

## Study finds sexual health services for rural Latino men could be improved

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(Medical Xpress)—A new study based on in-depth interviews of rural Latino men in western Oregon finds that these men need sexual health services designed for their needs, including more male health providers, more convenient clinic hours, and Spanish-speaking doctors.

Researchers at Oregon State University conducted interviews with young Latino [men](#) from rural backgrounds and asked them questions related to [sexual health](#) and use of sexual health services. The results are published in the March issue of the *American Journal of Men's Health*.

Marie Harvey, the study's lead author, and associate dean of research in OSU's College of Public Health and Human Sciences, has studied women's [reproductive health](#) issues for more than 25 years. Recently, she has focused on the role of partners in sexual and reproductive health, or what she likes to call the "it takes two to tango" angle.

"We put women in the awkward position of trying to convince their partners to be active participants in [pregnancy prevention](#) and contraceptive planning," Harvey said. "Increasingly, I think it's crucial to talk to men and engage them on these issues."

Latinos in the United State experience disproportionately high rates of [unintended pregnancy](#), sexually transmitted infections (STIs) and HIV/AIDS. These sexual [health disparities](#) have the potential to grow as Latinos continue to be the largest and fastest growing minority in the United States.

Harvey's research team interviewed 49 Latino men who have immigrated to the United States within the last 10 years. The average age was 24. The majority of the men came from rural areas of Mexico. More than half had never seen a [health care provider](#), and 88 percent had never seen a provider specifically for sexual and reproductive health services.

Harvey said this research is important because the men not only gave reasons why they did, or did not, utilize sexual health services, but they gave context linked to their cultural background, beliefs, and experiences. Almost half of the men reported they never discussed [sexual and reproductive health](#) topics with their parents. As one man explained, "Unfortunately, we come from a country that, I don't know, they never want to talk about that. They keep it quiet and one grows up ignorant about that subject."

"Almost every man we talked with stated they didn't have enough information or knowledge about how to prevent unintended pregnancies and STIs," Harvey said. "But they very clearly stated that they wanted this information and would like to be better informed."

Many of the men suggested making informational pamphlets about sexual [health services](#) and clinics available in places they frequent, such as local laundromats or Latino grocery stores, as well as airing public service announcements on Latino radio or television stations. Men also emphasized the importance of providing information in Spanish.

In addition, terminology sometimes was confusing. In the United States, the term "family planning" is often used, but many of these single men said they had no need for such a service since they weren't planning to have a family right now.

"It's important to define terminology because we have cultural assumptions around 'family planning' that not everyone shares," Harvey

said. "When we used terms like birth control, or HIV testing, it became much clearer."

Harvey said that "confianza," a Spanish word that means trust, confidence and respect, came up frequently as a need for all the men in the study.

"Privacy was very important to them, but it goes beyond that," she said. "This ability to trust their provider, and know that their information won't be shared and they would not be judged when they talk openly about their sexual behavior, all of this was crucial."

In addition, the men expressed a preference for male providers and a need for bilingual providers. Language can be a barrier. At many community clinics, the study participants said the providers did not speak Spanish and translators were sometimes offered.

"Having a third party in the room can be a barrier to trust and honesty," Harvey said. "In addition, the translators were often women, making it even more difficult to discuss sexual topics. And because these are smaller communities, the translators could even be someone they knew. "

Clinic-related factors also affected access to services. Men reported that having convenient clinic hours, reduced waiting time and living or working in close proximity to a clinic would make it easier to receive services.

Harvey said as the Latino population grows in places like Oregon, understanding factors that affect their use of the health care system will become even more critical. It is essential to begin overcoming these cultural and structural barriers, Harvey said. Communities need to come together to help prevent STIs and HIV, as well as have a better informed public.

Provided by Oregon State University

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