

# COMPREHENSIVE SEXUAL HEALTH ASSESSMENT:

## A GUIDE FOR HEALTHCARE PROVIDERS WORKING WITH YOUNG MEN

### THE IMPORTANCE OF SEXUAL HEALTH ASSESSMENTS FOR MEN

Sexual health assessments have traditionally focused on examining the individual patient's health. This guide expands its emphasis to incorporate components of sexual health assessment that are designed to encourage young men to take responsibility not only for their own sexual health and wellbeing but also the health and wellbeing of their partners. This guide is for healthcare providers (HCPs) working with young men to assess their patients' sexual health and to encourage communication and accountability in their sexual relationships with others.



**Despite advances in treatment services and public health education, sexually transmitted infections (STIs) continue to pose a significant public health concern.** Common STIs include

chlamydia, gonorrhea, genital and oral herpes (HSV), syphilis, human papillomavirus (HPV, genital warts), hepatitis B, hepatitis C, and HIV/AIDS.<sup>1</sup> It is notable that rates of chlamydia and gonorrhea are increasing faster in males than females and 72% of cases of infectious syphilis are among males.<sup>2</sup> Additionally, HPV is more common than all other sexually transmitted infections combined<sup>3</sup> and over 70% of men in Canada experience an HPV infection over their lifetime.<sup>4</sup> In men, HPV causes 63% of penile cancers, 89% of anal cancers, and 73% of oropharyngeal cancers.<sup>5</sup> Oropharyngeal cancers (cancers of the back of the throat) are the most common HPV-cancers among men and are on the rise.<sup>6,7</sup>

**Sexual health plays a major role in overall health and wellbeing.** Sexual health is defined



by the World Health Organization (WHO) as a state of physical, emotional, mental and social well-being in relation to sexuality. It is not merely the absence of disease or dysfunction. Sexual health requires a positive and respectful approach to sexuality, sexual relationships, and pleasure.<sup>8</sup>

### ENCOURAGING YOUNG MEN TO TAKE RESPONSIBILITY FOR THEMSELVES AND THEIR PARTNERS

**Gender-based violence (GBV) and intimate partner violence (IPV) are health issues. HCPs are well-positioned to initiate conversations about consent to help address and prevent GBV.** In 2023, the Canadian Femicide Observatory for Justice and Accountability reported that in Canada, one woman or girl is killed every 48 hours.<sup>9</sup> Screening for GBV and IPV with men patients is a critical touchpoint for addressing violence as a healthcare issue. Asking young men if they have a clear understanding of how consent can be obtained and withdrawn, as well as the legal aspects of consent, are crucial subjects to cover during a sexual health assessment. Young men should be encouraged to be knowledgeable about consent and to apply the principles of consent to their relationships.

**GBV can also take place online.** *UN Women* reports that between 16%-58% of women have experienced technology-facilitated GBV (e.g., online stalking, threats, unwanted images) and rates have increased since the COVID-19 pandemic. Engaging men and boys is cited as an important way to decrease technology-facilitated GBV and protect women and girls.<sup>10</sup>

### Taking responsibility for one's own sexual health includes considering the sexual health of one's partner(s).

Although discussions of one's sexual desires or needs are considered a highly significant component of relationships and sexual satisfaction<sup>11</sup>, sex has been found to be one of the least discussed topics in relationships.

Pain during sex, or dyspareunia, is a common problem affecting up to 28% of women at some point in their life.<sup>12</sup> When men facilitate communication with their women partners who experience pain during sex, the sexual satisfaction of both people is improved.

While much of the responsibility for contraception and pregnancy planning falls to women partners and partners with a uterus, it is equally the responsibility of their partners to engage in pregnancy planning or contraception. Discussing pregnancy intentions with young cisgender men patients can equip them to have informed sexual health conversations with their partners.

## NORMALIZING SEXUAL HEALTH CONVERSATIONS WITH PATIENTS

**Stigma, stereotypes, and social norms** are significant barriers to men accessing sexual healthcare.<sup>13</sup> This includes stigma and misconceptions about sexual health, as well as limited notions of masculinity. This affects men by encouraging them to take sexual risks and to not seek healthcare when they are in need.<sup>14</sup> Further, heterosexual men are often incorrectly perceived as "low risk" due to their sexual orientation. As a result, young heterosexual men are less likely to be assessed for condom use and STI testing practices.<sup>15,16</sup>

**Consent and communication** are key components of sexual interactions and relationships, yet many people are not informed on how to have discussions with their partners about critical sexual health topics. Engaging in sexual or romantic relationships with others requires accountability and intention. Consider discussing with your patients the responsibilities they have towards their partner(s), including disclosing STI status, dating objectives, and how to ask for and give consent.

## CONDOM USE FOR STI PREVENTION AND CONTRACEPTION

**Discussing STI risk reduction** is a critical component of sexual health assessment. **For example, information that increases perceived risk of an STI diagnosis in the near future as well as instructions on correct use may increase levels of condom use.**<sup>17</sup> Additionally, HCPs can encourage regular STI testing. Ensure your patient understands what "regular" STI screening means for them. If your patient or their partner(s) have new sexual partners frequently, encourage regular testing every 3-4 months.<sup>18</sup>

Consistent and correct use of latex and synthetic polymer condoms can decrease the risk of acquiring and transmitting the majority of STIs, including HIV, hepatitis B virus (HBV), chlamydia and gonorrhoea.<sup>19</sup> When used correctly condoms are 98% effective at preventing pregnancy.<sup>20</sup>

While correct condom use can reduce HPV transmission, it does not eliminate the risk entirely because HPV is spread through skin-to-skin contact. The HPV vaccine provides effective and safe protection against HPV, preventing over 90% of cancers caused by HPV. Combining HPV vaccination with consistent condom use helps to maximize STI risk reduction for young men.<sup>21</sup>

**Consistent condom use not only helps young men to protect their own sexual and reproductive health, but also helps young men to contribute to the health and wellbeing of their partner(s).**

## ASSESSING PATIENT SEXUAL HEALTH: A 6P-3C APPROACH

The 6P-3Cs approach of this guide is built upon the U.S. Centers for Disease Control 5 P's approach to taking a sexual history. The 6P-3C approach comprises of these categories: Permission, Practices, Partners, Protection from STIs, Problems, Partner Violence and Past Trauma, Communication, Consent, and Condoms. By obtaining a comprehensive sexual history, HCPs can accurately assess a patient's sexual health and tailor personalized health plans.

### The following strategies can facilitate a sexual health assessment:



- Assess your own comfort level discussing sexuality with different patients and identify any implicit biases that you may have.
- Practice having sexual health assessment conversations, using inclusive and accurate language.
- Welcome and normalize disclosures of sexuality, sexual orientation, gender identity and sexual practices. Avoid making assumptions and ask what your patient's gender identity is and what pronouns they use.
- Use neutral and inclusive terms such as "partner" and pose questions (including open-ended questions) in a nonjudgmental manner. Respect the values and beliefs of patients to foster trust and safety.
- Address myths and misconceptions regarding gender identity, sexuality, and sexual orientation by challenging misogynistic and homo/transphobic biases.
- Rephrase questions or briefly explain reasons for asking a question to ensure understanding or to avoid confusion.

**Effective practices:** Follow-up by asking additional questions to better understand your patient's sexual health; determine whether you need to recommend screenings or vaccinations, referral, and offer appropriate counseling.

**Sample phrase:** After talking to you about your sexual practices, I would like to propose some ways to help minimize your risk for STIs. Based on the assessment, I recommend that we do an STI screening and review what correct condom use includes.

## THE 6P-3C APPROACH

### Sample questions

1	<b>PERMISSION</b> Ensure you gain informed consent from the patient before proceeding. Inform the patient that confidentiality will be maintained.	<i>I'm going to ask you a few questions about your sexual health. Since sexual health is very important to overall health, I ask all my patients these questions. If you're uncomfortable answering any of these, just let me know, and we'll move on. To begin, are there any sexual health concerns you would like to discuss today?</i>
2	<b>PRACTICES (IDENTIFYING SEXUAL ACTIVITIES)</b> Identify sexual activities to facilitate appropriate screening procedures for STIs.	<ul style="list-style-type: none"> <li>• Are you currently sexually active with one or more partners? If no, have you ever been sexually active?</li> <li>• What kinds of sex do you engage in? (e.g. oral sex, vaginal sex, anal sex, sharing sex toys)</li> <li>• How do you feel about having sex? Is it a good thing or bad thing for you?</li> </ul> <p>Screen for other risks such as alcohol and substance use or sex work. Determine the need for pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) to prevent HIV.</p>
3	<b>PARTNERS</b> Do not assume a person's sexual orientation based on their appearance, sexual practices or the gender identity or physiology of their current sexual partner(s).	<ul style="list-style-type: none"> <li>• How many partners have you had sex with in the last 12 months?</li> <li>• Tell me about your partners and their gender identity and sexual orientation.</li> <li>• Are you having any difficulties with your sexual relationships?</li> </ul>

4

## PROTECTION FROM STIS: VACCINES AGAINST HPV AND HEPATITIS, AND PAST HISTORY

Screen for STIs including HIV.

- Have you ever had an STI (sexually transmitted infection)? Consider listing them for clarification.
- Have you ever been tested for STIs? If yes, when was the last time?
- When you are tested for STIs, do they take a urine sample, blood sample, and swab of your mouth and/or anus?
- Have you been vaccinated against Hepatitis A, Hepatitis B, or HPV?
- When you have a new sexual partner, do you have an initial sexual health conversation about condoms and STI testing before you have sex (including oral sex)?

Many people are not aware that a full STI panel requires more than a urine sample. Ensure the patient is familiar with recommended STI screening practices, and to schedule an STI test every three months if they or their partner(s) are having sex with multiple people.

5

## PROBLEMS

Identify practical ways to improve patients' sexual health experiences.

- Do you have any problems experiencing sexual pleasure in the way that you would like to or have in the past?
- Do you experience any pain or discomfort during sex?
- Do you experience ejaculation more quickly than you would like to or more quickly than you have in the past?
- Do you experience trouble getting or maintaining an erection for as long as you would like to or for not as long as you have in the past?

6

## PAST TRAUMA AND PREVENTING HARM

Assess relationship safety and approach trauma experiences from the patient's identity.

- Have you had any sexual interactions where you were uncertain of how comfortable your partner was?
- Do you need trauma-informed support services? Provide referral if necessary.

Social stigma and stereotypes often leave out narratives that include victim/survivor information for men survivors of abuse. Assessing relationships safety is important for all genders.

7

## CONSENT

Assess the patient's understanding of consent and how they navigate consent in their relationships. As an HCP, you are well-positioned to discuss how consent impacts sexual health and wellbeing.

- What measures do you take to get active consent from your sexual partners?
- Have there been any instances where you are unsure if a sexual interaction was consensual?
- Before a sexual encounter with a new partner, do you share STI statuses and discuss condom use?

Sexual scripts and stereotypes of sexual desire can make intentionally asking for consent challenging. Encourage the patient to consider how consent can be incorporated into their relationships, especially in sexual situations.

8

## COMMUNICATION

Assess the patient's comfort with communication in their relationships.

- How able do you feel to communicate your relationship needs with others?
- How able do you feel to hear the needs of others you are in relationships with?
- Do you feel you have the tools necessary to resolve conflicts peacefully in your relationships?

9

## CONDOMS

Learn about the patient's protective behaviours to identify sites of exposure and other risk factors.

- When was the last time you had unprotected sex? (i.e. oral and/or penetrative sex (giving or receiving) without a condom/dental dam)
- What do you do to protect yourself from STIs?
- Do you use condoms/dental dams whenever you have sex? How often?
- Do you use lubricants (lube) when you have sex? (if yes, ensure patient understands different lubricant compatibilities with condoms)

Ensure the patient is familiar with correct condom use, including knowing that if a condom is put on a penis the wrong side up, it cannot be used any longer due to exposure to the genitals and any pre-ejaculate fluid, and that a new condom must be used.

# FLOWCHART FOR SEXUAL HEALTH ASSESSMENT

This a companion checklist for the Comprehensive Sexual Health Assessment Guide: A Guide for Healthcare Providers Working with Young Men. It provides a flow sheet of basic information to ensure inclusive sexual assessment.

## Create a culturally safe and welcoming environment

- Discuss the patient's sexual history as part of their overall health assessment.
- Gain permission and ensure confidentiality.

## Adopt the 6 P's approach

- **Practices:** Have you been sexually active in the past year?
- **Partners:** How many people have you had sex with in the past year?

## Sexually active (single partner or multiple partners)

### Ask about

- Partners
- Protection from STIs
- Problems
- Partner violence
- Past trauma
- Consent
- Communication
- Condoms
- Any questions or concerns

## Not sexually active

### Ask about

- Past partners (if new patient)
- Past history of STIs, vaccination history
- Past history of partner violence/trauma
- Consent
- Communication
- Condoms
- Any questions or concerns

## Follow-up as appropriate

Counselling for prevention, STI screening and treatment, and referrals.

# FOR ADDITIONAL INFORMATION, PLEASE CONSULT:

## Public Health Agency of Canada (PHAC):

[Sexually Transmitted and Blood Borne Infections \(STBBI\) prevention guide](#)

## Canadian Paediatric Society (CPS):

[Comprehensive sexual health assessments for adolescents](#)

## The Canadian Public Health Association (CPHA):

[Trauma-informed physical examinations and STBBI testing: A guide for service providers](#)

## REFERENCES

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<sup>10</sup> UN Women. n.d. <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/faqs/tech-facilitated-gender-based-violence>

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