The Other Half:
Sexual and Reproductive Health of Adolescent Males

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Disclosures

• I have the following financial relationships with the manufacturer of any commercial product discussed in this CME activity
  – Stock/Bonds in Gilead

• I do intend to discuss an unapproved use of a commercial product in my presentation
Objectives

• Describe provision of high-quality sexual and reproductive healthcare (SRH) to adolescent males

• Discuss and manage some genital concerns, complaints, and problems of adolescent males

• Perform sexual and reproductive healthcare testing, counseling, and management for adolescent males
Adolescent Males and Sexual Activity

• About 50% have had sex in Texas
• Over 5% had sex < 13 years old in U.S.
• 20% of males fathered a child < 20 years old
• Texas has third highest adolescent pregnancy rate in U.S.

http://www.cdc.gov/healthyyouth/data/yrbs/results.htm;
http://www.cdc.gov/nchs/products/databriefs/db204.htm;
Kost and Henshaw. Guttmacher Institute. May 2014
Adolescent Males and Sexual Beliefs

• 2/3 rather have girlfriend but no sex
• 1/5 pressured by girl to go further sexually than desired
• Over 3/4 feel societal pressure to have sex
• Over 1/2 relieved when female partner wants to wait to have sex

That’s What He Said. 2010;
https://thenationalcampaign.org/resource/thats-what-he-said
Adolescent Males’ Sexual and Reproductive Knowledge

- Almost half don’t know girl can get pregnant during her period
- Almost one-third don’t know wearing two condoms is not more effective
- Almost one-fifth don’t know possible to get someone pregnant on pill

Adolescent Males and Healthcare

• Less likely to seek medical care because health low on list of concerns
• Barriers: fear, stigma, denial, lack of social support and confidential services, and unsure where to seek care
• Most have had a preventive care visit in past 12 months

Adolescent Males and Sexuality Discussions

- Adolescents do not initiate sexuality discussions with providers
- Reasons for not discussing sexuality with provider
  - Uncomfortable
  - Confidentiality concerns
  - Avoiding lecture by providers

Adolescent Males: Sexual and Reproductive Counseling

- Only 1/4 of discussed sexually transmitted infections (STIs), human immunodeficiency virus (HIV), or pregnancy prevention during preventive visits.
- Only 1/3 of sexually active males discussed these topics during preventive visits.
- Male adolescents were less likely than females to have sexuality talks.
- Sexuality discussion lasted < 35 seconds in 1/3 of visits.

How to ensure male adolescents feel comfortable talking to their provider about sexual and reproductive health?
Adolescent Males and Primary Care Providers

• Important provider characteristics
  – Duration of relationship
  – Demeanor and rapport
  – Paying attention
  – Having private time
  – Gender

Adolescent Males’
Time Alone with Provider

- Have time alone with adolescent male
- 1/3 of adolescents did not have time alone with their provider
- Standard practice starting at specific age
  - Explanation provided at start of visit
  - Fliers or letters

Confidentiality

• Discuss confidentiality at start of visit
  – Discussed only 1/3 of visits
  – Age-related
• Confidentiality Concerns
  – Fatigue of hearing same safe sex/harm reduction message
  – Within the healthcare team
  – Distrust of provider

Confidentiality Concerns

• Standard script
• Confidentiality broken
  – Adolescent wants to hurt themselves or someone else
  – Someone wants to hurt them
  – At significant risk of harm
Confidentiality

• Confidential care for STI testing and treatment
• Electronic medical record and insurance concerns
  – Problem lists
  – Past medical history
  – Medications
  – Laboratory tests
  – After visit summaries
  – Insurance statements

Adolescent Males and Healthcare

• Utilize all visits for SRH
• Create a male-friendly office environment
• Screen for high-risk activities via confidential questionnaire
  — Guidelines for Adolescent Preventive Services
• Discussions with patient clothed
  — Medical history
  — Counseling

Marcell AV & Bell DL. Contemporary Pediatrics. 2006;23(5):50-61;
What is first step in providing SRH care?
Adolescent Male Sexual History

• Address concerns and problems, and determine anticipatory guidance, counseling, and treatment

• Via face-to-face or confidential questionnaire

• Start with:
  – Sexual identity and attraction
  – Age of sexual debut

Adolescent Male Sexual History

• If sexually active, consider asking:
  – Types of sexual activity
  – Number and gender of partners
  – STI history
  – Contraception use
  – Concerns about sexual function
  – Sexual abuse
  – Physical and sexual dating violence
  – Pregnancy attitudes

Pregnancy attitudes?
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What possible adolescent male concerns or problems could provider encounter when providing SRH?
Texas Penal Code and Sexual Activity

• Consent to sexual activity at 17 years old
• Aggravated sexual assault
  – Sexual activity < 14 years old
  – If convicted, could face 20 years in prison
  – Needs to be reported to Child Protective Services (CPS)

http://statelaws.findlaw.com/texas-law/texas-sexual-assault-laws.html
Texas Penal Code and Sexual Activity

• Sexual assault
  – ≥ 3 years age difference
  – Per the law, age of sexual partners
    • 14 and 18 year old – Not OK
    • 16 and 20 year old – Not OK
    • 14 and 17 year old - OK
    • 17 and 21 year old - OK
  – If convicted, could face 20 years in prison

http://www.statutes.legis.state.tx.us/Docs/PE/htm/PE.22.htm#22.011;
http://statelaws.findlaw.com/texas-law/texas-sexual-assault-laws.html
Texas Penal Code and Sexual Activity

• Indecency with a child
  – Sexual touching other than penetration, even over clothing
  – Between minor ≤ 17 years old and individual ≥ 3 year age difference
  – Example
  • 17 year old performed oral sex on 14 year old – Not OK
  – If convicted, could face 20 years in prison

Texas Penal Code and Sexual Activity

• Romeo and Juliet exception
  – prevent serious criminal charges against teens engaging in sex with other teens
  – exemption between minor who 15-17 years old and someone ≤ 4 years older than minor
  – With indecency with a child, the exception includes member of the opposite of the sex

https://www.texasbar.com/AM/Template.cfm?Section=Find_A_Lawyer&Template=/CM/ContentDisplay.cfm&ContentID=15407;
Texas Penal Code and Sexual Activity Disclosure

• CPS report within 48 hours
  – www.txabusehotline.org/Login/
    Default.aspx

• Inform adolescent about potential need for disclosure

• Adolescent chooses who does parental disclosure

Adolescent Males and Dating Violence

- 7% experienced physical dating violence (PDV)
- 5% experienced sexual dating violence
- Adolescent males who experienced PDV less likely use condoms and contraception

Adolescent Males and Dating Violence Counseling Resources

• Love is respect

http://www.loveisrespect.org
1-866-381-9474
Gay, Bisexual, and Transgender (GBT) Youth Disclosure

• Answer questions and concerns about disclosing their sexual orientation or gender identity

• Discussing disclosure, ask adolescent about:
  – Parental views on GBT people
  – Financial and physical resources provided
  – Possible parental reaction
  – If time is right

https://www.psychologytoday.com/blog/gay-and-lesbian-well-being/201103/should-you-come-out-your-parents
GBT Youth Disclosure

• Discuss possible financial and physical consequences of disclosure

• Discuss approach and timing of disclosure
  — Relaxed, stress-free time

• Advise informing their support system about future disclosure to parents

https://www.psychologytoday.com/blog/gay-and-lesbian-well-being/201103/should-you-come-out-your-parents
GBT Youth

- Offer support and resources to adolescent and parent
  - Out Youth: www.outyouth.org
  - Youth First Texas: www.youthfirsttexas.org
  - Parents, Families and Friends of Lesbian and Gays: www.pflag.org
Masturbation

• Begins between 12-14 years old
• Learn through self-discovery
• Prevalence
  – 63% 14 year old males
  – 80% 17 year old males
• Associated with high condom use rates
• Discuss knowledge and personal beliefs
• Correct any fallacies

Nocturnal emissions

- Or “wet dreams”
- Related to spermarche
- Reassurance
- Fertile after first ejaculation
Male Genitalia Exam

• How many providers perform the male genitalia exam?
Male Genital Exam

• 1/3 of males 15-44 years old had male genitalia exam in past year
• United States Preventive Services Task Force do not support exam or teaching of genital exam
• Society of Adolescent Medicine and Health and American Academy of Pediatrics (AAP) Bright Futures recommend genital exam part of primary care visit

Male Genital Exam

• Serves as an opportunity to:
  – Tanner staging
  – Discuss genital abnormalities
  – Identify abnormalities
  – Provide reassurance of genital size

• Refuse due to homophobia concerns, lack of experience, fear of erection development, or previous abuse

• Gender preference for genital exam

Male Genital Exam

• Determine priority of exam
  – Stress if higher testicular cancer risk
• Review how and when performed
• Need for chaperone
  – Patient preference
  – Provider may request if patient is developmentally delayed, or has mental health issues, or tension or anxiety about exam

AAP. Pediatrics. 2011;127(5):981-983
Genitalia Concerns

• Penis size and length
  – No correlation of flaccid with erect penis length
  – Average penile length 8 cm (5.6-10 cm)

Hirsuties Coronae Glandis

• Pearly penile papules
• Up to 20% of adolescents
• Occur during maximal pubertal changes
• 1-3 mm papules along the corona of penis
• Reassurance
• Laser therapy for removal

Fordyce’s spots

- Sebaceous glands of hair follicles on scrotum and lower penile shaft
- Reassurance
Folliculitis

• Proper shaving techniques
  – Shave in direction of hair growth
  – Use shaving cream
  – Shaving is last thing to do in shower
  – Sharp razor
  – Exfoliate daily
Genital Piercings

- Infections
- Swelling
- Allergic reactions
Phimosis

- Constriction of prepuce orifice preventing retraction of foreskin to reveal glans penis
- Due to inflammation of foreskin
- <1% adolescent males have phimosis
- Conservative treatment
  - Steroids
  - Vitamin E cream
Paraphimosis

• Inability pull foreskin over penis
• Due to penile piercings or erections
• Edema and distal necrosis can occur
Paraphimosis

• Treatment:
  – Manual compression
  – Iced glove
  – Granulated sugar
  – Hyaluronidase injection
• Surgery if conservative treatments fail
• Circumcision advised after edema resolves

maybe refer to ER and delete this slide
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Condyloma Acuminata

• Secondary to human papillomavirus (HPV)
• Condyloma acuminata: warty papules
• Treated with Aldara or cryotherapy
• Similar to condyloma lata: more flat-topped, velvety lesions
Epididymitis

- Secondary to chlamydia and gonorrhea
- Nausea, fever, abdominal or flank pain
- Scrotal pain and swelling
- Urethral discharge
- Tender epididymis
- Prehn sign
- If bilateral, increased risk for sterility
- Antibiotics target organism

Orchitis

- Inflammation of testes
- Secondary to chlamydia or gonorrhea
- Unilateral or bilateral
- Gradual or sudden onset
- Antibiotics
- Supportive therapy
- Complication: infertility
Center for Disease Control (CDC)
STI Testing Recommendations

• Screen based on behavior
  – For transgender adolescents, screen based on anatomy
• HIV testing offered to ≥ 13 years old
  – Only 1/10 of adolescent males tested
  – Suggest HIV point of care test
• Chlamydia testing for those in high-risk areas
• Gonorrhea
• Syphilis
CDC STI Testing Recommendations - Men Who Have Sex With Men

- HIV testing every 3-6 months
- Urethral testing for gonorrhea and chlamydia
- Anal testing for chlamydia and gonorrhea
- Pharyngeal testing for gonorrhea
- Syphilis testing annually
CDC STI Testing Recommendations for Extragenital Sites

• Nucleic acid amplification tests (NAATs) recommended for routine genital tract testing of chlamydia and gonorrhea

• Not Food and Drug Administration (FDA) approved to check extra-genital sites

• Check if laboratory verified extra-genital use of tests following Clinical Laboratory Improvement Act (CLIA) guidelines
CDC STI Treatment Guidelines

- Available online: http://www.cdc.gov/std/tg2015/
- Gonorrhea
  - Cefixime not recommended
  - Ceftriaxone 250 mg IM and either azithromycin 1 gram orally x 1 or doxycycline 100 milligrams orally twice a day for 7 days
Expedited Partner Therapy (EPT)

- Permissible in Texas since June 2009
- EPT appropriate for female partners of men with laboratory diagnosis of chlamydia or gonorrhea, or clinical diagnosis of non-gonococcal urethritis
- Men who have sex with men (MSM) excluded given co-morbidities

http://www.dshs.texas.gov/hivstd/ept/
EPT

• Provider does not have to have a professional relationship with partner to provide EPT
• Can provide medication in clinic without physical exam of partner
• Can provide medication or prescription to patient to give partner

http://www.dshs.texas.gov/hivstd/ept/
EPT

• Chlamydia
  – Azithromycin 1 gram orally x 1

• Gonorrhea
  – Cefixime 400 milligrams orally x 1 and Azithromycin 1 gram orally x 1

• For partners within last 60 days or last known partner if > 60 days

http://www.dshs.texas.gov/hivstd/ept/
EPT Partner Information

- Recommend complete STI evaluation
- Read medication information material
- Not to take EPT and seek care, if have symptoms of more serious infection
- Abstain for 7 days after treatment to reduce reinfection risk
- Test of cure in 1 week if used cefixime, otherwise, in 3 months
EPT Documentation

• Document in chart
  – Number of treated partners
  – Medication and dose
  – Any known allergies

• For more information:
  www.dshs.state.tx.us/hivstd/ept/
Adolescent Males and Humanpapilloma Virus Vaccination

• Approved for males 9-26 years old in 2009
• In Texas, 1/3 of teen males received one dose
• Teen concerned about injection location
• Provider recommendation most effective
  – Discuss vaccination during any office visit

Adolescent Males and Reproductive Attitudes

• Views about masculinity
  – Stereotype of self-reliant, tough, aggressive, and inexpressive male
  – Having sex and impregnating women
  – Fighting

Counseling on Sexual and Reproductive Health

• Promote abstinence
• Sexual risk reduction by
  – Assess risk
  – Identify risk-reduction barriers and initial risk-reduction step
  – Support success and discuss additional barriers
  – Develop plan for risk reduction
Pre-Exposure Prophylaxis (PrEP)

A daily pill to reduce risk of HIV infection.

Ask your doctor if PrEP is right for you.

- Truvada – tenofovir and emtricitabine
  - Approved for adult MSM, heterosexual men and women, and injection drug users in 2012
  - Reduces HIV risk by over 90%
  - No data on adolescents

[link to CDC website]; US Public Health Service, Preexposure prophylaxis for the prevention of HIV infection in the US - 2014
PrEP and MSM Risk Index

- Age
- Number of male partners in 6 months
- Number of times unprotected receptive anal sex in 6 months
- Number of HIV positive male partners
- Number of times unprotected insertive anal sex in 6 months
- Use of methamphetamines in 6 months

US Public Health Service,
Preexposure prophylaxis for the prevention of HIV infection in the US - 2014
Starting PrEP

• HIV infection must be excluded before start
  – HIV enzyme-linked immunoassay: blood
  – Point of care fingerstick blood test
  – Oral rapid tests not used due to decreased sensitivity
• Hepatitis B infection status
• Check HIV test, adherence counseling, behavior risk reduction support, and side effects every 3 months
• Every 6 months check renal function (creatinine clearance > 60 ml/min) and test for bacterial STIs

US Public Health Service,
Preexposure prophylaxis for the prevention of HIV infection in the US - 2014
PrEP

• Daily dose
  – Steady state levels by 20 days
  – Prescription for no more than 90 days

• Drug interactions
  – Antivirals: acyclovir
  – Aminoglycosides
  – High-dose non-steroidal anti-inflammatory drugs

US Public Health Service,
Preexposure prophylaxis for the prevention of HIV infection in the US - 2014
Adolescent Males, Sexual Activity and Contraception

• Over 1/3 of sexually active adolescent males did not use condom at last sex
• Over 1/10 of sexually active adolescents did not use any contraceptive method at last sex

Pregnancy Protection: Withdrawal

• 10% use withdrawal
• Limited effectiveness

Condoms

• Offer condom education to all
• Adolescent males have misconceptions/lack of knowledge about condoms
• Fit and feel important
• May want to offer free condoms
• Condom teaching website
  http://www.youtube.com/watch?v=Zfmt6Z6haVc
Education: Dual Contraception

- Use of barrier and hormonal method of contraception
- One-third of adolescents and young adults only use dual method use
- 80% unintended pregnancies prevented by dual contraception

Emergency Contraception (EC)

- < 50% of adolescent males know about EC
- August 2013, Plan B One-Step (1.5 mg levonorgestrel) available to anyone of any gender of any age
- Levonorgestrel-containing emergency contraceptive pills labeled for use up to 72 hours
- Ulipristial acetate (Ella) maintains effectiveness for 120 hours

Emergency Contraception (EC)

- **Pharmacy Access Barriers**
  - Pharmacy or staff beliefs
    - Texas, pharmacist need to provide meaningful referral/transfer
    - Staff knowledge on dispensing rules
    - Staff knowledge on confidentiality

https://nwlc.org/resources/pharmacy-refusals-state-laws-regulations-and-policies/
Websites

• Young Men’s Health: www.youngmenshealthsite.org
• Teen Health: www.kidshealth.org/en/teens/Teen Health FX: www.teenhealthfx.com/
Importance of Parent Discussions with Adolescent Males

- About 50% of adolescent males have had conversations about pregnancy prevention
- Adolescent males prefer to talk to dads about sex and pregnancy protection

Conclusions

• High-quality sexual and reproductive care for male adolescent patients starts with having time alone with patient, ensuring confidentiality, and utilizing all visits for SRH care

• Comprehensive sexual history and male genital exam can serve as opportunities to discuss variety of concerns and issues
Conclusions

• Offer confidential STI screening and treatment, EPT, and PrEP
• Counsel adolescent males on sexual risk reduction, condoms, and emergency contraception
• Stress the importance of parental discussions on sexual and reproductive health
Thank you.

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