

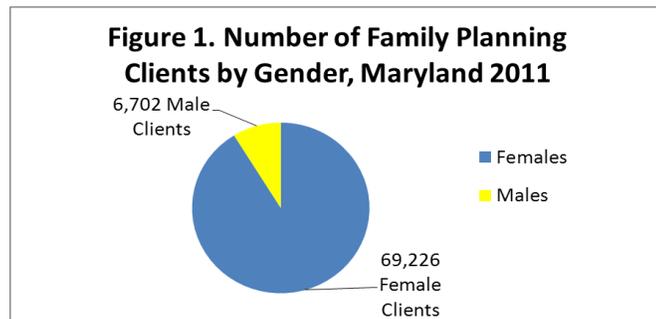


Reproductive Health in Maryland

Focus on Men's Reproductive Health

June 2013

Although Family Planning is usually thought of in the context of providing services and information for women, the Federal Title X Family Planning Program provides reproductive health programs for males as well as females (Figure 1). The provision of reproductive health services to males is important so that women and men of child-bearing age can have healthy children when they want. Unintended pregnancy, sexually transmitted infections, and HIV/AIDS are also serious problems for young men. In efforts to address these problems, Title X recommends the inclusion of Family Planning services for males into programs where males are already receiving other services.



Data Source: MD Family Planning Data System

Male Involvement Committee Guidelines recommend that male sexual and reproductive services include screening, health promotion, education, counseling, clinical diagnosis, and treatment.¹

It is also recommended that facilities providing services to men have the ability to treat or refer patients diagnosed with impotence and erectile dysfunction, premature ejaculation, skin lesions of the genital tract, other reproductive system disorders, hernias, sexually transmitted infections, vasectomy, and fertility evaluation.

Best Practices

Screening should include questions about:

- sexual and reproductive history
- history of sexually transmitted infections
- contraception
- function and body image concerns
- emotional and mental health
- substance use and/or abuse
- a physical exam

Health Promotion and counseling should cover:

- anatomy and puberty
- sexual function and physiology
- sexual behavior
- contraception
- how herbal supplement, medication, and substance use/abuse affect sexual function
- interpersonal communication skills on sexual and reproductive behavior
- genital health and hygiene
- cancer
- sexually transmitted infections

Demographics of Male Family Planning Clients

The Maryland Family Planning Program collects data on client visits.² From 2007 to 2011, the program has seen an 81% increase in the number of male Family Planning users. The percentage of total male clients under age 20 increased from 26.8% to 31.3% over the period (Figure 2). In 2011, the following jurisdictions had clinics that exceeded 10% in the portion of clients seen that were men: Baltimore City, Calvert, Charles, Harford, Prince George's, St. Mary's, and Wicomico Counties. This is due in part to the increase of males coming into Family Planning through Sexually Transmitted Disease, (STD) Clinics, through the merging of some jurisdictions' Family Planning and STD Clinics, and the provision of Family Planning counseling services in some STD clinics. The increasing percentage of male Family Planning clients over age 44 is most likely due to men in this age group seeking STD screening and treatment. The Family Planning Program focuses on men and women of childbearing age, ages 15 to 44.

Non-Hispanic Black men represented the largest percentage of male Family Planning clinic clients (Figure 3). During the period between 2007 and 2011, the largest increases in the number of male Family Planning users occurred among Non-Hispanic Blacks, however, Non-Hispanic White and Hispanic clients also increased substantially, more than doubling their percentage of total clients.

Figure 2. Percentage of Total Family Planning Clients Who are Male by Age, Maryland 2007 - 2011

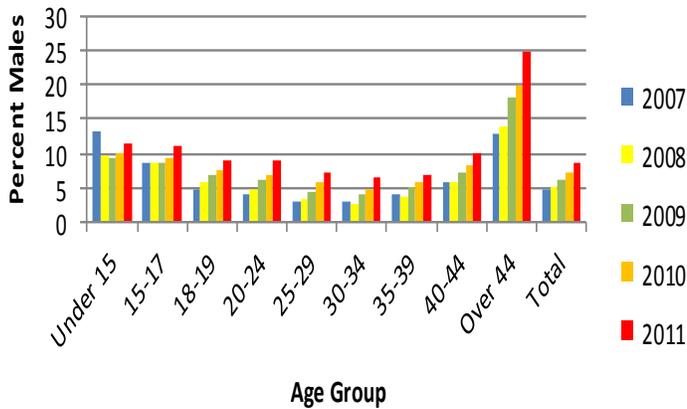


Table 1. Male Family Planning Clients by Age, Maryland 2011

Age Group	# Males	% Total Clients
Under 15	140	11.3
15-17	765	11.1
18-19	743	8.9
20-24	2,111	9.0
25-29	1,190	7.1
30-34	615	6.5
35-39	330	6.7
40-44	261	10.2
Over 44	547	25.0
Total	6,702	8.8

% Total Clients = Male and Female Clients for the Age Group

Figure 3. Percentage of Total Family Planning Clients Who are Male by Race and Ethnicity, Maryland, 2007 - 2011

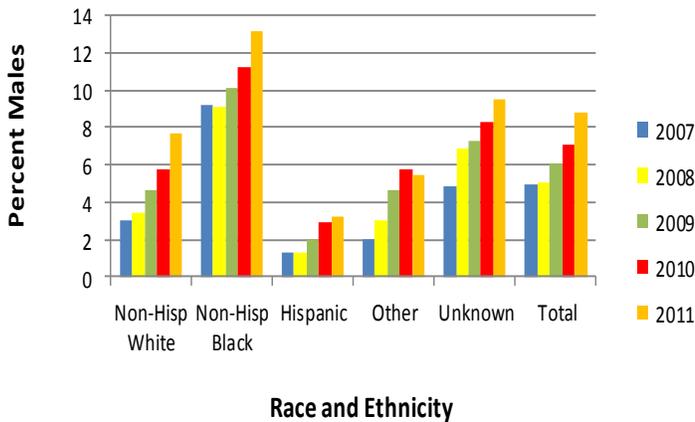


Table 2. Male Family Planning Clients by Race/Ethnicity, Maryland 2011

Race/Ethnicity	# Males	% Total Clients
Non-Hisp White	2,124	7.7
Non-Hisp Black	3,786	13.2
Hispanic	501	3.2
Other	128	5.5
Unknown	163	9.5
Total	6,702	8.8

% Total Clients = Male and Female for the Race/Ethnicity

Primary Contraceptive Methods

Male Family Planning clients in Maryland have mostly reported using male condoms and reliance on their female partner's method as their primary method of contraception or for sexually transmitted disease prevention (Table 3). Recommended practices call for men to be counseled on Fertility Awareness Methods, Emergency Contraception, Condoms and female contraception methods that include a discussion of his beliefs concerning responsibility for birth control, knowledge of a female partner's fertile period, the need for post-sex contraception due to method failure or spontaneity, male and female barrier methods that provide protection from some STIs as well as pregnancy, and hormonal methods including side effects.

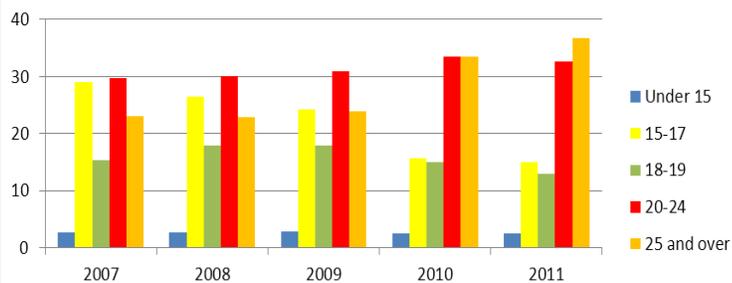
Table 3. Percentage of Male Family Planning Clients by Primary Method of Contraception, Maryland 2007-2011

Primary Method	% Total Methods Used
Male Condom	79.7
Reliance on Female Method	6.9
Other Reason	5.4
Abstinence	5.1
Vasectomy	1.0
Withdrawal/Other Method	0.7
Partner Pregnant/Seeking Pregnancy	0.6
Method Unknown	0.3
Fertility Awareness Method	0.2

Sexually Transmitted Infections

In some jurisdictions, men may enter Maryland’s Family Planning Program when tested, diagnosed, and treated for sexually transmitted infections in STD clinics. Males coming directly into Family Planning Clinics when they accompany a female client who is symptomatic or diagnosed with a sexually transmitted infection are also tested, diagnosed and treated for sexually transmitted infections. Calvert, St. Mary’s, Talbot, Washington, and Wicomico Counties have combined STD and Family Planning clinical services.

Figure 4. Percentage of Male Family Planning Clients Tested for Chlamydia in Maryland, 2007-2011

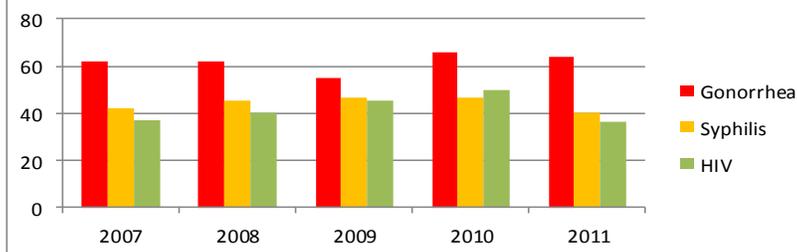


Data Source: MD Family Planning Data System

Chlamydia in males is often asymptomatic and due to the lack of symptoms is easily spread to their partners. To prevent infertility, the Centers for Disease Control’s Infertility Prevention Project Guidelines specify testing for chlamydia in male and female Family Planning clients aged 15 to 25 years old.³ Males examined in Sexually Transmitted Disease clinics may be of all ages which explains the high testing rate among men 25 and older in Maryland (Figure 4).

Men are also tested for gonorrhea, syphilis, and HIV in Family Planning clinics, although they often agree to syphilis and HIV testing secondarily to gonorrhea testing. Over the period 2007–2010, the number of male Family Planning clients tested increased: 2,307 to 3,696 for gonorrhea, 1,566 to 2,610 for syphilis, and 1,361 to 2,782 for HIV. However, due to cuts in funding for gonorrhea testing in 2011, the percentage of men tested for gonorrhea, syphilis, and HIV decreased that year (Figure 5).

Figure 5. Percentage of Male Family Planning Clients Tested for STDs in Maryland, 2007-2011



% Total Tested = % of Male Clients Tested for the particular Sexually Transmitted Infection

Table 4. Male Family Planning Clients Tested for STIs in Maryland, 2011

Test Type	# Males Tested	% Males Tested
Gonorrhea	4,290	64.0
Syphilis	2,374	39.9
HIV	2,422	36.1

Discussion

Family Planning is important to males as well as females in the prevention of unwanted pregnancies, sexually transmitted infection diagnosis and treatment, prevention of infertility, and for the provision of information on genital health, function, and hygiene. Maryland Family Planning clinics are working to reach out to men to encourage use of Family Planning services through their partners, STD clinics, and other places where males work, play, and seek other types of services. The goal of the Maryland Family Planning Program is to increase the number of male Family Planning visits in Maryland by 2% each year.

Limitations

Race/ethnicity and primary contraceptive methods data are from clients' self-report.

Methodology

Data on client visits are submitted from Maryland Family Planning clinics to the Maryland Family Planning Data system on a quarterly basis and are summarized in the Title X Family Planning Annual Report.

Resources

¹Guidelines for Male Sexual and Reproductive Health Services, 2009 edition
Region II Male Involvement Advisory Committee

www.wvdhhr.org/fp/files/Rev_Male_Guidelines_2009_Edition.pdf

²Maryland Family Planning Data System, MD DHMH, Office of Surveillance and Quality Initiatives

³Centers for Disease Control and Prevention, Chlamydial Infections—2010 STD Treatment Guidelines
www.cdc.gov/std/treatment/2010/chlamydial-infections.htm

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