2012;61(02);25-29.

2 Marcell, et al. Male Adolescent and Sexual and Reproductive Health Care. *Pediatrics* , 128(6): e1658-e1676, 2011;

3 Marcell et al., What we know about males and emergency contraception: A synthesis of the literature. *Perspectives on Sexual and Reproductive Health*, 44(3): 184-193, 2012



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



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Lindberg et al. Barriers to sexual and reproductive health care: Urban male adolescents speak out, *Issues in Comprehensive Pediatric Nursing*, 29: 73-88, 2006.
Lanier & Sutton. Reframing the context of preventive health care services and prevention of HIV and other sexually transmitted infections for young men: New opportunities to reduce racial/ethnic sexual health disparities, *American Journal of Public Health*, 103(2), 2013.
Marcell & Ellen. Core sexual/reproductive health care to deliver to male adolescents: Perceptions of clinicians focused on male health, *Journal of Adolescent Health*, 51: 38-44, 2012.
Marcell, et al. Male Adolescent and Sexual and Reproductive Health Care. *Pediatrics* , 128(6): e1658-e1676, 2011.



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:

http://brightfutures.aap.org/pdfs/Guidelines_PDF/9-Promoting-Healthy-Sexual-Development.pdf

CDC:

<http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>

<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



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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





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



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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