

## Male CoP Podcast: Introducing RH Services to Male Clients

### INTRODUCTION

#### *Moderator (Ginny)*

**Moderator:** Welcome to this podcast on “Introducing Reproductive Health Services to Male Clients.”

I’m Ginny Cassidy-Brinn, a Nurse Practitioner in Washington State. I’m thrilled to be a part of this podcast, because in my role as a practicing clinician, I see firsthand the importance of involving males in reproductive health services. One of my clients recently told me how much it meant to him to be in our clinic, because for the first time he felt comfortable enough to bring up his questions about sex.

Men have an important role to play in planning families and preventing unintended pregnancies and sexually transmitted infections. Using effective birth control consistently increases when both partners are involved.

Sometimes, clinic staff aren’t sure how to bring up the topic of sex or birth control with men who come into the clinic, either with their partners, or for other types of services. So in the next 15 minutes, we’re going to listen to 3 examples of ways you can introduce this topic.

Our first client is Paul, a 16 year old who came to the clinic today for a school athletics physical. We join Paul and Sonia, a health educator, partway through their visit, where they’ve already talked about his reason for being at the clinic, and reviewed his health history.

### SCENARIO 1

#### *Sonia, a health educator (Kathy) and Paul, a 16-year old boy (Alex)*

**Sonia:** Okay, Paul, we’ve covered your health history, and in a few minutes, I’ll walk you back to the exam room for your physical. Before we do that, I want to let you know that a lot of guys who come in, like you, for a school physical, find it really helpful to also talk about birth control.

**Paul:** Oh...okay...

**Sonia:** You sound surprised.

**Paul:** Um, yeah. I wasn’t thinking of anything like that.

**Sonia:** Well, now that I’ve brought it up, what DO you think about it?

**Paul:** Um, well, I have a girlfriend, but we haven’t ...

**Sonia:** You haven’t had sex?

**Paul:** Not really ...

**Sonia:** Sounds like you’re thinking about it, is that right? Or you’ve maybe even gotten close?

**Paul:** Yeah, that’s it.

**Sonia:** So have you and your girlfriend talked about having sex?

**Paul:** Not really, it’s just that ... we’ve been hanging out for a couple of months, and, recently, things have gotten kind of intense a couple times.

**Sonia:** So you’ve been together a couple of months and you said “you’ve gotten close...” I’m wondering if you could say that to your girlfriend and then maybe talk about this together before anything happens. That way, you’re both sure this is what you want to do.

**Paul:** (pause) Yeah maybe....

**Sonia:** What do you think it would be like, to talk with her?

**Paul:** (pause) Okay, I guess. It would kinda be nice to hear about her...you know, to hear what she’s been thinking.

**Sonia:** Great! So how do you think you might bring it up with her?

**Paul:** I don’t know. What do you think... ?

**Sonia:** Well, what would it be like to just say, “you know, we’ve gotten really close to having sex a couple of times, and I want to hear what you think about having sex and if it’s something you want”?

**Paul:** Yeah, I could do that. I mean, you're right, we should talk about it.

**Sonia:** And then, you could also talk about birth control. How important is that to you?

**Paul:** You mean, important that she doesn't get pregnant? Yeah, that's important!

**Sonia:** Good, it's good to be clear about that.

**Paul:** Um, actually, she's on the pill, she told me.

**Sonia:** That's really great that you two talked about that. Okay, so if you both decide that you do want to have sex, and don't want to get pregnant, the pill is really great protection from pregnancy, assuming she's taking it every day. But it would still be good to talk about it more, especially since there are other methods that are even more effective.

**Paul:** Really!? I thought the pill was the best way.

**Sonia:** Well the pill is very effective. Typically - 88 to 94 women out of 100 won't get pregnant using it. Often if women get pregnant, it's because they forget to take the pill every day. For other methods, like IUDs or implants, 99 women out of 100 will avoid pregnancy. Once an IUD or implant is in place there's nothing more for her to do.

**Paul:** Well, I really did *not* know that.

**Sonia:** Maybe you and your girlfriend would like to come in to the clinic and learn more about your options together?

**Paul:** Yeah, that actually sounds really good. I definitely don't want her to get pregnant.

**Sonia:** Great! That's a great plan. So what other questions do you have today?

*[Fade out, as Paul says, "I don't know, I guess I've been really tired lately at school ... "]*

## SUMMARY AND TRANSITION

### *Moderator (Ginny)*

**Moderator:** I'm sure you noticed a couple of things that Sonia did to make Paul feel more comfortable. First, she spent some time with him on routine health history. That gave her a chance to establish rapport and build trust. Next, when she introduced the topic of birth control, she normalized it by saying "a lot of guys find it helpful ..." This sort of normalizing language can be good to use with all patients, but particularly so with men and boys who may not be accustomed to discussing birth control and reproductive health with their medical providers. She also kept it conversational by asking questions, and making only one point at a time, instead of lecturing. And finally, she made sure, throughout the conversation, to affirm Paul by saying things like, "Good," and "That's a great plan."

Now we're going to listen in on another session. This time, we're joining health educator, Sharita, as she meets with Janna and her boyfriend Brian. Janna is 23 years old, and is here for her health checkup and birth control. After talking with Janna for awhile in her office, Sharita asked Janna how she would feel about including Brian, and Janna thought that was a great idea. As we join them, they've already reviewed Janna's health history, and discussed contraceptive methods and how she doesn't want to become pregnant right now. She's currently taking birth control pills.

## SCENARIO 2

### *Sharita, a health educator (Karen); Janna, a 23-year old woman (Erin); Brian, Janna's boyfriend (Eric)*

**Sharita:** So Janna – You've been on pills for about 4 years now, right?

**Janna:** Yep, that's right.

**Sharita:** And how is that going?

**Janna:** I love them, actually! I love having lighter periods, and I don't ever get cramps anymore.

**Sharita:** Excellent! You really like them. Any other issues or questions you might have in taking them...?

**Janna:** Well, I'm mostly pretty good about remembering, but if my schedule changes – well, I'm a waitress and when my shift changes, and I'm busy when I normally would take a pill, sometimes I don't do it right away. Or if I spend the night at Brian's ... just really whenever I'm not in my routine, you know?

**Sharita:** What do you do if you miss a pill.... ?

**Janna:** Oh, well – I take it as soon as I remember, but I’m usually never more than a day late.

**Sharita:** Well, you probably know they’re most effective if you take them every day – really around the same time every day ... (with a smile in her voice)

**Janna:** Yeah, I know ...(pause before Sharita speaks up)

**Sharita:** So Brian, what are your thoughts about this?

**Brian:** I’m not sure ... what do you mean?

**Sharita:** Well, If you think about Janna missing a pill or 2 - - and then she got pregnant. How would you feel?

**Brian:** Oh, that would not be good, especially, not right now!

**Sharita:** Okay, so I’m wondering if you have any ideas about what you could do to help Janna take a pill every day, and really about the same time every day? It’s not as easy as it sounds!

**Brian:** Right. I get that. Ummm, well, I could remind her ...

**Sharita:** Good! So how could you do that, I mean reminding her?

**Brian:** Well, since she has the hardest time remembering when she’s at my place, that would be the obvious time. And when her work schedule is different, I know that, and we text all the time, I could text her when it’s time to take the pill?

**Sharita:** Those are great ideas, Brian! Janna, how does all this sound to you?

**Janna:** I would actually love not feeling like it’s all my responsibility.

**Sharita:** And Brian?

**Brian:** Well, I’d really like to help out.

**Sharita:** Okay, *[fade out]* it sounds to me like you two can talk a little bit more about this ...

## SUMMARY AND TRANSITION

### *Moderator (Ginny)*

**Moderator:** When female clients have male partners, involving the male partners in the visit can be helpful. Their involvement can translate to their being very supportive in preventing an unintended pregnancy. It’s also an opportunity to learn more about their goals related to having children.

This could be a good motivator for him to be supportive of Janna. And Sharita, the health educator, did a great job of checking back in with Janna to make sure she was comfortable with the type of support that Brian was talking about.

Now let’s move on to our 3<sup>rd</sup> and final male reproductive health visit. We’ll be joining health educator Hector, as he talks with Michael. Michael is a 30-year-old who has come to the clinic because of STD symptoms. We join Hector and Michael after they have reviewed Michael’s health history and have noted his symptoms for the provider. The provider will later do the exam, and also order any necessary tests.

## SCENARIO 3

### *Hector, a health educator (Brett); Michael, a 30-year old man (Nathan)*

**Hector:** I’m so glad you came in today to get this checked out, Michael. I know that it isn’t always easy to come to a clinic for an STD check. How about we talk about how to prevent this in the future?

**Michael:** Yeah, that would be good. Talk about embarrassing!

**Hector:** You mentioned earlier that you’re pretty sure where you got this. Can you tell me more about that?

**Michael:** Yeah, it was a stupid one-nighter. I met him in a bar, went to his place ... it’s got to be him, cause other than that one night, I’ve only been with one other person and haven’t had any problems till now.

**Hector:** Okay, so when was this one-nighter?

**Michael:** Oh, that was like a month ago.

**Hector:** Okay, tell me more about this other person you haven't had any problems with. Can you tell me more about that partner?

**Michael:** Nothing serious, I guess you could call it a friend with benefits, that kind of thing? I guess it's been about 7 or 8 months we've been together.

**Hector:** You say you've been with this person for 7 or 8 months, but no evidence of any kind of STD ... is that because you've been using protection, like condoms?

**Michael:** Well, no, we don't. I mean, it just never seemed necessary, but maybe now I'll think about it.

**Hector:** Probably a good idea. How do you think you'll bring that up, since you haven't been using them?

**Michael:** Yeah, that's a good point, I guess I'll have to tell her about this one-nighter. But like I said, we don't have anything going on, she knows I hook up with guys sometimes.

**Hector:** So it sounds like you think using condoms with her will be okay? She'll be alright with it? And you can bring up the idea?

**Michael:** Yeah, I probably should have talked to her – Elise - before.

**Hector:** What has been your experience with condoms in the past?

**Michael:** Oh fine, no problems. I just don't always use them.

**Hector:** Okay. And how about birth control?

**Michael:** Not sure what you mean ...

**Hector:** Well, your plan to use condoms with Elise is great -- they're highly effective in preventing STDs. But there are other methods that are more effective at preventing pregnancy. Since Elise is female, getting pregnant might be a possibility, right?

**Michael:** I guess...yeah, I know she wants kids someday, just not anytime soon, she's in grad school, she's way too busy. That's why this friends with benefits works for her, too, she doesn't have time for a steady boyfriend.

**Hector:** And how about you ... kids in your future too?

**Michael:** I hope so.

**Hector:** Good to know. So - have you and Elise ever talked about birth control? Do you know if she's using something?

**Michael:** I just assumed she was, since we've talked about not having kids right now ... but actually no, I don't know for sure ... I guess I better ask her!

**Hector:** That sounds like an excellent plan. What if she says she's not using anything?

**Michael:** I bet she is, but if she's not, I'll tell her she needs to come in here to get on something; I'll even come with her if she wants.

**Hector:** That would be great. You're probably right, since she's so clear she doesn't want kids right now, but like you say, she's so busy, it may be something she hasn't taken the time to do. So, talking with her and offering to come in here with her might be really helpful for her. **[Fade out]** So let's talk more about what happens next here in the clinic today ...

## SUMMARY AND TRANSITION

### *Moderator (Ginny)*

**Moderator:** I'm sure you noticed that Hector didn't make any assumptions about the gender of Michael's friend. Michael eventually said "her," but if he hadn't, Hector would have asked directly, to find out if pregnancy was a possibility, to make sure birth control was discussed. Hector also included reproductive life planning questions that clarify goals related to Michael's interest in wanting to have children at some point in the future. Hector's nonjudgmental, client-centered approach is a great example of how to introduce the topic of birth control with male clients.

That wraps up our podcast on "Introducing Reproductive Health Services to Male Clients." We hope you found it helpful, and if so, please refer other staff at your clinic to the online community of practice for Implementing Male Services, so they can listen to this podcast and check out all the other resources available there on serving males! You can find the community of practice by visiting [www.fpntc.org](http://www.fpntc.org) and clicking the "Communities of Practice" tab at the top of the page. Thanks for listening!