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Men's Reproductive Health Care Gets New Emphasis

By SHERYL GAY STOLBERG

Henry Harris had a new girlfriend, and it was beginning to get serious. So last summer, Mr. Harris, 24, a high school safety officer from Brooklyn, decided it was time to be tested for H.I.V. and other sexually transmitted diseases.

"If two people are going to get together in this day and age," he said, matter-of-factly, "you really need to make sure everybody is clean."

The trouble was, he didn't know quite where to go. Riding the subway, he saw the usual advertisements for reproductive health clinics, Planned Parenthood and the like. All of them were aimed at women.

There was nothing, it seemed, for men. Then Mr. Harris discovered the Young Men's Clinic. The clinic, a joint project of Columbia University's Mailman School of Public Health and New York Presbyterian Hospital, offers free medical care, including physicals, to low-income men and those, like Mr.



Francis Roberts for The New York Times
Dr. David Bell speaks with Ariel Pellon at the Young Men's Clinic in New York, which caters to the sexual health needs of men who are not covered by health insurance.



Q. Which image follows logically?



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Harris, who lack health insurance.

But its real goal, says Dr. David Bell, its medical director, is to cater to the sexual health needs of men, particularly young men, who have especially high rates of sexually transmitted disease.



Photo: Margaret Sanger, 1961

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When Mr. Harris arrived, he found health educators in the waiting room, talking about diseases he had heard of, like AIDS and gonorrhea, and those he had not, like chlamydia. The doctor asked him a series of questions about his sexual habits, then showed him how to examine his own penis, so that he could learn its characteristic bumps and rough spots, to have a baseline of what is normal. Mr. Harris was taught, as well, to examine his testicles for knots or lumps, possible signs of testicular cancer.

"It's important for the men, for their own general health and comfort about their bodies, but it is also important for the women, their future partners and children," Dr. Bell explained. "We miss half the equation if we don't work with men."

Yet all too often, experts say, the male half of the equation is being missed.

When it comes to family planning and sexual health, men have been largely left out of the health care system, according to a recently released report by the Alan Guttmacher Institute, a nonprofit research organization.

"Men have serious unmet sexual and reproductive health needs," said David Landry, an author of the report. "Sexual and reproductive health services have traditionally been focused on women. We are calling for it to be broadened to men."

Men certainly have need for the care. The Guttmacher Institute found, for instance, that 9 out of 10 American men have intercourse before they turn 20. One in six men, ages 15 to 49, have genital herpes; 11 million men in all have it. Yet in 1995, just 2 percent of the 4.5 million visits made to publicly financed family clinics were by men.

There are many reasons, the institute said. Women shoulder the burden of pregnancy and childbearing, and

family planning specialists do not view themselves as providers for men. Standards of reproductive health care have been established for women, but men have no similar code. Pap tests bring women in for annual visits to the gynecologist; there is no equivalent for men. Insurance doesn't cover what men need most: information and counseling. And few health professionals are specifically trained to provide men with sexual and reproductive education and medical care.

These services are especially important, experts say, for low-income men and minorities, who are at greater risk than other men of contracting AIDS and other sexually transmitted diseases, and who are less likely than other men to have access to good medical care. But all men could benefit from better reproductive health care, says Dr. Felicia Stewart, co-director of the Center for Reproductive Health Research and Policy at the University of California at San Francisco.

"Men do have questions and they have a strong need for good information," she said. "Suppose your girlfriend is trying to decide what contraceptive method to use. Well, how would you possibly learn about it? You're not going to go to your sports doctor."

"Men don't need much in terms of services," Dr. Stewart added. "It's not hard to do a chlamydia test or explain to somebody about herpes, but I don't know of many providers who advertise these services in a way that would let men know they are available."

This is beginning to change, partly because the federal government is encouraging federally financed family planning clinics to reach out to men, with the hope that doing so will reduce the teenage pregnancy rate. In northern Vermont, for example, Planned Parenthood is using a federal grant to run a hot line, the Manphone, that offers to answer men's questions about sexuality. The service, which is advertised on television and radio, is generating 50 calls a month, said Nancy Mosher, president of Planned Parenthood of Northern New England. The goal is to bring more men in for medical care, and already the Vermont clinics have seen a 10 percent increase in the number of men coming in for visits, she said. But the numbers remain small.

"One of the things we learned, not surprisingly, is that men didn't really see Planned Parenthood as a place for them," Ms. Mosher said. "They thought of it as kind of like Weight Watchers, and the only reason they would go is that they were dragged by their girlfriends."

So men are left, typically, to their primary care physicians, few of whom ask the kind of explicit questions that Dr. Bell asks of his patients. A 1992 survey of private primary care physicians, cited in the Guttmacher report, found that fewer than half usually ask their patients about sexually transmitted disease, and just 22 percent ask their patients questions about how many sexual partners they have had. An exception is Dr. Robert Johnson, director of adolescent and young adult medicine at the University of Medicine and Dentistry of New Jersey.

"When a guy who is 20 years old goes to the doctor for a checkup and the doctor listens to his heart and his lungs and says, 'You're in good health,' he really is not doing his job," Dr. Johnson says. "Because the possibility that a young man at 20 is going to have heart disease is infinitesimally smaller than the possibility that a young man will have a sexually transmitted disease if he is sexually active."

His patients say they welcome the questions. Michael Osborne, 21, of East Orange, N.J., has been a patient of Dr. Johnson's since he was 13, and it was then that Dr. Johnson first began talking to him about sex. "He asked me: Do I have sex? How many people do I have sex with? Do I have sex unprotected?"

At first, the teenager was too shy to answer, even though his mother was not in the room. But he was having sex, and he had a lot of questions. So he made a second appointment. Thus began a doctor-patient relationship that lasted through high school, and now into Mr. Osborne's working life, as a package carrier for Federal Express.

"I kept going," Mr. Osborne said, "because I just felt that I needed somebody to talk to."

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