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Ideal Male-Oriented Sexual and Reproductive Health Services Delivery: A Qualitative Study of Men and Healthcare Providers' Perspective from Nigeria

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ABSTRACT

INTRODUCTION: The global burden of Sexual and Reproductive Health (SRH) problems has remained a significant challenge to the wellbeing of men and limits the effectiveness of SRH interventions for females. This study explored men and healthcare providers' perception of ideal male-oriented Sexual and Reproductive Health (SRH) services.

METHODS: This was an exploratory qualitative study involving three focus group discussions among men in selected communities and eight interviews among healthcare service providers in Ekiti State, Nigeria. Focus Group Discussion (FGD) and Key Informant Interview (KII) guides were used to collect qualitative data from twenty-six men and eight healthcare service providers, respectively. Participants for the study were selected from three different units of the selected hospital and twelve communities. Data were sorted, transcribed, and analyzed using Atlas ti software. Inductive-deductive thematic analysis was performed.

RESULTS: Three main themes emerged from the study: (a) ideal men-oriented SRH service provision within a unit specially made and named after men, (b) 24-hour daily SRH clinic and (c) locating SRH Clinic in the healthcare institutions with outlets in the communities and schools. The participants identified primary needs as SRH organs assessments; screening services; family planning services; and education and counselling on prevention and treatment of male SRH problems.

CONCLUSION: Men have SRH service preferences that focused on preventive and therapeutic sexual and reproductive health needs that are desired to be male-oriented, dedicated and provided in health facilities with public outlets.

Keywords: Sexual and Reproductive Health Service, Service Preference, Male-Oriented Services

INTRODUCTION

The global burden of Sexual and Reproductive Health (SRH) problems has remained a major challenge to the wellbeing of men. The National Health and Social Life Survey (NHSLS) indicates M

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SRH problems have a prevalence of 30% across all adult age categories [1]. Also, the cost of the MSRH (Male Sexual and Reproductive Health) problem is high, with the European Union (EU) reporting a cost of ~15 billion Euros per year due to men's reproductive health disorders [2].

Many global and local responses geared towards the provision of SRH wellbeing have focused on women only. One example is Family Planning 2020, which focuses almost entirely on women [3,4]. The developing world has developed few indicators for meeting male sexual and reproductive health needs [5,6]. Statistics collected on male clients show far lower attendance rates at reproductive health facilities, relatively few methods of available male contraceptives, and the provision of most reproductive health services through maternal and child health (MCH) programs [5,6].

The few services available are not structured; therefore, most men in need of sexual and reproductive health services only have access to them through their partners, with services being offered in different departments of the hospitals. Given the above points, not only are men vulnerable to various sexual and reproductive problems, suffering unnecessarily, but also, their sexual partners, families, communities, and the healthcare systems that serve them are negatively affected [7]. Overall, men-oriented sexual and reproductive healthcare in Africa is still underdeveloped [5,6].

While formulating new World Health Organization (WHO) guidelines for male sexual and reproductive health, a striking observation is the paucity of high-quality data on which to base recommendations [2]. There is a fundamental lack of information, specifically from end-users,to inform policy decisions relating to MSRH [2,8]. Developing and delivering new men's reproductive healthcare systems in a way that will attract men is a daunting task.

In this study, authors explore the perspectives of both healthcare providers as well as men in the communities on the best strategies for the provision of male SRH, with the goal of deriving evidence that could inform health program intervention and policy decisions geared towards SRH of men.

METHODS

Study Design: This study used a qualitative exploratory research design. The researchers conducted three focus group discussions (FGDs) with twenty-six men in the communities and eight key informant interviews (KII) with healthcare providers. This qualitative study design was purposely stratified to capture information from experienced healthcare providers and men (end-users), which can inform MSRH policymaking. The study was conducted in a tertiary health care institution and selected communities of Ekiti State, Nigeria.

Study Recruitment and Data Collection Process: The participants (men) in the communities were purposively stratified into three groups from age categories of 18-25years, 26-40years and 41-65years. Participants were selected at the household level across the twelve selected communities in the study settings. The inclusion criteria were being indigenous and residents of the selected communities. The study coordinator (O.O.C.) and moderator (O.A.E.) were responsible for recruiting the participants. To ensure a diverse sample and in-depth exploration in the study, healthcare providers were recruited from three departments/clinics (Gynecology, Urology, and Family Medicine) that provide sexual and reproductive care in the country. Each of the KIIs lasted 30-45minutes, while each of the FGDs consisted 8-9 participants and lasted 60-90minutes. Two male nurses in the same age category as the participants were given a day training on the study's purpose, what to ask, how to ask questions, and how to probe further. OneFGD was conducted per age group. The KII was done by the study coordinator (O. O. C.) and moderator (O.A.E.). Semi structured FGD and KII guides were used to collect data. The data collection tools were translated to Yoruba, the local indigenous language, and re-translated to English by linguistics experts in English and Yoruba languages. To explore the ideal male-oriented SRH services, participants were asked, "What is your perception of an ideal male's sexual and reproductive healthcare services?" "How best can MSRH care and services be provided?" "Mention other settings where you think MSRH services can be provided. "The guide was pilot tested in a local government area before it was used for the main study.

Data Processing and Analysis: Audio files were

uploaded into a secure location immediately after data collection. Data was analyzed using content and thematic analysis approach with the Atlas ti software viz. Audio files were directly transcribed verbatim while reading the transcripts. This is aimed at understanding and appreciating the depth of the content of each transcript while also looking for patterns and deriving a sense of the data. The data analysis approach was used to ensure that transcripts retained their intended meaning. Transcripts were re-read with points relating to the research objectives highlighted. The researchers presented initial lists of codes with the research questions. Two different coders coded the same source material; the codes were compared alongside the initial lists of codes. Transcripts were re-read with points relating to the research objectives highlighted. This was to obtain a different perspective on the meaning of transcripts and ensure that the key sections of the data have not been missed. Many of these codes were changed, subdivided, or combined. The resulting codes were organized into categories and sub-categories and then into themes. Transcripts were returned to participants for comments and correction, and feedback given by participants was used to modify the transcripts.

Ethical approval was obtained for the study with approval number: MOH/EKHREC/EA/P/10 from State Ministry of Health. Community leaders and other basic community guards obtained entry into the community. Written informed consent was obtained from the participants through a detailed verbal presentation of the research goals and objectives prior to the data collection. Participants, rights to confidentiality and freedom to withdraw at any time were emphasized. Data collection was anonymous; the moderator stressed that there were no right or wrong answers and encouraged participants to share their opinions even if it is different from others.
The venue of the interview and group discussion within the hospital and communities, respectively, was agreed on by the participants, with only the participants and researchers in attendance. Preceding the KIIs and FGDs, socio-demographic variables were taken from participants after explaining the focus of the study.

Sociodemographic data as shown in table 1: The age range of participants was 19 years to 60 years. The work experience of participants in key informant interview ranges from 24 to 35 years in the medical practice and Clinical Nursing Practice field.

Theme 1: Establishing Special Units for Male Sexual Reproductive Health Service Delivery Required

The participants acknowledged that men require proper sexual and reproductive healthcare but there is no specified place or clinic mainly for male sexual and reproductive healthcare in the health institution.They narrated that there should be a unit within healthcare institutions that will be attending to MSRH needs.
"There is no specific place in the health centers and hospitals that attend to MSRH needs." (24yearold graduate)
"Male Sexual and Reproductive Health (MSRH) services are remote and such services are rudimentary. They are lumped up with other related services from other specialties." (Consultant 1 Gynecologist).
"There should be a special unit/clinic for men where the need of men can be addressed, this can be called men's health clinic." ***(31 year old civil servant)***
"I want to suggest that the government should create a specific unit for men regarding SRH challenges. This can be called the andrology unit. Once there is an awareness that the government has provided such clinics, they will come" ***(Head Nurse of Family Medicine Unit)***
"A special unit should be established that will have appropriate professionals who are trained to attend to MSRH health needs." ***(Consultant urologist).***

As shown in Figure 1, participants identified that there is a need for comprehensive sexual and reproductive healthcare for men. The participants noted that there is a need for the provision of assessment of SRH organs and screening, family planning services, education, and counselling on prevention of SRH problems, treatment of various SRH problems in men, as well as emotional and psychological care.

(a.) *Assessment of Sexual and Reproductive Health (SRH) Organs and Screening*
The participants expressed the need for proper assessment of male sexual and reproductive health organs and screening.
"Some of the needs to look into are reproductive

Table 1: Socio-demographical Characteristics of the Focus Group Discussion and Key Informant Interview (KII) Participants

Variables	Focus Groups N= 26 (%)	Interviews N= 8 (%)	Totals
Age Range			
19 – 39	14(53.8)	0 (0)	14 (43.7)
40 – 60	12(46.1)	8 (100)	20 (62.5)
Mean Age (Standard Deviation)	37.6(13.1)	52.5(4.3)	
Educational level			
Secondary	8 (30.7)	0 (0)	8 (25)
Diploma	3 (11.5)	0 (0)	3 (9.3)
University	15(57.6)	8 (100)	23 (71.8)
Occupation/ Profession			
Nurse	0 (0)	3 (37.5)	3 (9.3)
Physician	0(0)	5 (62.5)	5 (15.6)
Civil Servant	9(34.6)	0 (0)	9 (28.1)
Farmer	2(7.6)	0 (0)	2(6.2)
Driver	2(7.6)	0 (0)	2(6.2)
Artisan	8 (30.7)	0 (0)	8 (25.0)
Business man	1(3.8)	0 (0)	1 (3.1)
Community leader	1(3.8)	0 (0)	1 (3.1)
Student	3(11.5)	0 (0)	3 (9.3)
Marital status			
Single	9 (34.6)	1 (12.5)	10 (31.2)
Married	17 (65.3)	7 (87.5)	24 (75.0)
Sex			
Male	26 (100)	5 (62.5)	31(96.8)
Female	0 (0)	3 (37.5)	3 (9.3)
Religion			
Christianity	16 (61.5)	7 (87.5)	23 (71.8)
Islamic	10(38.4)	1(12.5)	11 (34.3)
Designation			
Chief Nursing Officer	0 (0)	2 (25)	2(6.2)
Assistant Director of Nursing	0 (0)	1 (12.5)	1(3.1)
Gynecology Consultant	0 (0)	3 (37.5)	3 (9.3)
Urology Consultant	0 (0)	1 (12.5)	1(3.1)
Family Medicine Consultant	0 (0)	1(12.5)	1(3.1)
Department			
Urology	0 (0)	2 (25)	2 (6.2)
Gynaecology	0 (0)	4 (50)	4 (12.5)
Family Medicine	0(0)	2 (25)	2 (6.2)
Years of Work experience			
24- 29	N/A	5 (62.5)	5 (15.6)
30 – 35	N/A	3(37.5)	3((9.3)

tract assessment. Assessment of the reproductive health and looking at their testicular volume are important. Also, they should be able to assess how their organs are, viz-a-vizability to achieve an erection while taking into account their seminal analysis" ***(Consultant 2, Gynecologist)***.

Theme 2: Healthcare Providers and Men's perspective on Sexual and Reproductive Healthcare and Services for Men

As shown in Figure 1, participants identified that there is a need for comprehensive sexual and reproductive healthcare for men. The participants noted that there is a need for the provision of assessment of SRH organs and screening, family planning services, education, and counselling on prevention of SRH problems, treatment of various SRH problems in men, as well as emotional and psychological care.

(a.) *Assessment of Sexual and Reproductive Health (SRH) Organs and Screening*

The participants expressed the need for proper assessment of male sexual and reproductive health organs and screening.

"Some of the needs to look into are reproductive tract assessment. Assessment of the reproductive health and looking at their testicular volume are important. Also, they should be able to assess how their organs are, viz-a-vizability to achieve an erection while taking into account their seminal analysis" ***(Consultant 2, Gynecologist).***

(b.) *Family Planning Services*

The participants suggested that family planning services should be included in male sexual and reproductive healthcare and services and that more emphasis should be laid on reversible methods of male contraception.

"There are few male contraceptive methods; hence more efforts should be placed on the reversible method of male contraception. Family planning should shift emphasis from "goalkeepers" (women) who can keep only a goal in 9 months to "goal scorer" (men) who can score hundreds of goals in 24 hours". ***(Consultant 3, Gynecologist)***

(c.) *Education and Counselling on the Prevention of Sexual and Reproductive Health Problems*

As part of MSRH, the participants requested education and counselling services on preventing male sexual and reproductive health problems.

"There is a need for education on the relationship between ageing, stress and sexual functioning and infertility". ***(53 year old Civil servant)***

"Education programmes on disabusing the mind of men on keeping their SRH challenges to themselves should be organized. Men are scared away due to stigmatization, that is, entertaining fear that people may see them as someone who has gonorrhoea and other forms of sexually related diseases. Men need to conquer this to patronize the clinic or unit, as the case may be" . ***(29 year old artisan)***

(d.) *Treatment of Various SRH Problems in Men*

The participants requested that the hospital should offer services like treatment of male sexual and reproductive health problems, not just educating and counselling them on the problems alone.

Table 2: Cross-tabulation showed the agreement level of two radiologists of total sample irrespective of which sequence is the first

	Themes	Sub-themes
1.	Special units within healthcare institutions for provision of male sexual and reproductive health services	1. Men's Health Unit 4. Family Medicine Unit 2. Andrology Unit 5. Urology Unit 3. Reproductive Health Unit
2.	Male sexual and reproductive healthcare and services	1. Awareness of SRH organ and screening 2. Family planning services 3. Education and counselling on the Prevention of SRH problems 4. Treatment of various SRH problems in men 5. Awareness and advocacy 6. Emotional and psychological care
3.	The appropriate male sexual and reproductive health services delivery settings	1. Hospital 2. Communities 3. Schools

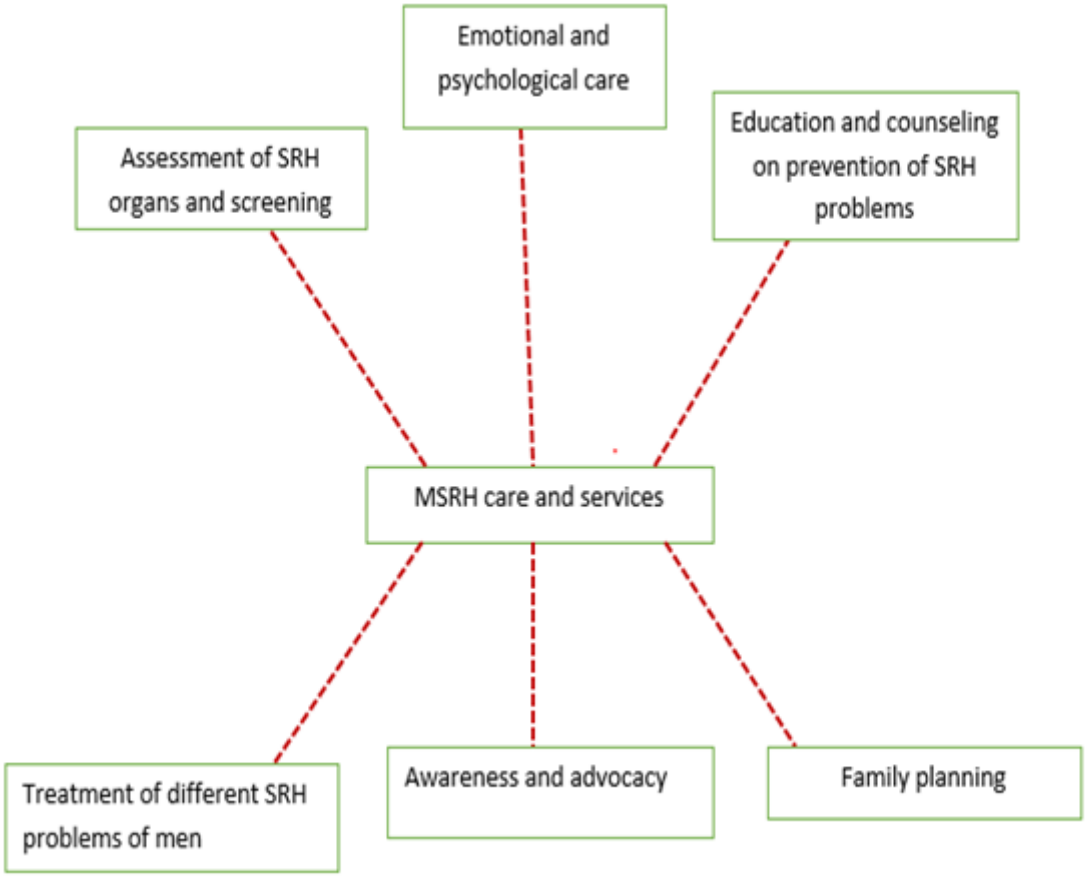

Figure 1: Network Chart showing care and services that should be provided

"There should be provision for the treatment of infertility, impotence, low sperm count and other sexual health problems." ***(38 year old civil servant)*** *"We need services that focus on prevention and treatment of sexual dysfunctions". (****19 year old graduate)***

(e.) *Awareness and Advocacy*

The participants suggested that there should be awareness and advocacy on male sexual and reproductive health and the appropriate unit in the hospital where such services are being rendered.

"We need services that include awareness and sensitizations on sexual and reproductive health". ***(22 year old artisan)***

"In terms of the nonchalant attitude or ignorance on the side of men. Giving health talks in the media too will help to increase their awareness, thereby enabling them to come to the hospital." ***(Head Nurse of Family Medicine Unit)***

(f.) *Emotional and Psychological Care*

The participants requested for care and services for men's emotional and psychological needs, that is, not just physical healthcare alone.

Theme 3: Settings for Delivery of Male Sexual and Reproductive Health Services

Figure 2 shows that while men's sexual and reproductive healthcare and services should be mainly provided in hospitals, there should also be outlets located in the communities and schools for immediate responses to SRH needs. This diversity in location services will make SRH services available and accessible to the people.

(a) *Hospital*

The participants opined that male sexual and reproductive healthcare and services should be provided within the hospital for proper care. It was

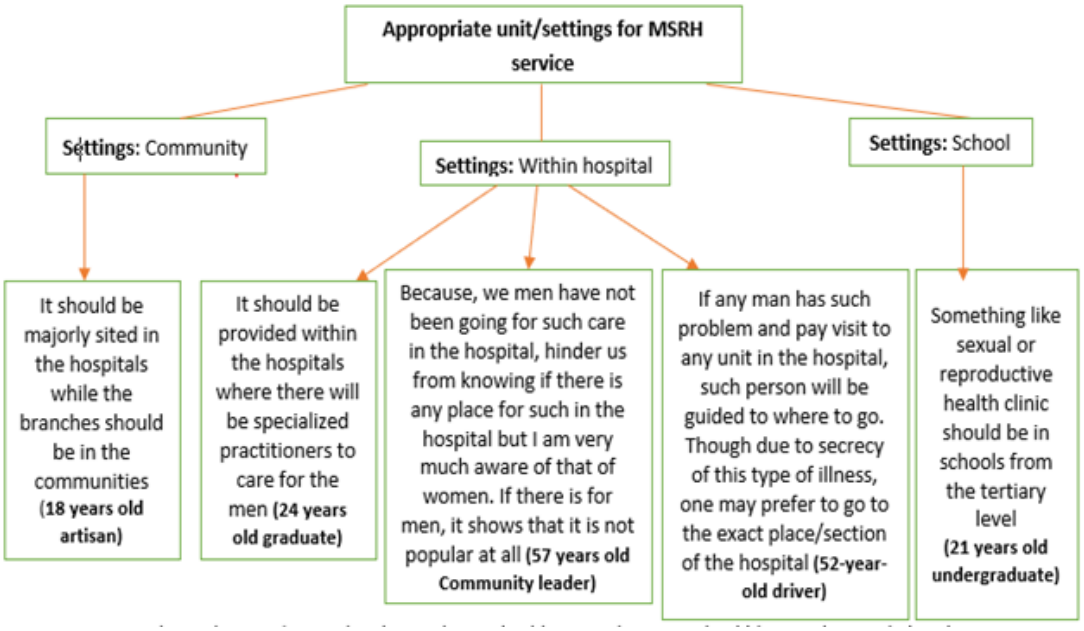

Figure 2: Network Chart showing Settings for delivery of Male Sexual and Reproductive Health services

reported that men have little or no knowledge of the unit or location in the hospital that deals with their sexual and reproductive health.

"It should be provided within the hospitals where there will be specialized practitioners to care for men". ***(24 year old graduate)***

(b) *Communities and Schools*

Aside from the hospitals, the participants also narrated that male sexual, and reproductive healthcare and services should also be provided in the communities and schools.

"It should be mainly sited in the hospitals while the branches should be in the communities". ***(18 yea old artisan)***

"Something like Sexual and Reproductive health clinic should be in schools from tertiary level". ***(21 year old artisan)***

DISCUSSION

The findings of this study reveal that MSRH services are rudimentary and often combined with other related services in the study location. This finding aligns with previous studies that showed that men are often poorly served by existing SRH services, which could have negative impacts on the well-being of men, their partners, and their children [9,10]. The present approach, with an emphasis on SRH services only for women, may not yield the desired result. Therefore, provision of SRH services should revolve around both males and females starting from adolescence.

In this study, virtually all the participants suggested that there should be a unit (men's health/ andrology unit) within the healthcare institution where MSRH care and services will be provided by appropriate professionals who are trained to attend to MSRH needs. This need can be met when there is political will and policy redirection by concerned stakeholders in the country's health system.

In addition, the participants` observation that the ideal MSRH care and services provided should include assessment of SRH organs, screening, prevention, and treatment of reproductive organs problems, especially benign prostate hyperplasia (BPH), supports a previous study [11], that suggests the use of PSA screening and early treatment that may ensure early diagnosis and treatment of BPH/prostate cancer. Prostate cancer is the most frequently diagnosed visceral malignancy among men. To act safely and responsibly, men need screening to ensure effective health outcomes of SRH programs, including reductions in STIs.

Previous findings have shown that men who are aware of their own reproductive and sexual health needs, as well as their spouses' needs, are more successful fathers and partners [9].

The result from this study indicated that an ideal male-oriented SRH service delivery should ensure full men's participation in family planning (fertility control). One important finding to note is that participants showed concern about the few male contraceptive methods available and suggested that more efforts should be put into the reversible method of male contraception. The participants emphasized the need to also focus on men who can ensure more effective contraception with women. Importantly, one of the participants suggested that family planning programs should shift emphasis from "goalkeepers" (women) who can keep only a goal (be impregnated by one man) in 9months to "goal scorer" (men) who can score hundreds of goals (impregnate many women) in 24hours". This result concurs with findings from a previous study [2] that contraceptive choices are still very limited and that the current global contraceptive strategy is suboptimal as evidenced by the continual high rates of elective terminations. The study further revealed that no effective, reversible and widely available form of contraception had been developed for men since the condom [2]. Hence, there is a need to come up with more options for male contraceptive methods and expose the male clients to platforms that would enlighten them on the options of contraceptive methods. This increased knowledge would enable the SRH health facility to deliver on the UN 17 sustainable development goal of effective voluntary family planning.

Prevention and treatment of various SRH problems in men was considered as one of MSRH care and services that should be provided. Infertility and sexual dysfunctions were among MSRH problems; therefore, the participants suggested that MSRH services should include prevention and treatment of infertility. This observation is in concordance with a study [12] that revealed that men have a variety of SRH needs, such as infertility. This study [12] further stressed that male infertility remains a 'hidden' reproductive health condition despite the fact that it contributes to more than half of all cases of childlessness worldwide.Hence, they opined that infertility prevention is one of the key problems to address in MSRH. Many countries lack infertility treatment and in-vitro fertilization (IVF) clinics, especially in sub-Saharan Africa. Specific IVF services may be unavailable in other countries due to a lack of clinical expertise or equipment. Therefore, there is a need to advocate for a specialized fertility clinic that offers the male client's prevention and treatment of infertility, including anti-retroviral therapy services.

The study also highlighted other aspects of SRH problems to be focused on in an ideal male-oriented SRH facility, including erectile dysfunction (ED) or impotence and premature ejaculation (PE). This had been earlier documented by a previous study [13] as the two most common complaints among male sexual dysfunctions. In addition, sexual dysfunctions have been found to represent a serious and under-diagnosed concern in the general male population [13]. Therefore, it can be inferred that certain similarities exist in the patterns of MSRH problems across the globe, and this calls for intervention by stakeholders.

As revealed by the study, the hospital is the appropriate setting where ideal male-oriented SRH services should be delivered, with branches also located in communities and schools. The finding is in tandem with a previous study's [14] recommendation that bringing communications and SBC activities to men where they work and spend their free time is essential. It is anticipated that having male sexual and reproductive health services in specific units in the hospital will attract men to seek help for their sexual and reproductive health needs.

CONCLUSION

The study shows that men have enormous SRH service needs, with limited and dispersed male-oriented SRH services available. When designing SRH services, it is imperative to set up specific SRH services that appeal to men and have well-equipped healthcare providers. The failure of public sector programs to take cognizance of male SRH problems may lead to men continuing to seek care for all their sexual health problems (including STIs) in the unregulated and possibly ineffective private sector. If programs addressing the SRH needs of men are to be effective, they will need to be comprehensive in their scope and coverage, just as they are now aiming to be for women.

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