

# **Educating and Counseling Men in Reproductive Health**

## **Audio Conference**

**December 10, 2009, 12 – 1:30 pm (PST)**

### **~A G E N D A~**

#### **Welcome and Introduction**

*Johanna Rosenthal*

*Center for Health Training*

#### **What Works**

*Amanda Stukenberg, Planned Parenthood South Texas*

#### **Gender-based Interactions**

*Hector Campos, Center for Health Training*

#### **Q & A**

#### **Sexual History-taking and Counseling**

*Linda Creegan, CA STD/HIV Prevention Training Center*

#### **Q & A**

#### **Wrap-up**

# Disclosures

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**Planners:** Marsha Gelt, MPH; Shari Black, RN, BSN

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# Practical Strategies for Implementing Male Service Programs

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# Misperceptions

- Men won't go to Title X clinics
- Family planning clinics are not successful at serving men
- Male involvement \$\$ should focus on education/outreach not medical services

**My response: FP clinics are being judged unfairly as failures when we never have been given resources (money or training) or set goals to serve large numbers of men.**

**That is why this training today is important.**

***How do we expect to reduce unplanned pregnancy and STDs if we only provide health care to 50% of the population?***

## How we got here

- **Birth control =Women control of their bodies**
- **We gave men no role in prevention? No role=no responsibility**
- **Men don't seek health care—do we tell them to go for annual check ups as we tell young women?**
- **General health care for men rarely addresses reproductive health issues –males who go to public clinics are much more likely to receive reproductive health care.**

**Progress is slow:**

**Title X: 1991 male clients=2%      2001=4%.**

**Almost 1/3 of Title X clinics offer male services**

# PPST program 2003-2008

## OUR FINDINGS

Men want control/responsibility for reproductive health outcomes

Men want to know more about male and female reproductive health

Men like to share responsibility to prevent pregnancy & STDs.

## Did adding males drive away females?

- Males increased from 4% to 17%
- Female clients grew by 33%

In re-evaluating our procedures in order to better serve males, we improved services for all clients.

The women *and clinic staff* like it.

# What we learned

- **Theme: empowerment—not “mistake” like STD visit**
- **We needed training to address male resistance to seeking help; training to be “male friendly”—being able to see clinic experience and challenges of family planning through their eyes – their perspectives**
- **We needed input to make changes to the clinic environment**
- **We needed to outreach to males, but most importantly we needed our staff to market male services to current female clients (in-reach)**

# Services Lessons Learned...

- 1. Men's needs tend to be immediate.  
Address appointment scheduling, hours,  
access issues**
- 2. Streamline patient flow to reduce in-  
clinic waiting**
- 3. Males prefer shorter, more focused  
clinical services-you can't do everything  
in the first visit**
- 4. The "shopping list" approach does not  
work well for men.**

## Services Lessons Learned...

- 5. Focus educational messages instead of information dump - Select top messages & repeat**
- 6. Cross train everyone in all services (HIV, etc) to reduce waiting and increase efficiency**
- 7. Positive empowerment and recognition of small successes will bring males (and females) back**

# Why Serve Males?

- They need it.
- It increases # of unduplicated female patients
- It changes staff attitudes toward shared responsibility for pregnancy and disease prevention – staff see individual patients as half of the solution
- It improves male-female communication about effective contraceptive use and STD prevention
- It changes your community's perception of the role of reproductive health services
- It increase donations and potential donors

## What Our Males Learned:

- **Increased likelihood to seek preventive health care**
- **Increased awareness of availability of health services for men other than in ER**
- **Increased awareness of EC**
- **Increased awareness of symptomless STDs**
- **Increased awareness STDs increase risk of HIV**
- **Increased awareness of importance of partner treatment**

- **Title X clinics can be successful in providing male reproductive health services.**
- **Males are eager to be involved in family planning and willing to access traditional Title X clinics that make modifications to meet their needs.**
- **Providing male reproductive health care positively impacts males' health, increases their knowledge, attitudes and belief, resulting in positive health behaviors that benefit their partners**
- **Changes in service delivery to increase males' use of clinic services improves care for all patients (male and female).**

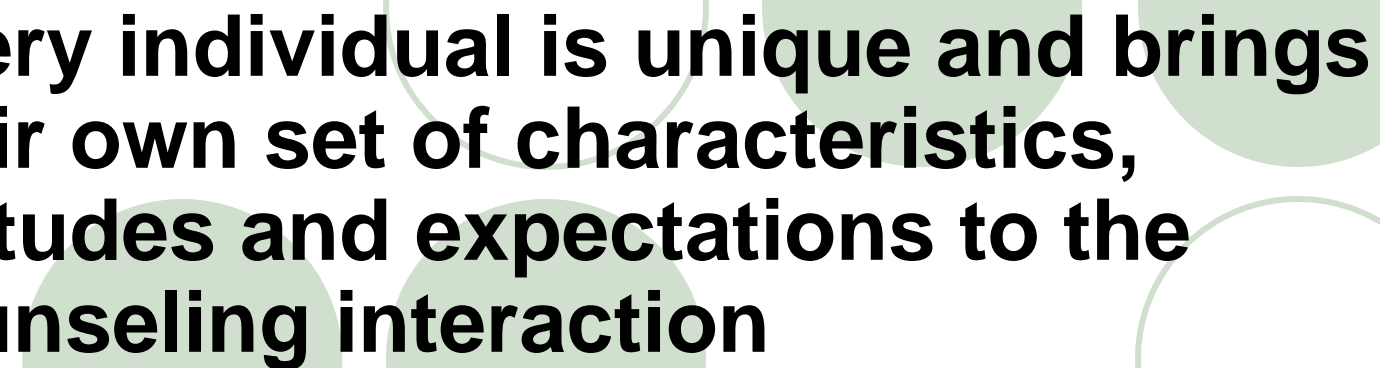
# **Educating & Counseling Men in Reproductive Health**

**Center for Health Training**

**Hector J. Campos**

# Interacting with individuals in the context of culture

**Every individual is unique and brings their own set of characteristics, attitudes and expectations to the counseling interaction**



# Interacting with individuals in the context of culture

- **Characteristics presented about any group, based on age, gender, race/ethnicity, sexual orientation, socio-economic class, etc.**
  - True for some - never for all members of group
  - Does not define the group
  - Provides a framework for considering communication approaches

# GOAL of men's reproductive health care

**To achieve the desired, positive outcomes of sexual and reproductive behavior**

- **Avoiding potential negative consequences**

# What comprises men's reproductive health care?

- **Healthy sexual interactions, relationships and communication**
- **Healthy sexual functioning**
- **Protecting themselves and their partners from STDs/HIV**
  - **Screening**
  - **Diagnosis and treatment**
- **Preventing unintended pregnancy**
- **Fatherhood and parenting**
  - **Infertility**

# Title X Program Guidelines for Family Planning: *Services*

- **Client education**
  - Testicular exam
- **Counseling**
  - “Assist client in reaching informed decision re: reproductive health choices.....”
- **History**
  - Sexual history
  - STDs, including HBV
  - HIV
  - Urologic conditions
- **Physical exam/ Lab**
  - BP
  - Colorectal cancer screening > age 40
  - STD/HIV tests, as indicated

# Education & Counseling: It's more than just condoms

- Male reproductive physiology
- Male sexuality
- Male and female contraceptive methods
- Sexual risk and STI/HIV prevention
- Male infertility
- Relationship roles
- Sexual satisfaction/sexual function
- Legal issues for males
- Substance use
- Mental health issues
  - Depression

# Gender-based Communication and Education



# Framework for Providing Services to Men

Make it clear that you are providing care *for him as a client*, not just seeing him as a partner to a female client

# Approaches to Working with Men

- **Talk for a few moments about more general topics *before* “diving in” to the assessment process:**
  - “Is this your first time to our clinic?”
  - “How did you find out about our clinic?”
- **Affirm client’s appropriate health-seeking behavior**
- **Give information about the clinic visit**

# Discussing Confidentiality

- **Discuss the issue of confidentiality**
  - **in a clear and understandable manner**
  - **specifically address both his and his partner's rights to confidential services if there together**
- **Discuss family involvement with adolescent males**

# Gender-Based Communication

- **Men and women have different communication styles**
- **Women's non-verbal communication may be misinterpreted by men and vice versa**



# Communication Style

## **Listens differently:**

- **Goal oriented – listens for facts**
- **Less eye contact**
- **Fewer listener responses**
- **Stands indirectly**
- **Controlled facial expressions**
- **Lower voice pitch**

# Communication Styles

Men tend to...

- Give information
- Talk about things
- Facts and reasons
- Competing and achieving
- Rules and structure
- Assertive

Women tend to...

- Collect information
- Talk about people
- Feelings/meaning
- Harmony/relating
- Fluidity and flexibility
- Cooperative

# Action Orientation

**Men are socialized to:**

- **Make decisions**
- **Act decisively**
- **Be in control**
- **Solve their own problems**

**Often eager to engage in problem-solving steps rather than to reflect on an emotional response**

**You cannot teach a man  
anything.**

**You can only help him find  
it within himself.**

● -- Galileo

# Action Orientation: Approaches

Ask what he thinks he should do in response to the situation:

“What do you think about that?”

OR

“What thoughts went through your head when...”

instead of

“How does that make you feel?”

# Heads vs. Hearts

- **Suggest actions rather than instructing/giving orders**

**“What do you think you should do first about this?”**

**“How do you think that’s going to work?”**

**“If that doesn’t work, what’s something different you could try?”**

# A Common Expression of Anxiety

**Insistence on facts and numbers:**

**“How likely is it....?”**

**“What percentage of people....?”**

**“How much do condoms protect against...?”**

**“How can I make sure that....?”**

**1 + 1 = .....2!**

**Allow client to make the connection.**

**Example 1**

**“What type of birth control does your girlfriend use?” (I’m not sure)**

**“If she were to get pregnant now, what would you think?”**

**Example 2**

**“How can you tell if a partner is likely to have an STD?”**

**“So how do you decide which partners to use condoms with?”**

# “Sexperts”

Social expectation is for men to “know everything” about sex

- **Not knowing may cause anxiety, particularly if they are already insecure**
- **May be reluctant to ask questions, as this implies that they don't actually know everything**

# Normalize and Validate

- **“Many guys ask that same question....”**
- **“It’s often difficult for people, especially men, to talk about such personal issues when they first come to the clinic.”**

# Communicating with Men

**Encourage questions and take the time to answer them**

- **May have even less education about contraception than young women**
- **May assume this information is for women, not men**

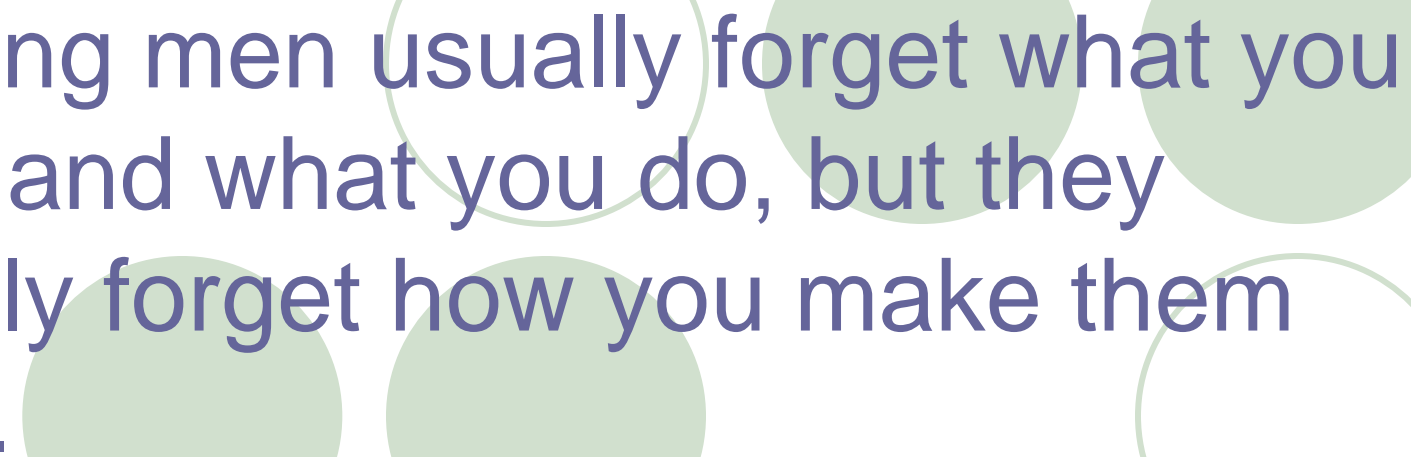
**Be prepared for questions stated euphemistically or with slang terms**

- **May not know technical language related to sexuality**
- **May only know colloquial terms for body parts or sexual acts**

## In Sum...

Relax during the interaction.

If you are comfortable and concerned about him, he will probably feel comfortable discussing personal information with you.



Young men usually forget what you say and what you do, but they rarely forget how you make them feel.

● **Michael Carrera**

# **Taking a Sexual History with Male Clients**

**Linda Creegan, RNP**

# Charles.....

- Charles is a 25 y.o. male enlisted in the U.S. Army who presents to clinic because “My wife has trichomonas again”.
- You look back in the chart.....

Progress Notes

Currently Pregnant: No  Yes  5) States wife has trichomonas infection.

Pt. reports & sx.

① Ing. nodes - & enlargement

Testicles - non-tender, & mass bilat.

Urethra - & discharge noted.

Skin - & lesion.

④ Nl. exam - contact to trichomonas

⑤ Metronidazole 2 gm po in a single dose

Ed. re: condoms

RTC:  PRN  Other \_\_\_\_\_

Clinician Code

Signature(s)

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clinician

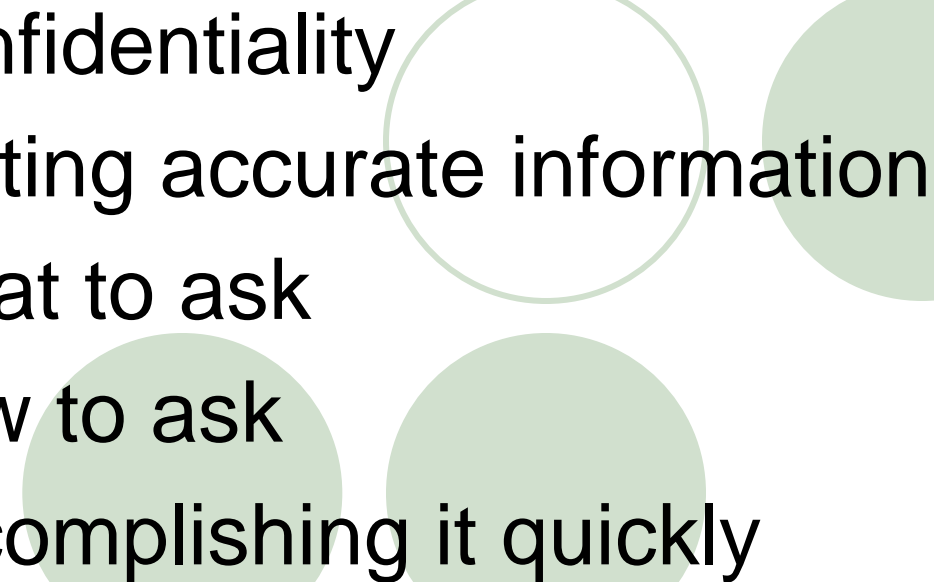
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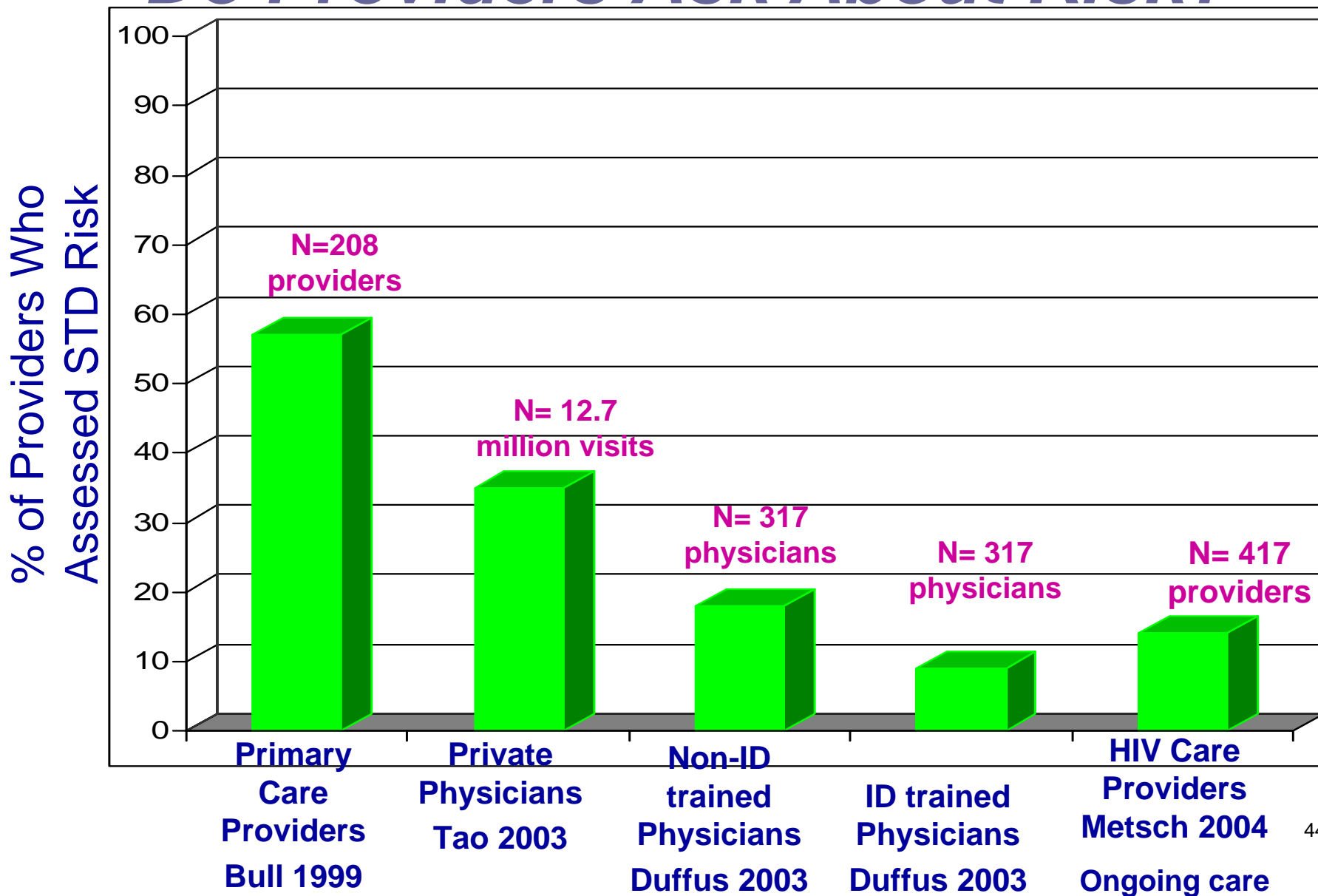


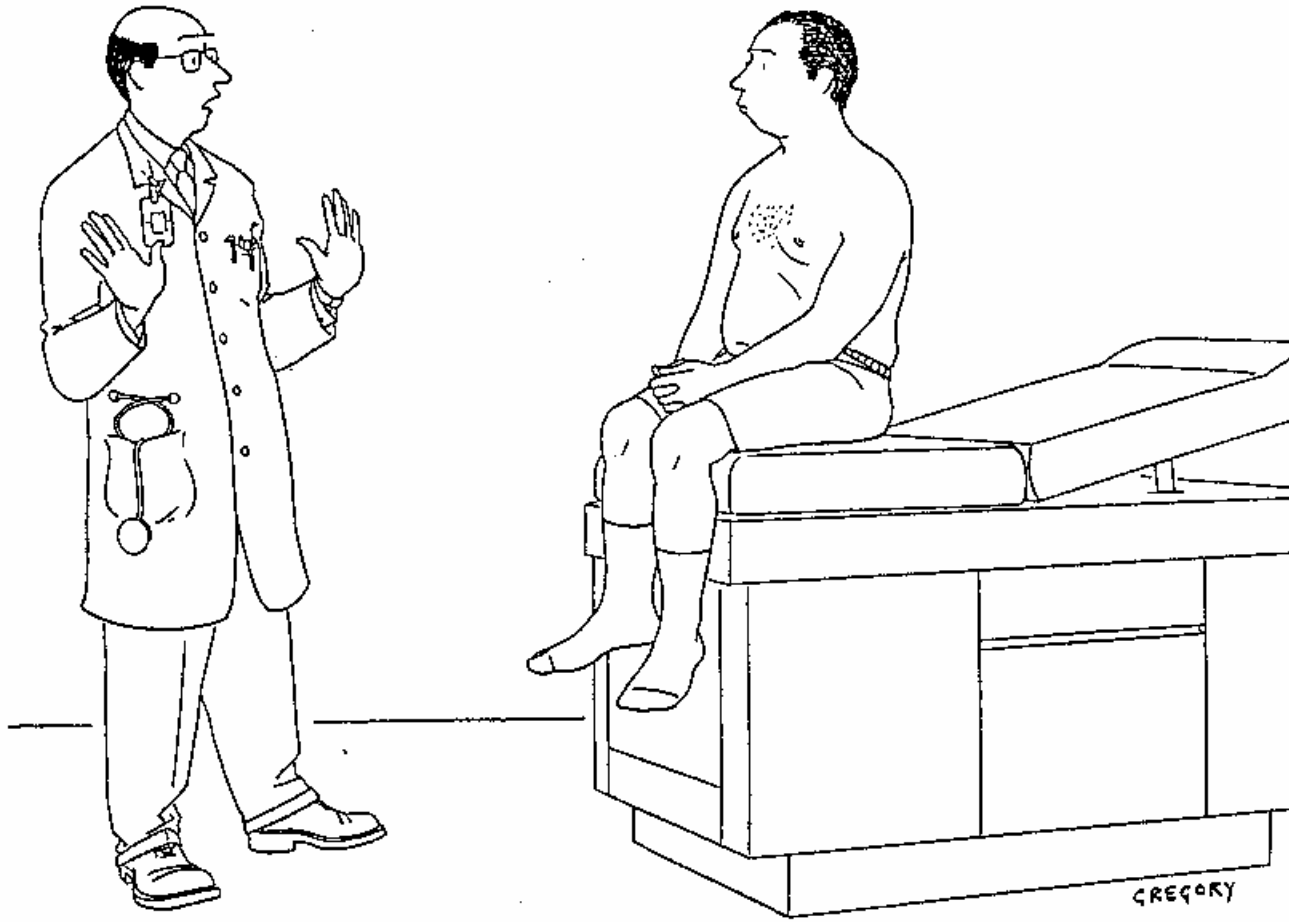
# What concerns do staff have about sexual history-taking?

- Confidentiality
  - Getting accurate information
  - What to ask
  - How to ask
  - Accomplishing it quickly
- 



# Do Providers Ask About Risk?





*"Whoa—way too much information."*

# Family Planning Providers Routinely Take Sexual Histories

For male clients.....

- Build on what you do now
- Include some male-specific questions
  - Sexual behaviors
  - Personal and family risk factors for disease
  - Revise self-administered history form to include male-specific questions

# Subpopulations of Male Clients:

## Differing reproductive health needs

- Men who have sex with women (MSW)
- Men who have sex with women and men (MSW/M)
- Men who have sex with men (MSM)
- Transgendered persons
- Men living with HIV
- Subpopulations by age

# Charles.....how to begin?

- Acknowledge personal nature of the subject matter
- Emphasize confidentiality
- Stress health issues related to sexual behaviors
- Explain how the information will help you care for the patient

# Sample Introductory Statement

“Charles, I need to review your sexual history. I talk to all of my patients about their sexual history because it is an important part of their health. I know this is very personal information; everything we discuss is confidential”

# The Five “P’s” for a Sexual History

- Past STDs
- Pregnancy history and plans
- Partners
- (Sexual) Practices
- Prevention of STDs/HIV

## Or Even More Brief.....

- WHO -- gender and number of partners
- WHAT-- types of sex
- HOW -- do you protect yourself?

## Opened-ended Questions for Guys.....

- Have you had sex with men, women or both?
- How do you protect yourself from STDs and HIV?
- How are you about using condoms?
- When do you find it most difficult to use a condom?
- Who makes the decision about whether to use a condom?
- What do you see as the riskiest thing you're doing regarding HIV or STDs?
- What does your partner(s) do for birth control?
- What questions do you have about your health?

# Charles....organizing the content

- **Past STDs**

- What other STDs have you had, if any?

- **Partners**

- Have your sex partners been men, women or both?
- How many partners (in the past 3 months, since your last treatment for trich, since you last HIV test)?

- **(Sexual) Practices**

- What types of sex did you have?

# Charles....organizing the content, cont.

- **Prevention of STDs/HIV**

- What do you do to prevent catching an STD or HIV?
- When was you last HIV test? (also ask about related risks: IVDU, partner IVDU, CSW, speed use)

- **Pregnancy history and plans**

- Do you have children?
- What does you wife use for birth control?

# Charles says.....

- **Past STDs**

- He had gonorrhoea when he was 20.

- **Partners**

- He has had three partners in the past 6 months, his wife, a “buddy” who sometimes gives him oral sex, and a prostitute in the Philippines.

# Charles says.....

- **Sexual practices, and STD prevention**

- He doesn't like the idea of anal sex with men, and he knows HIV doesn't pass easily by oral sex.
- His wife takes OCs, and he doesn't use condoms with her. ("I'm her only partner")
- He didn't use a condom with the woman in the Philippines. ("I was at a bar with friends, and it was a spontaneous thing, not planned")

- **Pregnancy history and plans**

- His wife just had a baby 5 months ago, they don't want another child yet.

# General Considerations for Taking a Sexual History

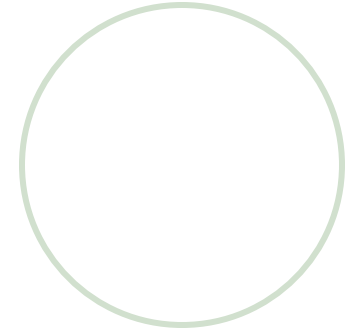
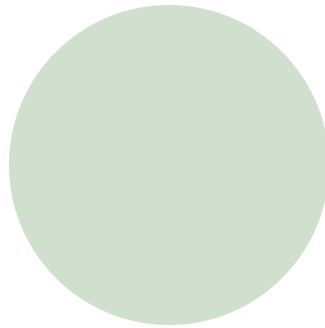
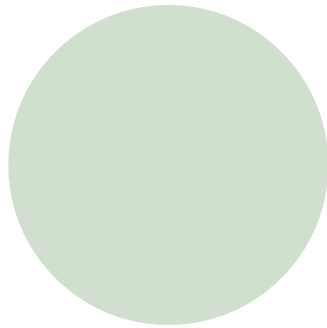
- **Make no assumptions**
  - Ask all patient about gender and number of partners
  - Ask about specific sexual practices
    - Vaginal, anal and oral sex
- **Be clear**
  - Avoid medical jargon
  - Restate and expand
  - Clarify stories when necessary

# Communication Skills to Facilitate the Sexual History

- Use open-ended questions rather than leading or “yes/no” questions
  - Who, what, when, where?
  - “Tell me about...”
  - Cone Style of interviewing
- Encourage patients to talk, when needed
  - Permission-giving: “Say it in your own words”
  - Give range of behavior and ask for patient’s experience

# Active Listening Cues

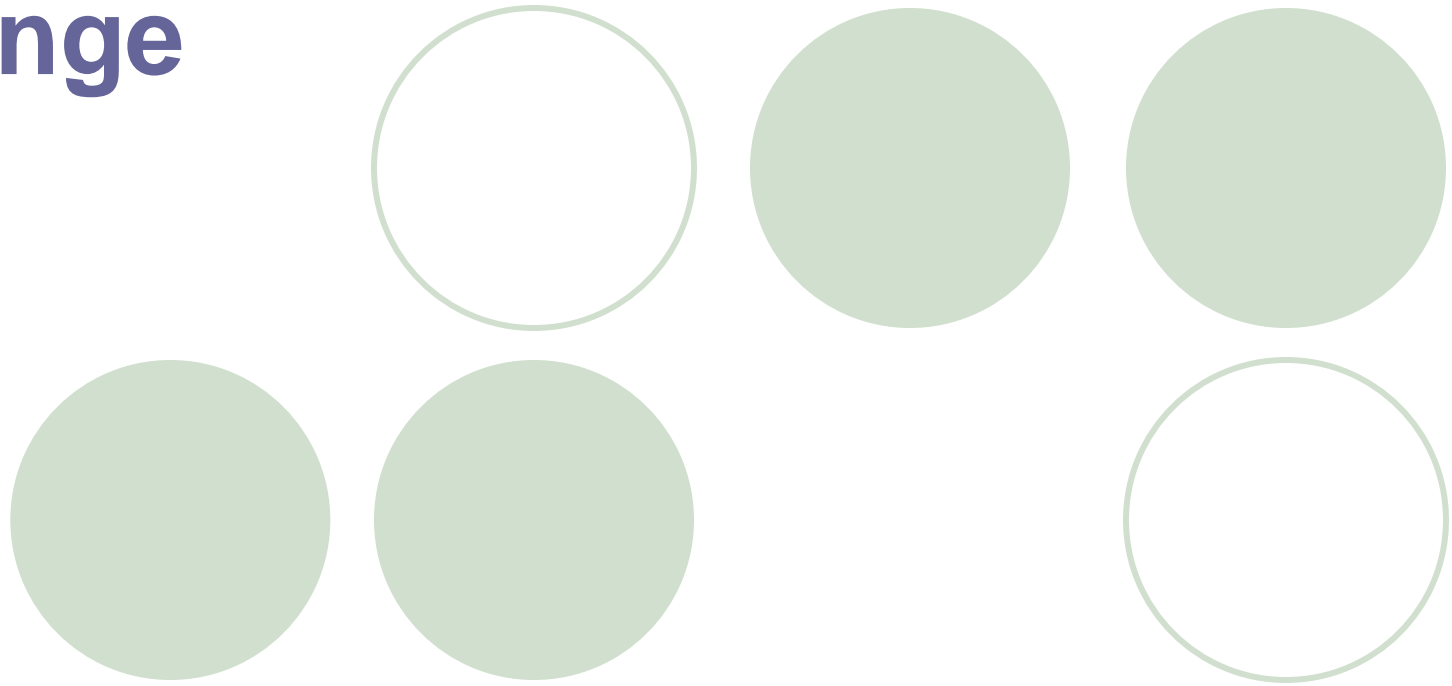
- Eye contact, nodding, “Yes, go ahead”
- Be patient, allow some silence



# General Considerations for Taking a Sexual History

- **Be tactful and respectful**
  - Use an unrelated translator whenever possible
  - Use accepting, permission-giving language and cues
- **Be non-judgmental**
  - Recognize patient anxiety
  - Recognize our own biases
  - Avoid value-laden language (“You should..”, “Why didn’t you..” “I think you..”)

# Brief Counseling for Behavior Change



# Client-Centered Counseling

**Focus is on the client's concerns & interests**

- **Aim for harm reduction**
- **Ask directed questions**
- **Take a neutral stance**
- **Address emotions directly**

# Counseling vs. Information-Giving

## Counseling

**Dialog**

**Individualized**

**Takes feelings and beliefs into account**

**Helps client understand themselves better**

**Short and focused**

## Information-giving

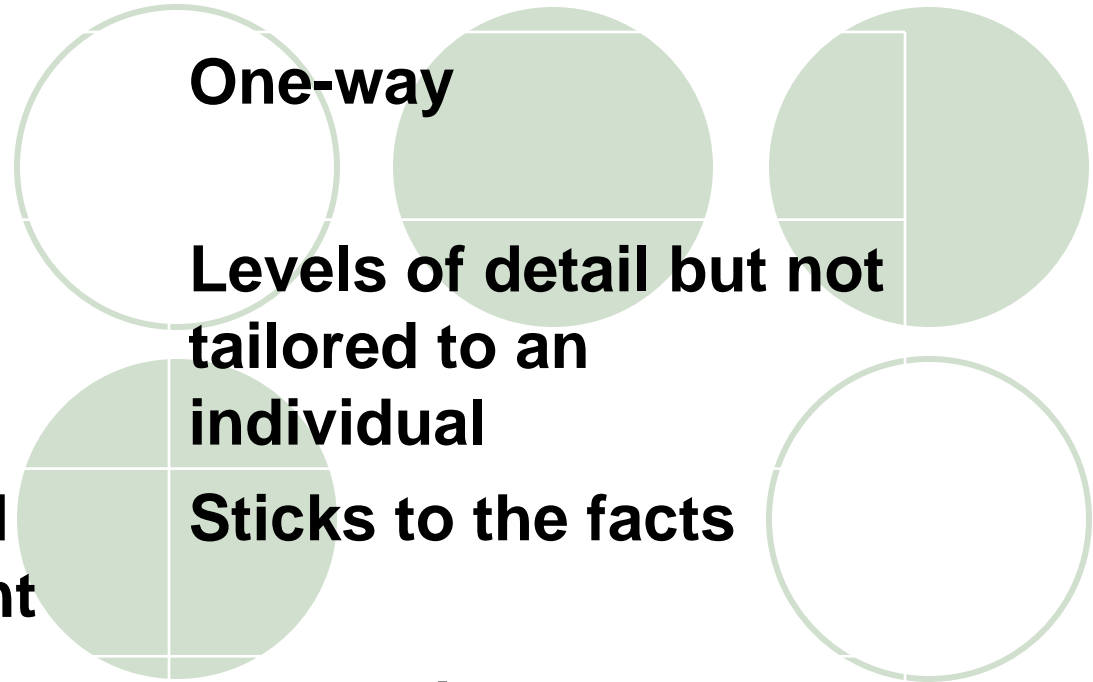
**One-way**

**Levels of detail but not tailored to an individual**

**Sticks to the facts**

**Helps client understand a subject better**

**Short and focused**



# Identify Barriers and Sources of Support for Change

## Circumstances of risk

- Where does.....occur?
- What makes it hard to....?
- When do you have sex without a condom?

## Obstacles and supports

- Power and control dynamics in relationships
- Cultural issues
- Access to care
- Significant others

# Sample Action Plan Questions

- How will you go about that?
- What is one thing you could do to begin?
- What will you need to do first/next?
- When will be a good time to try/begin this?
- Who can you talk to about this for support?

# Behavior Changes One Step at a Time



# In Sum.....

## Brief Behavior Change Counseling

- **Support positive changes**
- **Offer options not directives**
- **Accept your limited role**