

Male Sexual and Reproductive Health: 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 nonjudgmental, respectful, and culturally appropriate. SRH is an important component in individuals' overall physical, emotional, and social wellbeing. SRH encompasses sexual function and dysfunction, family planning, infertility, sexually transmitted infections (STIs), and all matters related to the function and processes of the reproductive system.¹ The SRH of one individual often intertwines with that of one or more other individuals.

SRH care includes health promotion, screening, disease prevention, and identification and treatment of disease. As such, SRH care most commonly addresses issues such as sexuality, reproductive life planning, fertility, contraception options, preconception health, all pregnancy options, reproductive assistance options, STIs, SRH-related vaccinations (eg, human papilloma virus vaccination), sexual dysfunction, reproductive health-related diseases such as reproductive cancers, and violence within relationships.^{2,3}

NPWH asserts that women's health nurse practitioners (WHNPs) have a strong educational foundation to provide SRH care for all individuals, inclusive of sex, gender, and sexual orientation. The purpose of this position statement is to support the role of WHNPs in the provision of SRH care for males. NPWH recognizes that sex, gender, and sexual orientation exist on a continuum. This document uses the term male to mean individuals assigned male at birth, with sexual and reproductive male genitalia. Providing holistic and quality SRH care to people of all genders not only helps preserve and promote their own health but also may help optimize SRH outcomes in partners.

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

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} 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.^{4,8,9} Evidence supports that if discussion about SRH with male patients does occur, it is often limited to how to decrease STI risk, and although males are willing to discuss SRH-related issues, they prefer the HCP initiate the discussion.^{7,9}

Guidance for HCPs on the content and provision of SRH for males is often combined with recommendations for female SRH care. In 2017, the United States Office of Population Affairs (OPA) and the Centers for Disease Control and Prevention (CDC) reaffirmed and updated recommendations for providing quality family planning and related preventive healthcare that includes 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 Reproduc-

Box 1. MTC checklist for core SRH services/components for males¹⁰

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 (eg, 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 (eg, 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

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

BMI, body mass index; HPV, human papilloma virus; MTC, Male Training Center; SRH, sexual and reproductive health; STI, sexually transmitted infection.

Box 2. Resources for male sexual and reproductive health

- American Academy of Family Physicians. Preconception Care (Position Paper). 2015; reaffirmed 2022. [aafp.org/about/policies/all/preconception-care.html](https://www.aafp.org/about/policies/all/preconception-care.html)^A
- Bedsider. Guy's guide. [bedsider.org/guys_guide](https://www.bedsider.org/guys_guide)^B
- Centers for Disease Control and Prevention. Before pregnancy. Information for men. [cdc.gov/preconception/men.html](https://www.cdc.gov/preconception/men.html)^C
- Centers for Disease Control and Prevention. Sexually Transmitted Infections Treatment Guidelines, 2021. [cdc.gov/std/treatment-guidelines/default.htm](https://www.cdc.gov/std/treatment-guidelines/default.htm)^D
- Gavin L, Pazol K, Ahrens K. Update: Providing Quality Family Planning Services — Recommendations from CDC and the U.S. Office of Population Affairs, 2017. *MMWR Morb Mortal Wkly Rep.* 2017;66:1383–1385.
- Grubbs LK, Powers M; American Academy of Pediatrics Committee on Adolescence. Emerging issues in male adolescent sexual and reproductive health care. *Pediatrics.* 2020;145(5):e20200627.
- Marcell AV, Male Training Center for Family Planning and Reproductive Health. Preventive Male Sexual and Reproductive Health Care: Recommendations for Clinical Practice. [rhntc.org/sites/default/files/resources/mtc_male_prevrhc_2014.pdf](https://www.rhntc.org/sites/default/files/resources/mtc_male_prevrhc_2014.pdf)^E
- National Association of Nurse Practitioners in Women's Health. Position Statement: Healthcare for Transgender and Gender Diverse Individuals, 2022. [npwh.org/page/positionstatements](https://www.npwh.org/page/positionstatements)^F
- National Association of Nurse Practitioners in Women's Health. Position Statement: Men with Breast Conditions: The Role of the WHNP Specializing in Breast Care, 2018. [npwh.org/page/positionstatements](https://www.npwh.org/page/positionstatements)^F
- National Coalition for Sexual Health. Sexual Health and Your Patients: A Provider's Guide, 2022. [nationalcoalitionforsexualhealth.org/tools-for-healthcare-providers/asset/Provider-Guide_May-2022.pdf](https://www.nationalcoalitionforsexualhealth.org/tools-for-healthcare-providers/asset/Provider-Guide_May-2022.pdf)^G
- Society for Adolescent Health and Medicine, Marcell AV, Bell DL, Joffe A; SAHM Male Health Special Interest Group. The male genital examination: a position paper of the Society for Adolescent Health and Medicine. *J Adolesc Health.* 2012;50(4):424–425.

tive Health (MTC) remains the gold standard of male SRH assessment and elaborated on the OPA/CDC document with the publication of its report “Preventive Male Sexual and Reproductive Health Care: Recommendations for Clinical Practice.”¹⁰ The MTC document provides recommendations 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.¹⁰ *Box 1* outlines the MTC’s recommendations for SRH services for males.¹⁰ HCPs can find additional guidance on male SRH care through publications from a variety of organizations (*Box 2*).

The WHNP role in providing SRH care for males spans more than two decades. The NPWH WHNP guidelines for practice and education have always included curriculum content on SRH promotion/disease prevention and evaluation and management of common SRH concerns in males. Similarly, the National Certification Corporation WHNP certification exam has included male SRH content for more than two decades. Current NPWH WHNP guidelines for practice and education include comprehensive curriculum content for male SRH addressing all MTC recommendations (*Box 3*).¹¹ The WHNP certification exam includes male SRH issues outlined to include sexuality/sexual dysfunction, contraception, infertility, and STIs.¹² WHNPs educationally prepared to provide assessment and management of common male SRH concerns are qualified to provide this care in the various clinical settings where they work.

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, reproductive oncology, and breast health.

- WHNPs who provide healthcare solely for females may consider incorporating male SRH into their practice indirectly by providing their patients information on male SRH to share with male partners. The goal is to support male SRH that enhances the health and safety of both partners and optimizes sexual health, family planning, pregnancy outcomes, and the physical and emotional health of relationships.
- WHNPs providing care in settings where males are routinely seen (eg, family practice offices, family planning clinics, school- and college-based health centers, reproductive endocrinology/fertility centers) have opportunities to provide direct male SRH care. The goal expands beyond enhancing

Box 3. NPWH male SRH and related curriculum content¹¹

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 the 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 occupational health risks
- Family dynamics and parenting
- Genetic risk assessment and referral
- Lesbian, gay, bisexual, and transgender care
- Mental health
- Prepregnancy 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.

the health of female patients to directly providing opportunities for safe and evidence-based SRH services to males.

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

Recommendations

NPWH recommends that WHNPs do the following:

- Engage in learning and professional development opportunities to maintain, update, and/or expand knowledge, skills, and abilities that enable them to provide and promote SRH care for all individuals within the context of their clinical setting.
- Incorporate provision of SRH care inclusive for all individuals 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 education 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, skills, and abilities about 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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11. National Association of Nurse Practitioners in *Women's Health*. *Women's Health Nurse Practitioner: Guidelines for Practice and Education*, 8th ed. Washington DC: National Association of Nurse Practitioners in Women's Health; 2020.
12. National Certification Corporation. 2022 Candidate Guide: Women's Health Care Nurse Practitioner. Chicago, IL: National Certification Corporation; 2022.

Web resources

- A. aafp.org/about/policies/all/preconception-care.html
- B. bedsider.org/guys_guide
- C. cdc.gov/preconception/men.html
- D. cdc.gov/std/treatment-guidelines/default.htm
- E. rhntc.org/sites/default/files/resources/mtc_male_prevrhc_2014.pdf
- F. npwh.org/page/positionstatements
- G. nationalcoalitionforsexualhealth.org/tools/for-healthcareproviders/asset/Provider-Guide_May-2022.pdf

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