

GP attitudes to male reproductive and sexual health education and promotion

A qualitative study

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BACKGROUND Despite evidence that men believe the general practitioner is an appropriate person to assist with sexual health issues, few men actually access medical practitioners for such assistance. Raising community awareness of male sexual and reproductive health issues is expected to generate a clinical demand for men's health services.

OBJECTIVE The aim of this study was to determine GP perceptions of their own education needs and those of the community in the area of men's health.

DISCUSSION A total of 27 GPs from four Victorian divisions of general practice (three metropolitan and one rural) participated in three focus groups. Key themes from the data were identified after analysis of the data by three researchers. General practitioners indicated that a clinical demand for men's health services needed to be generated in order for GPs to be interested in professional development. They suggested community education providing general information to men about sexual and reproductive health issues and emphasising the importance of accessing their GP for health checks. However, due to a lack of information for GPs about some areas of male sexual and reproductive health, eg. androgen deficiency and male infertility, a case based practical approach to GP education was recommended. General practitioners also requested concrete information, current specialist recommendations and details of locally available services working in men's health.

General practitioners play an important role in the management and education of men's sexual and reproductive health conditions. Previous research demonstrates that men's preferred health professional for assistance with sexual health issues is their GP.¹⁻³ However, few men actually access medical practitioners for assistance¹⁻² partly due to a lack of knowledge about available treatments.¹

Men believe that medical practitioners should initiate discussion about sexual health issues within the medical consultation.² On the contrary, medical

practitioners have indicated they do not initiate discussion due to their belief that men will initiate discussion.⁴ Medical practitioners have highlighted the barriers to discussing sexual health issues with male patients. These include:

- lack of time^{4,5}
- infrequency in which sexual health issues are seen in general practice⁶
- GP perceptions that patients would be embarrassed or consider questions to be intrusive,^{5,7} and
- the lack of education or training for GPs.^{6,8}

It has been suggested that the medical curriculum is deficient in educating future medical practitioners about sexual health issues and taking a sexual history.^{5,9} In order to facilitate discussion in medical consultations about issues such as erectile dysfunction (ED), GP education and community education is recommended.⁸ While there is a lack of literature documenting community education strategies in male sexual and reproductive health, Kitai et al¹⁰ found that the anonymous distribution of information about ED could increase community awareness and

increase the number of cases seen in general practice.

The increasing awareness of men's health in recent years has resulted in a growing number of men's health education initiatives implemented across Australia. However, there is a lack of professional and community education specifically focussing on male sexual and reproductive health issues. The aim of this qualitative study was to determine GP perceptions of their own education needs and those of the community about male sexual and reproductive health.

Methodology

General practitioner focus groups were conducted by Andrology Australia in collaboration with the Monash University Department of General Practice. The focus groups provided an opportunity to determine education needs of GPs and the community in order to assist in the development of appropriate training programs.

Focus groups were conducted with GPs from four Victorian divisions of general practice (three metropolitan and one rural) which were selected on the basis of a commitment to men's health, availability of a member database for sampling of GPs and the frequency of previous focus groups conducted in the division. Each participating division provided the Department of General Practice with a list of GPs for the purpose of this study only; subsequently a purposive sample of GPs reflecting a range of interests in men's health, gender and type of practice were invited to participate. In total, three GP focus groups were held (two metropolitan and one rural) with 27 GPs participating (20 metropolitan and seven rural).

Standard questions were asked in each focus group by two facilitators. Each focus group lasted approximately 90 minutes and was audio taped; the data was then analysed by three individual researchers and key emerging themes were identified.

Results

What is discussed by male patients and their GPs?

General practitioners indicated that men most commonly sought information about ED and prostate health within medical consultations. Younger men were more likely to enquire about sexually transmitted infections, but older men were more concerned about prostate cancer often due to the occurrence of prostate cancer in peers. Women having difficulties conceiving were more likely to enquire about male infertility, albeit indirectly, than men themselves. General practitioners stated that they infrequently dealt with androgen deficiency, anabolic-androgenic steroid use and testicular cancer in their practice. They indicated that men were more likely to be solution oriented when seeking information about sexual and reproductive health issues. Men wanted to know how to solve their problem rather than understand the cause. However, some GPs stated that men also sought reassurance that 'all was normal', even if realistically the condition was abnormal.

While GPs admitted that information about ED was most commonly sought in

comparison to other male sexual and reproductive health issues, discussion about sexual function within the medical consultation did not always occur readily with GPs indicating that initiation of dis-

Table 1. GP comments about community education on male sexual and reproductive health

- We get asked about male infertility indirectly. Generally women presume it's their fault they're not getting pregnant, so it becomes an indirect question.
- Most of my patients...they're not interested in cause, they're most interested in what they can do.
- If they're going to ask about ED, it's the first thing they ask when they walk in the door.
- People do volunteer the issues of impotence. A permission giving environment actually makes a big difference.
- What's going to make me jump into impotence? Not a lot unless it was related to a presenting illness, until I've got through life threatening illnesses.
- Patients like to go out with a handout that he can go home and read as well.

Table 2. GP comments about GP education needs in male sexual and reproductive health

- The thing about men's health is the significant disinterest of patients, and it seems to be a lot of practitioners as well. So you've really got to do something to make it worthwhile to come along.
- If I had a clinical demand (for men's health services), I'm much more likely to be wanting to do something.
- Certainly in male reproductive health there have been some quite major changes over the past few years. If you have someone who comes in and asks you a question and you will make the effort to go and get the information.
- We need strong leadership from someone with an awful lot of knowledge leading a small group of GPs who are interested.
- I've found that that some of those vignettes that drug companies use have been very good. There's been a GP trainer who has run those sessions where they've sometimes been in mental health and they have a little video.
- Other ones I liked were just case presentations where a GP gives a case presentation that's relevant and then all the points are discussed.
- It would be nice to have a list of GPs who are interested.

discussion about sexual issues was dependent on the situation. Generally men were uncomfortable about discussing sexual and reproductive health issues often enquiring about or mentioning ED toward the end of the consultation. However, GPs reported that some male patients were ready to ask questions early in the consultation if ED was a major issue or if GP permission was given to discuss the issue. On the contrary, other male patients needed prompting. General practitioners readily admitted to being more comfortable about initiating discussion in the context of smoking or diabetes. This was partly due to concern that male patients would be suspicious if questions about sexual function were raised for no apparent reason. Time constraints also meant that some GPs were not able to adequately address information needs about ED particularly if a

number of issues were being addressed during the consultation. Male patients were also aware of time constraints on GPs, and this too was a barrier to men initiating discussion about sexual function with their GP.

Community education needs

Table 1 highlights key GP comments specific to community education on male sexual and reproductive health. In order to encourage men to be more proactive in initiating discussion about sexual and reproductive health issues during medical consultations, GPs suggested educating men about questions that were appropriate to ask their GP. Furthermore, GPs emphasised the value of providing evidence based information, in brochure or pamphlet form, that men could take away after the consultation. Some GPs also suggested internet sites or CD ROMs that GPs could use to download information and modify accordingly for the patient.

Encouraging men's access to GPs was considered by many GPs a focal point of community education on male sexual and reproductive health. General practitioners also stated that men needed to be given general information about sexual and reproductive health issues that was age specific, eg. younger men need to be informed about sexually transmitted infections and older men about prostate health; with GPs recommending numerous education strategies such as the media, videos, surgery newsletters distributed to patients, and health promotion activities in the workplace and in sports clubs.

GP education needs

General practitioner comments about GP education needs in male sexual and reproductive health are presented in Table 2. General practitioners acknowledged the lack of professional education available about male sexual and reproductive health. Divisions of general practice offered little, if any, structured education programs specifically focussing on this area of men's health. The only

other means of accessing information was through pharmaceutical companies. Furthermore, GPs indicated that little information was available about androgen deficiency and male infertility.

Generating a clinical demand for men's health services was considered by many GPs as imperative to generating GP interest in professional development about male sexual and reproductive health. However, GPs reported that work overload and a lack of time were barriers to assuming a new area of learning with participation in any professional development program being dependent on appropriate rewards or incentives, content, and approach (such as CD ROMs, internet and outreach to GP surgeries). General practitioners stressed the need to acquire information about new developments particularly those that would ease the existing workload.

General practitioners suggested a case based practical approach to education with concrete information and current specialist recommendations. Written information with details of local services specialising in men's health was also requested. Many GPs also felt that GPs would be more appropriate as presenters of continuing medical education on male sexual and reproductive health; believing that GP trainers possessed an intimate knowledge of conditions seen in general practice and were more cognisant of time restrictions. Given the support for the concept of GP trainers, GPs were generally positive about the utilisation of the train the trainer approach in the education of GPs in male sexual and reproductive health. This approach involves training GPs with an interest in men's health to be a GP trainer and facilitate education sessions, which would incorporate specialist input, through divisions of general practice. However, some rural GPs expressed concern about burnout in GP trainers working in rural areas. This was pertinent if the GP trainer was the only resource available or was working alone in providing GP education. Services needed to be

Table 3. Key constructs from GP focus group data

- Community education about male sexual and reproductive health needs to:
 - facilitate men's access to GPs for regular check ups
 - encourage men to ask questions of their GP
 - provide general information about sexual and reproductive health issues
- Clinical demand for men's health services
 - ▷ GP interest in men's health
 - ▷ GP participation in professional development in men's health
- Train the trainer approach to education about male sexual and reproductive health needs to:
 - provide concrete information with specialist recommendations
 - utilise real life case studies and vignettes
 - provide written material to assist in clinical practice
 - ensure appropriate support mechanisms are in place for GP trainers

in place to provide support to GP trainers working in rural areas. Table 3 highlights the key constructs to emerge from the focus group data.

Discussion

This study indicates that community and professional education about male sexual and reproductive health are inextricably linked. General practitioners indicated the main motivating factor for their participation in professional education in men's health would be an increased clinical demand for their services by men. Therefore, GPs highlighted the need for community education that would encourage men to access GPs for general health checks, in addition to general information about male sexual and reproductive health issues.

Not surprisingly, this study confirms previous studies about doctor-patient discussion about sexual health issues^{4,5,7} with GPs readily admitting to being uncomfortable about initiating discussion about sexual function where there was no valid reason for fear of arousing suspicion in patients. Furthermore, time was an issue, particularly if queries about sexual function were asked toward the end of the consultation. In encouraging men to access their GP, men may need to be educated about questions to ask their GP and what information to provide during a medical consultation.

This study also highlights the need for professional education for GPs and supports literature recommending further education for medical practitioners about sexual health issues.⁸ The lack of any structured professional education program in male sexual and reproductive health meant that GPs had few options to remain updated about new developments in this field of men's health. It is important that professional education is relevant to GPs to encourage their participation. The train the trainer approach was considered a useful medium, but needs to provide current specialist recommendations and concrete information

that eases GP workload, in order to be worthwhile. These GP recommendations have subsequently been used by the Monash University Department of General Practice to adapt the national GP Train the Trainer Program. This program involves the training of GP facilitators to work with local specialists in educating GPs about male sexual and reproductive health issues.

This study is not without its limitations. While researchers aimed to ensure a mix of GPs considering gender, type of practice and interest in men's health, only a small group of Victorian GPs were consulted. The application of these findings to GPs across Australia needs further investigation. However, it is important to note that this study provides valuable insight into the information and education needs of GPs and the community in male sexual and reproductive health, an area not previously investigated.

Conclusion

With the emergence of men's health in the public health arena in recent years, development of community and professional education in gender specific areas such as ED and prostate disease is crucial. However, as men are encouraged to access their GP, the involvement of GPs is integral in the development of education programs specific to the needs of GPs and the community. Overall the GP focus groups proved a useful tool in the exploration and comprehension of the information and education needs of the community and GPs in male sexual and reproductive health.

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SUMMARY OF IMPORTANT POINTS

- This study provides insight into community and professional education needs in male sexual and reproductive health.
- The findings will assist in the development of appropriate education programs for the community and GPs.
- Community and professional education about male sexual and reproductive health are inextricably linked.

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