

Integration of Male Services into Family Planning Settings

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Mission and Purpose Statements found in Title X Guidelines

2.0 The Law, Regulations, and Guidelines

“The mission of Title X is to provide individuals the information and means to exercise personal choice in determining the number and spacing of their children.”

7.0 Client Services

“Projects funded under Title X must provide clinical, informational, educational, social and referral services related to family planning to clients who want such services. All projects must offer a broad range of acceptable and effective medically approved family planning methods and services either on-site or by referral [59.5(a)(1)].”

8.2 COUNSELING

“The primary purpose of counseling in the family planning setting is to assist clients in reaching an informed decision regarding their reproductive health and the choice and continued use of family planning methods and services.”

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***Male Service Statements found in
Title X Guidelines (1 of 2)***

8.1 CLIENT EDUCATION

“Clients should be offered information about basic female and **male** reproductive anatomy and physiology, and the value of fertility regulation in maintaining individual and family health.”

8.3 HISTORY, PHYSICAL ASSESSMENT, AND LABORATORY TESTING

“At the initial comprehensive clinical visit, a complete medical history must be obtained on all female and **male** clients. “

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***Male Service Statements found in
Title X Guidelines (2 of 2)***

8.4 FERTILITY REGULATION

“~ Reversible Contraception

Currently, the reversible methods of contraception include barrier methods (female and **male**), IUDs, fertility awareness methods, natural family planning, and hormonal methods (injectables, implants, orals). “

“~ Permanent Contraception

The counseling and consent process must assure that the client's decision to undergo sterilization is completely voluntary and made with full knowledge of the permanence, risks, and benefits associated with female and **male** sterilization procedures. “

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***Forms Considerations Required to
Deliver Male Services***

- Patient Information and Education
- Initial Female Exam/Lab Exam
- Initial Male Exam/Lab Exam
- Health Flow Sheet
- Personal Medical History
- Return Female Exam/Lab Exam
- Return Male Exam/Lab Exam

***What additional forms, or forms revisions, are required
to provide male services?***

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***Simple Questions to Identify Possible
Opportunity for Male Service Delivery (1 of 2)***

- Are there males coming to your offices?
- Are these males in need of publicly supported programs?
- Could these males benefit from receiving family planning services?
- Are there policies and procedures in place for delivering services to males?
- Are staff aware of policies and trained to provide services to males?
- A female and male couple come to the office for a pregnancy test, is this an opportunity to provide male family planning services?

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Simple Questions to Identify Possible Opportunity for Male Service Delivery (2 of 2)

- A male patient comes into the office for STD testing, is this an opportunity to provide male family planning services?
- A female patient comes into the office for STD testing, is this a possible opportunity to identify a male patient in need of family planning services?
- A male patient comes into the office for STD testing, is this a possible opportunity to identify a female patient in need of family planning services?

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Areas Considered When Evaluating Integration of Male Services

- Policy
- Contracts/Fees
- Service Sites
- Staff Support
- Maintenance and Improvement

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Policy

- Title X male policy provides for a minimum male service package (as well as, some additional optional male services).
- The Infertility Prevention Program (IPP) portion of the Comprehensive STD Prevention Services (CSPS) grant allows for the inclusion of male testing for chlamydia and gonorrhea.
- Procedures for both the STD and Family Planning Clinics are incorporated into one policy/procedure manual: "The Reproductive and Sexual Health Manual" (Formerly the "Women's and Reproductive Health Manual").
- Program communications to network providers specifically note and encourage service delivery to partners.

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Contracts/Fees

- Contractual language specifically identifies service delivery to male.
- Program contracts clearly state specific "male service" payment rates.

Will your organization's boilerplate allow male specific language?

Who would formulate male specific fees/rates?

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Service Sites

- State STD and Family Planning service clinics are co-located.
- STD and Family Planning clinics integrate HIV services (counseling, testing and treatment referral).

What other male services may be currently co-located in your settings?

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Staff Support

- Director of Nursing
- Team of Clinical Practitioner Staff
- Support and Other Staff

Who are possible workgroup members in your operation?

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Maintenance and Improvement Considerations

- Training/education for staff (i.e. practitioners, reception).
- Development of patient educational/outreach material.
- Facility layout and design (i.e. waiting room, exam rooms).

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Indications of Improved Teen Male Sexual Behaviors

- 1988 to 1995
 - Teen Males ever had sex from 60 to 55%
 - First Intercourse Condom Use from 55 to 69 %
- 1995 to 2002
 - Teen Males ever had sex from 55 to 46%
 - First Intercourse Condom Use from 69 to 71%

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