

## Report outlines 'must-have' sexual health services for men

September 12 2014

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(Medical Xpress)—Compared with women, American men have worse access to reproductive and sexual health care, research shows, a disparity fueled in part by the lack of standard clinical guidelines on the types and timing of exams, tests and treatments that should be offered to all men of reproductive age.

Now a report, developed jointly by Johns Hopkins experts and the federally funded Male Training Center for Family Planning and Reproductive Health, aims to fill that need.

The report, released on Sept. 9, is designed for primary care clinicians, male health specialists and health officials, and outlines steps to fix the problem. Among other recommendations the document enumerates the reproductive and [sexual health](#) screening tests, exams and interventions that all men should receive regularly. The report also offers guidance to clinicians on how to discuss reproductive and sexual health issues, including how to prevent unplanned pregnancies and sexually transmitted infections.

"Many clinicians forgo delivering these critical services because of a lack of uniform guidelines, confusion about the benefits of certain tests, or merely because men's sexual or [reproductive health](#) is not on a physician's radar," says report lead author Arik Marcell, M.D., M.P.H., an adolescent medicine expert at the Johns Hopkins Children's Center. "We hope this document will lay the foundation for improving access to care and help us close, or at least narrow, the gender gap in reproductive

health."

The experts note that improving men's sexual health will also help sustain recent gains in women's reproductive health.

"Over the last decade, women's access to reproductive and sexual health services has improved by leaps and bounds. This is a laudable achievement, but only half the battle," says report co-author Anne Rompalo, M.D., Sc.M., an infectious disease specialist and epidemiologist at Johns Hopkins Bayview Medical Center. "Our next step should be ensuring that American men have equal access to such critical services because population-wide benefits can only be sustained if both men and women receive equal attention to sexually transmitted diseases and reproductive health problems."

Specifically, the report recommends that clinicians provide the following services to reproductive-age males, including teens, at least annually:

- A comprehensive clinical history and exam that include screening for mental disorders, depression, and alcohol and drug use
- Discussion of a patient's desire to have a family and development of an individualized plan reflecting any relevant preconception health needs
- Although sexual health assessment, including conversations about sexual practices and partners
- Screening for HIV and other sexually transmitted infections
- Discussion of intimate partner violence and any problems related to sexual function, which may signal other underlying disorders such as heart disease
- A detailed vaccination history
- A panel of lab tests for certain sexually transmitted infections
- Counseling on safer sex practices, including condom use,

pregnancy prevention and preconception health, and counseling on sexuality, sexual identity, relationships and sexual dysfunction

"Clinicians can utilize these guidelines to transform access to sexual and reproductive health services for male patients," says Melissa Weiler Gerber, president and CEO of AccessMatters, formerly Family Planning Council, the host organization for the Male Training Center run in collaboration with the Johns Hopkins University School of Medicine.

"We are confident these groundbreaking recommendations will make the delivery of services to males more comprehensive, regardless of where they receive their healthcare."

The report also urges clinicians to engage a patient's sexual partner in reproductive and sexual health conversations and to provide services to men who have sex with men that go beyond HIV counseling and prevention. Such couples, the authors say, may have other reproductive and [family planning](#) needs.

The report highlights areas that merit special attention among male teens and recommends that:

- Physicians specifically engage teens in talks about their transition into adulthood, sexual identity, sexual orientation and relevant risk factors.
- Clinicians remain hyper-vigilant about mental health issues among gay, bisexual and transgender teens due to these groups' well-known risk for depression, substance abuse and suicide.

Experts say it is critical for clinicians to provide sexual and reproductive health services to males at both ends of the age spectrum, including young teens and older men, the experts recommend.

"Clinicians should tactfully broach the subject of sexuality and health

with young and old alike," Marcell says. "It may be just as important to have these conversations with the 13-year-old on the cusp of initiating sexual relationships as it is with an older man who may be rediscovering sexuality after an 'off period' due to illness or loss of a loved one."

The teenage population represents a special opportunity to create lifelong healthy habits, the experts say, particularly in light of recent findings that gender gaps in preventive sexual and reproductive [health](#) care emerge early in life. Previous research has shown that primary care pediatricians are three times more likely to take a sexual history from girls than from boys, and are twice as likely to discuss the importance of condom use with girls than they are with boys. This is despite research showing that 75 percent of U.S. male teens report having a sexual encounter by the time they are 18, have more sexual partners than girls and have sex at an earlier age than girls.

The report also enumerates tests that should be no longer offered or recommended to patients due to lack of evidence of benefit include:

- Testicular self-exams
- Prostate-specific antigen (PSA) testing to screen for prostate cancer
- Routine urinalysis
- Physical exams for hernia
- Routine testing for anemia (low red blood cell count)

Provided by Johns Hopkins University School of Medicine

Citation: Report outlines 'must-have' sexual health services for men (2014, September 12) retrieved 26 April 2024 from

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