

Male Sexual and Reproductive Health: The Role of Women's Health Nurse Practitioners



The National Association of Nurse Practitioners in Women's Health (NPWH) affirms the right of all individuals to quality, evidence-based sexual and reproductive health (SRH) care that is non-judgmental, respectful, and culturally appropriate. SRH is an important component in individuals' overall physical, emotional, and social well-being. SRH encompasses sexuality, sexual relationships, and all matters related to the function and processes of the reproductive system.¹ The SRH of one individual often intertwines with that of another individual or individuals.

Sexual and reproductive healthcare includes health promotion, disease prevention, and identification and treatment of disease. As such, SRH care addresses issues such as sexuality, reproductive life planning, fertility, contraception, preconception health, all pregnancy options, reproductive assistance options, sexually transmitted infections (STIs)/HIV infection, SRH-related vaccinations (e.g., HPV vaccination), sexual dysfunction, reproductive health-related illnesses such as breast and cervical cancers, and violence within relationships.^{2,3}

NPWH asserts that women's health nurse practitioners (WHNPs) have a uniquely strong educational foundation to provide SRH care for all individuals, inclusive of all gender identities and sexual orientations. The specific purpose of this position statement is to support the role of WHNPs in the provision of SRH care for males. Providing quality SRH care to males not only helps them preserve and promote their own health but also helps optimize SRH outcomes in females. Of note, throughout this position statement, we use the terms *male*, *female*, *man*, and *woman* to denote both cisgender and transgender individuals.

The role and the competencies of WHNPs are not setting specific. However, the environment in which WHNPs practice may or may not include opportunities for direct interaction with males as patients. WHNPs who provide healthcare in settings that include male and female patients (e.g., family practice offices, family planning clinics, school- and college-based health centers, reproductive endocrinology/fertility centers) can reach males who

might not otherwise receive SRH care. WHNPs who provide care in settings where males are generally not seen as patients (e.g., Ob/Gyn offices/clinics) may still have opportunities to reach male partners for a coordinated approach to SRH.

Background

Providing SRH care for males requires attention to removing barriers and innovation to engage them in a variety of settings. Males, as they move into adolescence and young adulthood (and exit pediatric care), are less likely than their female counterparts to seek preventive healthcare that can include SRH services.^{4,5} In fact, a large proportion of young men do not know where to access SRH care.^{4,6,7} Even when adolescent or young adult males are seen in a healthcare setting, many healthcare providers (HCPs) do not address SRH.^{4,8-10} Recent studies indicate that if discussion about SRH with male patients does occur, it is often limited to how to decrease STI risk, and that although males are willing to discuss SRH-related issues, they prefer that the HCP initiate the discussion.^{7,9}

Guidance for HCPs regarding the content and provision of SRH for males is often combined with recommendations for female SRH care. In 2014, the U.S. Office of Population Affairs (OPA) and the CDC developed and published recommendations for providing quality family planning and related preventive health services that include both female and male SRH services.² Family planning services, as defined in this document, include reproductive life planning, contraception, preconception health, pregnancy testing and counseling, basic infertility services, and STI screening and treatment. Other important SRH care components include screening for reproductive cancers, providing appropriate immunizations, and providing or referring for prenatal and abortion care as needed.³ The audience for these recommendations extends beyond providers at sites dedicated to family planning services to providers in *all* primary care settings.

To support HCPs in providing male SRH services, the Male Training Center for Family Planning and Reproductive Health (MTC) elaborated on the OPA/CDC document with the publication of *Preventive Male Sexual and Reproductive Health Care: Recommendations for Clinical Practice*.¹¹ The MTC document provides recommenda-

tions for eight health history components, three physical examination components, and six laboratory tests, as well as seven recommendations for counseling based on identification of risk.¹¹ *Box 1* outlines the MTC's recommendations for SRH services for males. HCPs can find additional guidance regarding male SRH care through multiple organizations' publications—and links to these publications—provided in *Box 2*.

The WHNP role in providing SRH care for males is not new. For more than two decades, the NPWH WHNP Guidelines for Practice and Education have included curriculum content on evaluation and management of common SRH problems in males. Likewise, the National Certification Corporation's WHNP certification exam has included male SRH content for more than two decades.

Implications for WHNP practice

WHNPs provide SRH care for males directly (or indirectly) as primary care providers or as specialty care providers in areas such as reproductive endocrinology/fertility and breast health.

- WHNPs who provide healthcare solely for females can give their patients information on male SRH to share with their male partners. The goal is to support male SRH that enhances the health of female patients and optimizes family planning, pregnancy outcomes, and the physical and emotional health of relationships.
- WHNPs who provide healthcare solely for females may consider incorporating male SRH care in a couple's approach in the clinical setting. Again, the goal is to support male SRH, which enhances the health

Box 1. MTC checklist for core SRH services/components for males¹¹

The MTC document provides detailed summaries of content and approaches to addressing each component listed, recommended frequency of services, and rationales for services not recommended (e.g., testicular cancer screen, teaching testicular self-exam, routine gonorrhea screening for males at low risk for infection).

History

- Reproductive life plan
- Standard health history
- Additional visit-specific history components related to preconception health and basic infertility
- Comprehensive sexual health assessment
- Problems with sexual function
- Intimate partner and sexual violence
- Other history components related to male SRH: alcohol and drug use, tobacco use, depression
- Vaccination history as pertains to SRH-related immunizations (e.g., HPV vaccine)

Physical examination

- Height, weight, BMI
- Blood pressure
- External genital/perianal exam if indicated

Laboratory testing (based on specific at-risk categories)

- Chlamydia, gonorrhea, syphilis
- HIV/AIDS
- Hepatitis C
- Diabetes

Counseling

- Condom use, with demonstration and practice
- STIs/HIV
- Pregnancy prevention
- Preconception health
- Sexuality/relationships
- Sexual dysfunction
- Infertility

BMI, body mass index; HPV, human papillomavirus; MTC, Male Training Center for Family Planning and Reproductive Health; SRH, sexual and reproductive health; STI, sexually transmitted infection.

Current NPWH WHNP Guidelines for Practice and Education include comprehensive curriculum content for male SRH addressing all of the MTC recommendations (*Box 3*).¹² The WHNP certification exam includes male SRH issues outlined to include sexuality/sexual dysfunction, contraception, infertility, and STIs.¹³ WHNPs educationally prepared to provide assessment and management of common male SRH concerns are qualified to provide this care in the variety of clinical settings where they work.

of female patients and optimizes family planning, pregnancy outcomes, and the physical and emotional health of relationships.

- WHNPs providing care in settings where males are routinely seen (e.g., family practice offices, family planning clinics, school- and college-based health centers, reproductive endocrinology/fertility centers) have opportunities to provide direct male SRH care in such settings. The goal expands beyond enhancing the health of female patients to enhancing the SRH of males.

Box 2. Sample resources for male sexual and reproductive health

- American Academy of Family Physicians. Preconception Care (Position Paper). aafp.org/about/policies/all/preconception-care.html
- American Academy of Pediatrics. Committee on Adolescence: Male Adolescent Sexual and Reproductive Health Care. pediatrics.aappublications.org/content/pediatrics/early/2011/11/22/peds.2011-2384.full.pdf
- American Society for Reproductive Medicine. Diagnostic Evaluation of the Infertile Male: A Committee Opinion. asrm.org/globalassets/asrm/asrm-content/news-and-publications/practice-guidelines/for-non-members/diagnostic_evaluation_of_the_infertile_male_a_committee_opinion-noprint.pdf
- Association of Reproductive Health Professionals. Male Reproductive Health topics. arhp.org/male-reproductive-health
- Bedsider. Guy's Guide. bedsider.org/guys_guide
- Center of Excellence for Transgender Health. Fertility Options for Transgender Persons. transhealth.ucsf.edu/trans?page=guidelines-fertility
- CDC. Providing Quality Family Planning Services — Recommendations of CDC and the U.S. Office of Population Affairs. cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm
- CDC. Recommendations to Improve Preconception Health and Health Care — United States. cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm
- CDC. 2015 Sexually Transmitted Diseases Treatment Guidelines. cdc.gov/std/tg2015/default.htm
- CDC. Update: Providing Quality Family Planning Services — Recommendations from CDC and the U.S. Office of Population Affairs, 2017. cdc.gov/mmwr/volumes/66/wr/mm6650a4.htm
- Male Training Center for Family Planning and Reproductive Health. Preventive Male Sexual and Reproductive Health Care: Recommendations for Clinical Practice. maletrainingcenter.org/wp-content/uploads/2014/09/MTC_White_Paper_2014_V2.pdf
- National Association of Nurse Practitioners in Women's Health. Position Statement: Healthcare for Transgender and Gender Non-Conforming Individuals. npwomenshealthcare.com/wp-content/uploads/2018/03/WHNP0318_PosStatement_TransgenderHealthcare.pdf
- National Coalition for Sexual Health. Sexual Health and Your Patients: A Provider's Guide. nationalcoalitionforsexualhealth.org/tools-for-healthcare-providers/document/ProviderGuide.pdf
- Society for Adolescent Health and Medicine. Sexual and Reproductive Health Care: A Position Paper of the Society for Adolescent Health and Medicine. [jahonline.org/article/S1054-139X\(14\)00052-4/abstract](http://jahonline.org/article/S1054-139X(14)00052-4/abstract)

Box 3. NPWH male SRH and related curriculum content¹²

The WHNP recognizes and provides basic management and/or referral for common male reproductive and sexual health problems. The WHNP approaches evaluation and management with attention to impact of gender on health.

Male SRH-specific curriculum content

- Reproductive anatomy, physiology, and endocrinology
- Reproductive pathophysiology
- Physical assessment
- Diagnostic and screening tests
- Fertility and contraception
- Reproductive life planning
- Infertility
- Sexually transmitted infections
- Sexual dysfunction

Other related curriculum content

- Assisted reproduction
- Environmental and occupation health risks
- Family dynamics and parenting
- Genetic risk assessment and referral
- Lesbian, gay, bisexual, and transgender care
- Mental health
- Preconception care
- Sexuality and sexual health
- Smoking cessation
- Substance abuse
- Violence and abuse treatment and prevention

SRH, sexual and reproductive health; WHNP, women's health nurse practitioner.

- WHNPs are educationally prepared to provide SRH care for individuals inclusive of all gender identities and sexual orientations. WHNPs provide SRH care based on the individual needs of each patient.

Recommendations

NPWH recommends that WHNPs do the following:

- Engage in learning opportunities to maintain, update, and/or expand knowledge and skills that enable them

- to provide and promote SRH care for all individuals and couples within the context of their clinical setting.
- Include provision of SRH care for individuals inclusive of all gender identities in collaborative practice agreements in states where such written agreements are required.
- Establish referral resources for SRH concerns to meet the needs of patients and partners.

NPWH will provide leadership to ensure that:

- Faculty of WHNP programs have resources to continue to provide up-to-date, evidence-based male SRH content in the curriculum.
- Continuing education programs and resources are available for WHNPs to maintain, update, and/or expand their knowledge and skills with regard to male SRH care.
- WHNPs have SRH informational resources to share with both male and female patients.
- WHNPs' scope of practice regulations do not restrict them from providing male SRH care within the parameters of their education and competency.

References

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