Sexual Health Promotion and Screening for Males

Randee Masciola, DNP, APRN-CNP, WHNP-BC, FAANP, FNAP, FNPWH, FAAN

She/Her

The Ohio State University

Clinical Professor

Director of DNP Education

DISCLAIMER

- The term ‘*woman*’ or ‘man’ may be used throughout this presentation. It should be read as including nonbinary, gender diverse and transgender people who have the sexual and reproductive organs appropriate for the information.

Objectives

- 1. Review current guidelines for sexual health screening by explaining the prevalence, impact, and age-specific recommendations for screenings, including high risk groups.
- 2. Provide strategies for taking appropriate sexual health history, performing physical assessment, as well as ordering and interpreting screening tests.
- 3. Develop evidenced based promotion and screening plans and patient education for common healthcare issues associated with the sexual and reproduction health of males.

What is the provider role in Male Sexual and Reproductive Health (SRH) ?

- Define SRH: Health promotion, disease prevention, identification and treatment of disease
    - Sexuality
    - Reproductive Life Planning
    - Fertility
    - Contraception
    - Preconception
    - STI’s
    - Immunization
    - Sexual dysfunction
    - Violence
    - Reproductive Cancers

Assessment History

- Reproductive Life Plan
  - The One question?
- Standard Health History
  - Focus on preconception health
  - Fertility assessment
  - Social: drugs/alcohol/tobacco/mental health/IPV
  - Vaccination
- Sexual Health
  - 5 P's (Practice, Partners, Prevention, Protection, Past)
  - Sexual Function
  - Sexual violence

The ONE Key Question (OKQ)?

- EVERY PATIENT
- Clinical screening tool to assess pregnancy desire in the next year by an individual.
- Has been demonstrated to increase contraceptive counseling rates and patient satisfaction
- Single screening question:
  - ***"Would you like to become pregnant in the next year?"***
  - Response of "yes," "no," "ok either way," or "unsure.

Physical Assessment-Sexual

- Penis
  - Inspection: Lesions/bumps/tumor
  - Retract Foreskin
  - Meatus (location)
  - Palpate shaft
  - Plaques (Peyronie's---scar tissue, bend and pain)
- Testes/Scrotum
  - Inspection: Lesion/bumps/tumor/edema/size
  - Right often higher then left
  - Palpate for mass, vas deferens, epididymis
  - Transilluminate
- Prostate
  - Palpate: Size, consistency,
  - Palpate: Femoral Pulses

Physical Assessment-Other

- Vital signs : BMI, weight, height, BP
- Secondary Sex Characteristics
  - Tanner stage
  - Hair
  - Breast
- Anus
- Pulses (femoral and peripheral)
- Lymph nodes: Inguinal
- GU
- Neurological exam
- Musculoskeletal exam
- Abdominal Exam
  - Inguinal Hernia

STI Immunizations

- Mpox
  - Target ONLY (not general public)
    - Post-exposure prophylaxis (PEP):Anyone with known or suspected exposure to Mpox.
    - Pre-exposure prophylaxis (PrEP):Gay, bisexual, and other men who have sex with men (MSM), transgender, or nonbinary individuals who in the past 6 months have multiple sex partners.
    - Sex at commercial sex venues or large events where Mpox transmission is occurring.
    - A recent STI diagnosis.
    - People living with HIV or on HIV PrEP.
  - Preferred Vaccine: JYNNEOS® Non-replicating live vaccine
    - Dosing: 2 doses, 28 days (4 weeks) apart.
    - Subcutaneous: 0.5 mL per dose (standard route) OR Intradermal: 0.1 mL per dose
- Hepatitis B
  - All males who are 19–59 years old
  - Males who are 60 or older and have risk factors for hepatitis B
- Human Papilloma Virus (HPV)
  - Recommended for everyone through age 26 years
  - Shared decision making
  - Dosing:
    - Ages 9-13, 2 doses 6-12months apart
    - Over 14, 3 doses within 6 months
    - 3 doses for all immunocompromised

STI Screening-Hepatitis

- Hepatitis B and C
  - Screen males at increased risk and annual for MSM
  - Serological testing for HBsAg, HBV core antibody, and HBV surface antibody
  - All males should be screened once in lifetime
  - Serological testing HCV RNA annually in MSM with HIV infection

STI Screening-Syphilis

- Syphilis
  - More common in males
  - Screen annually for MSM
  - Presumptive diagnosis requires two positive serologic tests:
    - If Venereal Disease Research Laboratory (VDRL) OR Rapid Plasma Reagin (RPR), then confirmation required with fluorescent treponemal antibody test absorption test (FTA-ABS).

STI Screening-HIV

- Human Immunodeficiency Virus (HIV)
  - Everyone 13 to 64 years of age at least once in lifetime
  - Lab tests can detect HIV 18–45 days after exposure, while finger stick tests can take 18–90 days.
  - Type:
    - Nucleic acid tests (NATs)
      - ”viral load tests" and often used to monitor HIV treatment, can detect HIV 10–33 days after exposure, expensive and not commonly used for routine screening
    - Antigen/antibody combination tests
      - “fourth generation” tests can find HIV in 99% of people who are tested within 13-42 days of exposure.
    - Antibody tests
      - look in a blood, saliva, or urine sample, most common rapid and home test, can take 2 weeks–6 months after infection for antibodies to be detected.
  - All males who seek STI evaluation (more often if high risk)

STI Screening-Mpox

- Viral illness caused by the monkeypox virus (MPXV)
  - An Orthopoxvirus related to smallpox
- Screening---not routine, symptomatic only
- Transmission:
  - Close contact (skin-to-skin, sexual contact), respiratory droplets during prolonged face-to-face interaction, contact with contaminated objects (clothing, bedding), and infected animals.
- Symptoms:
  - Rash (often painful), fever, swollen lymph nodes, headache, muscle aches, fatigue.
    - Rash may appear on face, hands, genitals, or anus and lasts 2–4 weeks.

STI Screening Cultures

- Gonorrhea (GC) and Chlamydia (CHL)
  - Anal, urethral, and/or throat swab dependent on sexual practices
  - Screening for male having sex with males (MSM) annually
  - Every 3-6months if increased risk (previous infection, partners have multiple partners)
  - First morning urine preferred test as ease of use and less invasive, and equally sensitivity and specificity at Nucleic acid amplification test (NAAT)

STI Screening for MSM

- Men having sex with men (MSM)
  - More frequent screening if multiple partners
  - Recommended Hep B vaccine
  - DARE exam to identify masses/polyps annually
  - Possible anal pap if symptoms suggest---Data insufficient to offer routine screening
  - HIV high risk considerations for more frequent screening
    - Not using condoms
    - Vaginal or anal sex with someone who is HIV positive or whose HIV status is unknown
    - having multiple sexual partners
    - exchanging sex for money or drugs
    - drugs with needles
    - having other sexually transmitted infections
    - being treated for hepatitis, tuberculosis, or other STIs.

PREP

- Pre-Exposure Prophylaxis (PrEP) is recommended as an HIV prevention option for anyone with risks of acquiring HIV infection through sex or drug use.
- Recommended for anyone with:
  - Vaginal or anal sex without condoms with a partner of unknown HIV status
  - HIV-positive sex partner (especially if partner's HIV viral load is detectable or unknown)
  - Recent bacterial sexually transmitted infection (STI) (gonorrhea/chlamydia/syphilis)
  - Injection drug use with sharing of needles/equipment
  - Any survival/transactional sex
  - Desire to conceive with a partner who is HIV-positive

Prep Facts

- All authorized prescribers can prescribe
- Requires full STI workup 1 week prior
- Needs education and counseling
- Requires follow up screening
- Contraindicated
  - HIV infection
  - Weight < 77 lbs.
  - Kidney disease
  - Possible HIV exposure within the past 72 hours (instead refer for nPEP, then consider PrEP)

PREP

Option	Dosing Frequency	Advantages	Potential Drawbacks
Truvada / Generic FTC-TDF	Daily	Lowest cost, extensive data, can be used for all exposure types	Requires daily adherence; kidney and bone monitoring may be needed.
Descovy	Daily	Smaller pill; generally less impact on kidneys and bone density	Not approved for receptive vaginal exposure; brand-only.
Apretude	Every 2 months	No daily pills; very effective	Clinic visits for injections; adherence to injection schedule is critical.
Yeztugo	Every 6 months	Longest dosing interval available	Requires clinic injections and ongoing monitoring.

Cancer Screening---General

- Prostate (USPTF, 2018)
  - Discussion of risks/benefits for each individual male
    - Older, African American and family history are most significant risk factors
    - Digital Rectal exam
      1. Not recommend as screening test (USPTF, 2018)
    - Prostate Specific Antigen (PSA)
      1. Age 55-69, the decision to be screened annually should be individual
      2. Age 70+, screening not recommended
- Testicular Cancer Screening (USPTF, 2011)
  - Provider and self-exam not recommended for screening

Anal Cancer Screening Factors

- Risk Factors
  - HPV infection (especially HPV-16 and HPV-18)
  - HIV infection and immunosuppressionHistory of receptive anal intercourse
  - History of anal warts
  - Smoking
  - History of cervical/vaginal/vulvar cancer or HSIL
  - Organ transplantation
- ≥10x higher incidence than general population
  - Men who have sex with men (MSM) with HIV---Start screening at age 35.
  - Transgender women with HIV---Start at age 35
  - MSM without HIV--- Start at age 45
  - Men who have sex with women (MSW) with HIV---Start at age 45.

Anal Cancer Screening Tests

- Anal Cytology (Anal Pap Smear)
  - Similar to cervical Pap test; detects abnormal cells.
- Digital Anal Rectal Exam (DARE)
  - Palpation for masses or lesions.
- High-Resolution Anoscopy (HRA)
  - Performed if cytology is abnormal; allows biopsy of suspicious areas

Family Planning---Condoms

- Barrier method (Latex, synthetic, or “natural” lamb caecum)
- Extensive education on when and how to use condoms for pregnancy prevention and STI prevention
- Low cost, widely available, easy to use, and minimal side effects
- Typical use failure rate is 13% (Hatcher, 2023)
- Spermicide with nonoxynol-9 NOT recommended because of increased risk of skin irritation/ulcer which creates entry point for infections

Family planning-Coitus Interruptus

- Withdrawal or pull-out method
  - Typical Use 80% effective
  - Pre-ejaculate can fertilize an egg
  - Lack of self-control to withdraw every time

Family Planning-Sterilization

- Vasectomy or Vas Surgery
  - Cutting or including vas deferens eliminating sperm from ejaculate
  - 99% effective
  - Requires referral to urologist for options of approach
    - Incisional vs. non-scalpel
  - Counseling is critical
    - Should be considered permanent
      - Regret is #1 side effect: Most common of under 30 years old without children
      - Reversal is possible and successful pregnancies result 38-89% of time if done within 10 years
      - Procedure not immediately effective and back-method should be used until follow up semen analysis 3 months after procedure
      - Post-operation directions include scrotal support, ice, avoid ejaculation for 7 days, avoid strenuous activity/exercise for 7 days

Preconception

- Expectation for men at all primary care visits.
- Men should receive many of the same preconception screens as female partners.
- Screening, education, and assessment should include:
  - STD risk
  - Advise to avoid toxic (environmental) substances
  - Smoking cessation
  - Cease using any “street drugs” or illegal prescriptions
  - Limit alcohol,
  - Healthy weight
  - Yearly physical to identify any health issues that could affect fertility
  - Report any genetic disease with self or family, screen for mental health and safety, and counseled on partner support (CDC, 2016).
  - Sperm Quality
    - Medications, age, surgery on reproductive organs, stress, unhealthy weight, use of tobacco, drugs, and alcohol can all effect the viability, quantity and morphology of sperm
      - (O’Brien, 2018)

Sexually Transmitted Infections

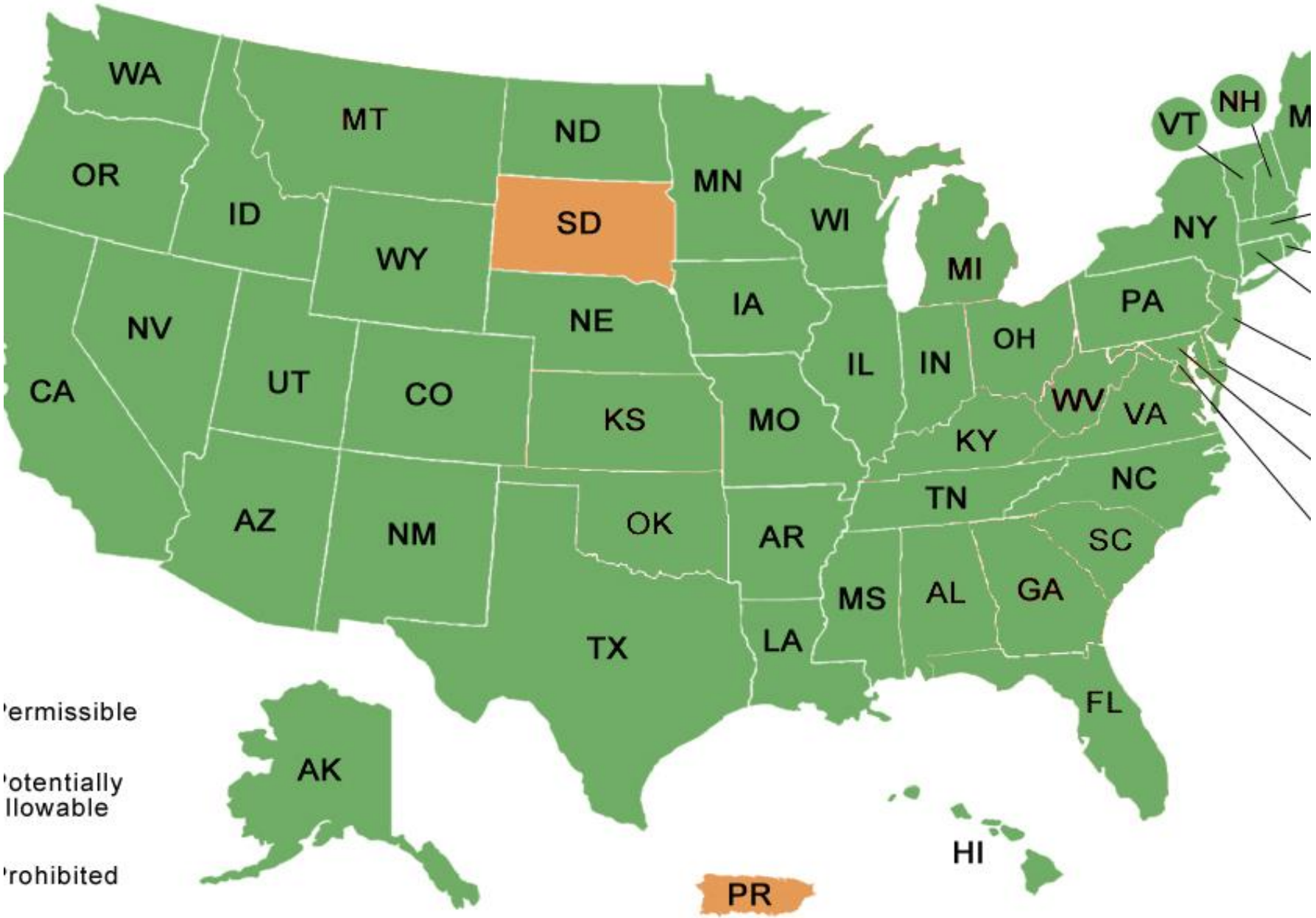
- Often asymptomatic
- Most common symptoms
  - Pain (Testes)
  - Lesions
  - Dysuria
  - Penile discharge
  - Fever
  - Malaise

Other common infections

- Nongonococcal Urethritis (NGU)
  - Mgen---Mycoplasma genitalium
- Urinary Tract Infections
- Prostatitis
- Hydrocele (fluid in scrotum around testes)
- Epididymitis

Expeditated Partner therapy

- https://www.cdc.gov/std/ept/legal/default.htm
- Depends on state law
- Providing medication to patient to give to partner for STI
- Examples
  - Ohio: GC/CH/Trich ONLY
  - Permissible in 49 states
    - SD--There is no statutory authority, case law or medical board opinion that precludes EPT. ”Potentially allowable”



- This map is updated on an annual basis.
- It was last updated July 1, 2026.
- Taked from CDC website: https://www.cdc.gov/sti/php/ept-legal-status/index.html

Baseline Screening for Male Infertility

- Order Tests/Labs
- Assess/Treat infections
- Assess/Treat sexual health pathophysiology
- Discuss Lifestyle changes
  - Weight, Smoking, increase frequency of intercourse, timing of sex, avoid lubricants, activities causing increase temp or pressure to testicles
- Coping/stress, support, communication strategies
- Referral
  - Assisted Reproductive Technology
  - Refer to urologist
  - Refer to Mental Health

Screening for infertility

- Hormonal
  - Hypogonadism- severe deficiency in gonadotropin-releasing hormone (GnRH) which leads to release of testosterone
- Anatomy
  - Varicocele- enlarged varicose vein in the spermatic cord
    - “Bag of worms”
  - Hypospadias- urinary opening on underside of penis
  - Cryptorchidism- testicles fail to descend
- Environmental and Lifestyle
  - Aging
  - STI
  - Exposure to smoking, drugs, chemicals, toxins, or medications
  - Bicycling
  - Overheating of testicle

Lab test for Male Infertility

- Scrotal ultrasound
- Hormone testing
- Post ejaculation urinalysis
- Genetic Testing
- Testicular Biopsy
- Specialized Sperm Function Test (rare)
- Transrectal ultrasound
- Semen Analysis

Sexual Dysfunction Screening

- Erectile Dysfunction
  - Endocrine
  - Neurological
  - Cardiovascular
  - Medications
  - Lifestyle
- Libido Issues
  - Testosterone Deficiency
- Premature/Retrograde/Delayed Ejaculation
- Benign Prostatic Hyperplasia
- Health Event: medical or psychosocial

Rule out endocrine disorder

- Fasting Glucose
- Hemoglobin A1C
- TSH
- Testosterone
- LH/FSH---inverse relationship with testosterone could indicate hypogonadism

Validated Male Sexual Function Screening tools

- Sexual Health Inventory for Men (SHIM)
- Ageing Male Symptoms (AMS) scale
- Erectile Dysfunction Inventory of Treatment Satisfaction (EDITS)
- Erection Hardness Scale (EHS)
- International Index of Erectile Function (IIEF)
- Index of Premature Ejaculation (IPE)
- Premature Ejaculation Diagnostic Tool (PEDT)
- Quality of Erection Questionnaire (QEQ)
- Self-Esteem and Relationship Questionnaire (SEAR)
- Sexual Quality of Life-Men (SQOL-M)

Intimate partner and sexual violence

- About 25% of males experience sexual violence at some point in their lives (Smith, 2018).
  - As high as 1/3 for MSM
- Hurt, Insult, Threaten, and Scream (HITS) screening tool
  - Does your partner physically Hurt you?
  - Does your partner Insult you?
  - Does your partner Threaten you with harm?
  - Does your partner threaten or Scream at you?

Potential SRH Counseling topics

- STI Prevention
  - Condom use
- Pregnancy Prevention
  - Include Emergency Contraceptive options
- Preconception
- Sexuality
  - Safety
  - Consent
- Relationship
  - Communication and Transparency
- Wellness
  - Self-Care

Vulnerable populations

- Adolescence
  - Mental Health screening
  - Substance abuse screening
  - Digital safety and sexting
- Elderly
- Disability
  - Accessible education
  - Care giver training
- LGTBQ+
  - Affirming Care
  - Mental Health
  - Safety
- Culture/Religion
  - Address myth and stigma
  - Validate beliefs, respect cultural norms, cultural sensitivity
  - Involve leaders
- Low Income
  - Screen of housing and food insecurities
  - Resources for healthcare services

Take Home message

Primary Care Providers are uniquely situation to be the experts on sexual and reproductive health and should be advocates for the profession, their community, their patients and their patients' partners!

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