



Strategies to increase male utilization of family planning: Integrating family planning counseling in a community clinic setting

Lessons Learned

Few operational changes were necessary given the overlap of resources between FP and HIV/STI counseling. Staffing issues were minimized by utilizing counselors already experienced with HIV/STI counseling. This made the transition to family planning counseling possible after minimal training. Broaching the topic of family planning seemed easier as clients were more receptive to the information. This may be enhanced because Men's Clinic clients usually access free HIV/STI testing after a perceived risky sexual encounter. This creates a "teachable" moment where not only HIV/STI prevention information could be offered, but also expanded upon to a more general family planning/reproductive discussion. New protocols were required to account for changes in billing procedures and client eligibility. To minimize confusion and delays in service, a new counseling form was created with a flowchart on the back that illustrated the new billing codes.

As a result of these changes, the utilization of FP counseling by men increased by 24% in one year.

Issue

Family planning (FP) programs typically focus on females, yet research indicates male involvement by and large leads to better reproductive health outcomes for both sexes. However, males traditionally utilize FP services less than women. One strategy to increase male utilization involves integrating FP services into existing male health care programs.

Description

Asian Pacific Health Care Venture, Inc. (APHCV) is a Federally Qualified Health Center located near multiple ethnic enclaves in the Los Angeles area, including Thai-town and Koreatown. To increase male access to HIV and Sexually Transmitted Infections (STI) testing services, APHCV established a Men's Clinic every Monday from 5pm – 7pm. During Men's Clinic, patients receive free HIV and STI testing and counseling. Outreach staff promoted Men's Clinic at community locations such as colleges, fairs, bars, clubs, and day labor sites. APHCV has recently integrated family planning services with HIV/STI counseling services for all Men's Clinic patients. Barriers to utilization are reduced by opening the clinic after work hours, having minimal paperwork and allowing walk-ins. Patients are also able to see a provider by appointment for primary care services.

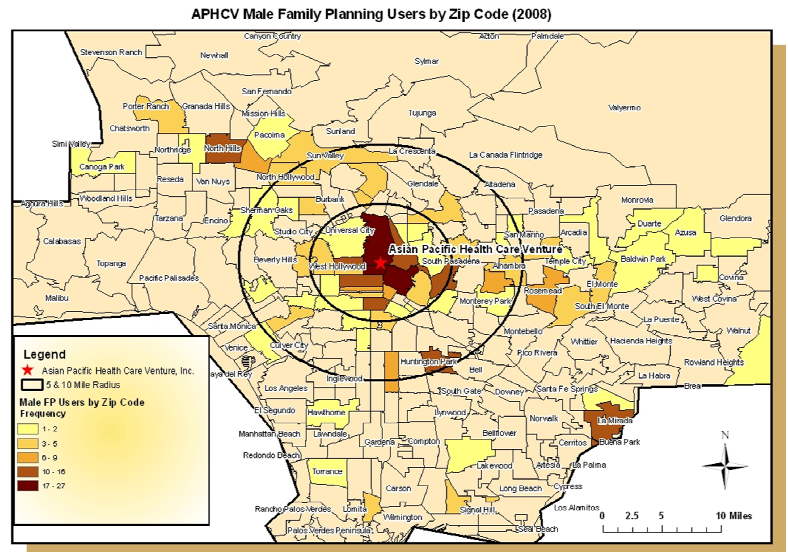


Fig. 1. GIS map of zip codes of males who received FP services at APHCV.

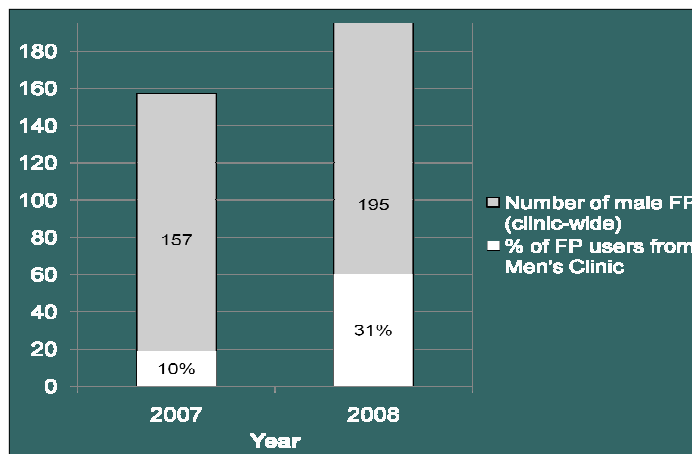


Fig. 2. Change in male FP users (clinic-wide) and contribution from Men's Clinic from 2007 – 2008.

Recommendations

Providing access to FP counseling when males are receptive, such as during STI testing, can expand the reach of FP to men who would otherwise not receive it. The effectiveness of integrated FP and HIV/STI services has been evaluated for international programs but not domestic ones. Further research should be conducted to see if integrated services work domestically.

Demographic Profile

Table 1. Demographic Profile of male FP users from January – December of 2008.		
Characteristics	Frequency	%
Race/Ethnicity		
Asian	77	39%
Hispanic/Latino	70	36%
White (Non-Hispanic/Latino)	33	17%
Other	7	4%
Black (Non- Hispanic/Latino)	6	3%
Native Hawaiian/Pacific Islander	2	1%
Total	195	100%
Age Groups (Years)		
Under 15	2	1%
15-17	19	10%
18-19	14	7%
20-24	60	31%
25-29	37	19%
30-34	26	13%
35-39	17	9%
40-44	8	4%
Over 44	12	6%
Total	195	100%

Acknowledgements

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