

Study identifies barriers to sexual health among male teens and young men

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Johns Hopkins researchers who conducted a dozen focus groups with 70

straight and gay/bisexual Hispanic and African-American males ages 15 to 24 report that gaining a better understanding of the context in which young men grow up will allow health care providers to improve this population's use of sexual and reproductive health care.

In a report of the research, published Jan. 6 in the *Journal of Adolescent Health*, the investigators say the sessions revealed the important influences of these [young men](#)'s social ecology on their use of such care, including the role of personal experiences and social interactions with family, peers and [health care](#) providers. For example, fears of [sexually transmitted infections](#) testing, having a choice in the provider they see, and a lack of clear messages about why to access the sexual and [reproductive health](#) care that young women receive were identified as common barriers to such care among these young men.

The [focus groups](#) were conducted between April 2013 and May 2014, and facilitated by trained male staff members matched by race/ethnicity.

"This study tells the story of how the health care system is not well-set up to serve young men's sexual and reproductive health care because it's often viewed as women's domain," says Arik Marcell, M.D., M.P.H., associate professor of pediatrics at the Johns Hopkins University School of Medicine and the paper's first author.

Few men also have received sexual and reproductive care (SRH) because historically, few clinical guidelines have outlined care that providers should deliver to this population, and few public health efforts have focused on engaging this population in SRH, he adds.

In an attempt to document young males' direct perceptions about SRH use, Marcell and his team held 60- to 90-minute focus group discussions with 70 males. Sixty-six percent (46 of 70) of participants were African-American, and the remaining 34 percent were Hispanic. In self-reported

histories, 84 percent (59 of 70) were heterosexual, and the remaining 16 percent were gay or bisexual.

The research team recruited participants from eight community settings, such as recreation centers, faith-based organizations and LGBT organizations, across Baltimore. Eight focus groups were conducted in English, and four were conducted in Spanish.

The research team says results of a five-minute self-administered questionnaire participants completed before the focus groups were conducted found that just over half of participants (38 of 70) had a regular source of care and health insurance (36 of 70). In the last year, the majority of participants—47 of 70—reported having had a physical exam, 35 said they received HIV testing and 27 received testing for sexually transmitted infections (STIs).

In the focus group sessions, some young men shared the belief that condom use protected them from HIV and other STIs, and they did not see the benefit for STI testing, whereas other young men made decisions to get tested based on self-assessed engagement in risky behaviors. Many said that in the absence of physical symptoms, they saw no reason to seek care or they feared results of a positive test for an STI. These young men also discussed wanting people in their lives to talk about sexual and reproductive health, and cited their mothers and [health care providers](#) as being very helpful sources of sexual and reproductive health information. However, some young men, especially adolescents, didn't always know where to go for sexual and reproductive health care and reported relying on their friends. Some participants also discussed needing greater self-confidence when asking and answering questions about their health in general, especially about their sexual health.

The focus group discussions also revealed that heterosexual male adolescent participants preferred female providers if given a choice,

Hispanic participants preferred Spanish-speaking providers and gay/bisexual young adults did not want providers to judge them based solely on their sexual orientation.

Long wait times at clinics, costs and concerns about privacy also emerged as deterrents to seeking sexual and reproductive health care, in addition to the stigma of being seen at certain types of clinics (e.g., STI clinics).

"This study adds to a small body of evidence that no one particular factor is responsible for young men's lack of engagement in SRH use. We need to think about working at multiple levels to effect change rather than focusing solely on the individual level, which may place undue blame on the individual," says Marcell.

Future research, Marcell says, focuses in part on a new program called [Project Connect Baltimore](#) that trains people who work in community settings, rather than only clinics, to talk with young men about SRH care and how to get it.

More information: Arik V. Marcell et al, The Socioecology of Sexual and Reproductive Health Care Use Among Young Urban Minority Males, *Journal of Adolescent Health* (2017). [DOI: 10.1016/j.jadohealth.2016.11.014](#)

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