

Men's Reproductive Health Curriculum Men's Reproductive Health Curriculum

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**Trainer's Resource Book**  
*to accompany*

**1**

**Introduction to Men's Reproductive Health Services—  
 Revised Edition**





**Trainer's Resource Book**  
*to accompany*

**1**

**Introduction to  
Men's Reproductive  
Health Services—  
Revised Edition**



**USAID**  
FROM THE AMERICAN PEOPLE



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for a better life

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This publication is made possible by the generous support of the American people through the Office of Population and Reproductive Health, U.S. Agency for International Development (USAID), under the terms of cooperative agreement GPO-A-00-03-00006-00. The contents are the responsibility of EngenderHealth and do not necessarily reflect the views of USAID or the United States Government.

ISBN: 978-1-885063-71-7

Suggested citation: EngenderHealth. 2008. *Introduction to men's reproductive health services—Revised edition: Trainer's resource book*. New York.

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# Acknowledgments

The first edition of this manual was released as a draft in 2000 by EngenderHealth (then known as AVSC International), and was followed by the publication of Section 2 of the Men's Reproductive Health Curriculum—*Counseling and Communicating with Men* (2003)—and Section 3 of the Men's Reproductive Health Curriculum—*Management of Men's Reproductive Health Problems* (2003). A number of staff members and consultants contributed to the development and production of the original manual, among them Dr. Katherine Forrest, Sharon Schnare, Jeanne Haws, Mary Nell Wegner, Andrew Levack, Rob Becker, Dr. Isaiah Ndong, Daria Teutonico, Brian Kearney, Susan Schneider, Betty Farrell, Phyllis Butta, Jill Tabbutt-Henry, Jim Griffin, Dr. Mark Barone, Pamela Beyer Harper, Liz Harvey, Karen Landovitz, Joanne Tzanis, Cassandra Cook, Anna Kurica, Virginia Taddoni, Margaret Baynes, and Margaret Scanlon.

Manisha Mehta and Andrew Levack initiated the revisions that resulted in the revised edition of this manual; this version was edited by Karen Landovitz and Liz Harvey, and was formatted by Phyllis Lerner; Michael Klitsch managed the editorial production process.

We are grateful to the U.S. Agency for International Development and to the ACQUIRE Project for their funding to support the process of revising the curriculum, as well as its editing and printing.



# Introduction for the Trainer

## Course Overview

### Course Purpose

This trainer’s resource book is designed to accompany the text *Introduction to Men’s Reproductive Health Services* for use in a training workshop aimed at developing or strengthening the capacity of health care staff to deliver quality reproductive health services to men. The course emphasizes the information needed to encourage men to use reproductive health services and to help providers work effectively with men on issues related to reproductive health and sexuality, including women’s reproductive health issues and gender concerns. The course can be adapted for use with those who need only reinforcement or updating of previous trainings related to this topic.

It is important to approach the issue of men’s reproductive health services from a gender perspective. The term gender refers to the economic, social, and cultural attributes and opportunities associated with being male or female. In most societies, being male or female creates different expectations and elicits different responses from others related to appearance, capabilities, and behavior. Therefore, when looking at reproductive health services from a gender perspective, service providers must consider the gender differences and social inequalities that exist between men and women in the design and implementation of services. Working to ensure that any reproductive health services for men are provided in the interest of gender equality can help improve the health outcomes of both women and men.

### Course Participants

Everyone working at a health care facility that provides men’s reproductive health services has a role to play in making the program successful, regardless of whether the person provides clinical, counseling, support, or outreach services. Therefore, this trainer’s resource book contains instructions for training all levels of staff and can be used for trainings at the facility where the participants work (referred to as “on-site training”) and for trainings at a site other than where the participants work (referred to as “off-site training”). (See “Selecting a Training Site: On-Site vs. Off-Site Training” on page xvii.)

Some parts of this course may also be appropriate for administrative or supervisory staff who do not actually work with clients but who supervise or make decisions affecting those who do. Such staff should be encouraged to attend both on-site and off-site training whenever possible.

All course participants should bring to this training the desire to learn about or update their knowledge regarding the delivery of men’s reproductive health services and issues that concern men and women as partners. These include sexuality, communication, physiological development, processes of maturation and aging, contraceptive needs, sexually transmitted infections (STIs), gender-based violence, and safe motherhood. No minimum qualifications must be met. It is important for the trainer to keep in mind that low-literate/illiterate staff may be unable to easily use the text and other materials, such as wall charts, for reference. Therefore, before conducting an on-site training, the trainer should assess the participants’

literacy skills, identify the content that is most likely to be appropriate for low-literate/illiterate participants, and make every effort to ensure their understanding of that content.

Throughout the text, the term *service providers* will be used to refer to the staff at a health care facility who provide clinical or counseling services. Service providers may include doctors, medical officers, nurses, nurses' aides, midwives, counselors, health educators, and medical or surgical assistants. Similarly, the term *frontline staff* will be used to refer to all other staff or volunteers at a facility who provide support services, such as answering the telephone and assisting clients in the reception/waiting area. Frontline staff may include clinical assistants, receptionists, switchboard operators, doormen, guards, janitors, records staff, appointment clerks, accounts clerks, lab technicians, interpreters, drivers, and maintenance workers. Finally, the term *administrators* will be used to refer to the staff at a health care facility who manage service provision and make policy decisions that affect the day-to-day operation of a health care facility. Administrators may include regional supervisors, site supervisors, and service providers who oversee the work of other providers or of frontline staff.

### **Trainers for This Course**

This trainer's resource book has been designed for use by skilled, experienced trainers. While the book contains information to guide the training during a workshop and to assist the trainer in making decisions that will enhance the learning experience, it is assumed that the trainer understands adult learning concepts, employs a variety of training methods and techniques, and knows how to adapt materials to meet the participants' needs.

The trainer for this course must be aware of the standards and guidelines regarding certification, training follow-up, and ongoing supervision of the facility or institution sponsoring the training. While reviewing this trainer's resource book and the text in preparation for conducting this course, the trainer should keep these in mind.

Though the term *trainer* will be used throughout this trainer's resource book, it is useful to have two trainers for this course. The two trainers might split the responsibilities of training in a way that best meets the participants' needs and best utilizes the trainers' particular experience and areas of expertise. In addition, having two trainers is useful when teaching sensitive material and when conducting training activities in which both writing and facilitation/observation are required.

The training team should include one male and one female trainer, if possible. A mixed-sex training team provides an opportunity for each trainer to speak from the perspective of his or her gender. This may help build trust with the participants, especially when presenting sensitive material. The sex of the training team members, however, should not be the main criterion for trainer selection. Trainers should be selected for their knowledge, expertise, and training skills.

### **The Training Package**

The training package consists of:

- The trainer's resource book to accompany *Introduction to Men's Reproductive Health Services*
- *Introduction to Men's Reproductive Health Services* (herein referred to as "the text")

## Trainer's Resource Book





### *Format*

This trainer's resource book provides guidance, suggestions, and training activities to be used to teach the content of the text in a men's reproductive health training workshop. The book is organized to correspond with the content provided in each chapter in the text.

The beginning of each chapter contains introductory information with essential details about:

- The purpose and objectives of the chapter
- The estimated time needed for the chapter's training
- Suggested training methods to use when presenting the content of the chapter
- Advance preparation (including any additional training supplies needed)

Thereafter, each chapter in this trainer's resource book is organized according to the topics presented in the text. Information is provided about the key points to be presented during each training session, content that the participants may have difficulty learning, and ways to present sensitive content. This trainer's resource book also includes the following elements to help trainers customize the training and enhance the learning process:

- **Training Activities.** These can be used as training tools, as time allows, or if the participants need additional reinforcement in a topic area. These activities enable the trainer to present material in a format other than lecture and to provide opportunities for the participants to analyze concepts and apply information presented in the chapters. These include large-group exercises, small-group exercises, individual exercises, discussion topics, role plays, and other activities. For each activity, information is provided about the advance preparation needed (if any) and instructions for conducting the activity. Training activities in this trainer's resource book are preceded by the symbol .
- **Training Options.** These provide alternative ways to present the content of the chapter. Training options in this trainer's resource book are preceded by the symbol .
- **Training Tips.** These provide information that can guide the trainer when presenting the content of a chapter or session within a chapter. They can also help make the training techniques more effective. Training tips in this trainer's resource book are preceded by the symbol .
- **Discussion Questions.** These may be used either as part of a training activity or to assist the trainer in facilitating a discussion as an alternative to another training method. Discussion questions in this trainer's resource book are preceded by the symbol .

### *Training Tools*

This trainer's resource book also includes the following tools the trainer can use to customize training:

#### ***Knowledge and Opinions Survey***

This survey, which appears on pages C.1–C.7 of this trainer's resource book, is designed to be given at both the beginning and the end of the workshop. When the survey is given at the beginning of the workshop, the trainer can use the results to customize the training to best suit the participants' level of knowledge and experience. When the survey is given

at both the beginning and the end of the workshop, the trainer can use the survey to gauge the participants' change in knowledge and attitudes over the course of the workshop. The trainer must make and distribute copies of the survey to the participants.

### ***Participant Handouts***

These are provided to assist the trainer in conducting training activities during the training workshop. When reviewing the training activities that he or she will be conducting during each chapter, the trainer should review the participant handouts to determine whether they can be copied and used as they are or whether they should be adapted to meet the needs and interests of the participants.

The trainer must make copies of the handouts that he or she will be using before the session. Alternatively, if the trainer cannot or does not wish to make copies of all of the handouts, he or she may write the content of selected handouts on flipcharts. This option is more appropriate for some of the handouts than others. For example, the participants will need copies of handouts that instruct them to give written responses. When deciding which handouts to distribute, the trainer should bear in mind that the participants may find it useful to keep copies of handouts containing material that is not provided in the text. This will enable them to review the material after the training is over.

### ***Men's Reproductive Health Services Assessment Survey***

The trainer can distribute this survey, which appears in Appendix A of this trainer's resource book, to the participating facilities well in advance of the training. This will give the trainer a better understanding of the history of men's reproductive health service delivery at the facility and enable him or her to adapt the training to the participants' needs. One or more staff members within the facility who have knowledge about the history of, current status of, and plans for men's reproductive health services should complete the survey. After the staff member(s) completes the survey, the trainer may interview an administrator, if desired, to clarify and expand on the key points.

Note that there are two surveys: one for facilities that are already providing men's reproductive health services and one for facilities that are initiating or considering developing a men's reproductive health services program. If the trainer does not know which category the facility falls in, he or she should send both surveys and ask the facility to complete the appropriate one.

While the survey is a good starting point for planning, the trainer is encouraged to speak directly with staff at the participants' facilities throughout the planning process. This will enable the trainer to get clarification on previous trainings and experiences of working with male clients.

### ***Sample Material for Transparencies and Flipcharts***

Throughout this course, trainers may find it useful to use transparencies or flipcharts to present the content of the chapters or conduct training activities. This trainer's resource book contains sample text that can be reproduced or adapted and used for transparencies and flipcharts during training sessions.

## **Text**

Each participant will receive a copy of the text, which includes all essential course information. This minimizes the need for the participants to take notes during sessions and enables them to give their full attention to the course. Ideally, the participants should receive their copy of the text in advance of the course so that they can become familiar with the information before the course begins. The participants can also use the text as a reference resource after the training course is over.

## **Training Materials, Supplies, and Equipment**

Along with the materials provided as part of this training package (the trainer's resource book and the text), the trainer should obtain training aids, such as flipchart paper, masking tape/blue tack, and colored markers, for use during the course. In addition, many of the training activities require the use of index cards or large or small pieces of paper.

The trainer must obtain audiovisual equipment in order to make use of transparencies. If the resources to develop and use transparencies are not available, the trainer should create flipcharts for posting critical material during training sessions.

## **How to Use These Materials**

### **Training Design**

This course has been designed to be flexible to accommodate different types of participants (service providers and frontline staff), different levels of participant experience, an on-site or off-site training location (see pages xvii–xix), and differing amounts of training time. The training package includes most of the essential training materials to facilitate this course (including sample agendas), but the trainer should prepare his or her own workshop agenda and lesson plans.

The trainer should thoroughly review the training package and consider these key factors when preparing the course:

- The course design will be affected by the types of participants (service providers and/or frontline staff) and their prior experience and training. While time may be a limiting factor for on-site training in which both service providers and frontline staff are participants, it is preferable that all are present. In this way, they can gain an understanding and appreciation of the critical roles each of them plays in delivering men's reproductive health services.
- The Knowledge and Opinions Survey, which is given during the introductory session of the workshop (and again at the end of the workshop), can help the trainer identify the participants' training needs in order to adapt the workshop accordingly.
- The trainer can provide the participants with the text in advance of the course. If the participants read the course material before attending the course, lecture time in some areas can be reduced, and more time will be available for discussion of problem areas, issues of particular interest or importance to the participants, and training activities. Though this is not a participatory technique, it is a fast, efficient way to introduce new material.
- The trainer should use training techniques with which he or she feels comfortable. Training techniques have been suggested in each chapter, but the trainer should feel free to use any other techniques that will be effective.



## **The Use of Training Methods**

The content of the text may be presented through a combination of training methods: trainer presentation and training activities (which are provided in this trainer's resource book). Although the trainer will need to present some of the material through lecture, he or she can use more participatory methods, such as large- and small-group exercises, role plays, and discussion. The trainer should never lecture for more than 15 to 20 minutes at a time. Even while lecturing, the trainer should use visual aids to illustrate the narrative.

In some cases, a choice of training activities is presented to teach the same content. Often, one activity is recommended, and an optional or alternate activity is presented. (The sample agenda provided at the beginning of each chapter indicates those activities that EngenderHealth recommends conducting.) For some activities, options for conducting the activity are included. The trainer may choose activities that best suit the particular training workshop, taking into consideration the audience, available time, training location, and trainer's teaching style. In many cases, a discussion may be used to lead into the presentation of a particular topic or a case study may be used to introduce the content of an entire chapter.

Participatory methods, such as brainstorming or role-play exercises, have been shown to be a critical feature of successful adult learning. While it is desirable to have as much interactivity as possible, both to reduce the amount of lecture time and to more fully engage the participants, the content of this training course does not always lend itself to such activities. Activities should not be used purely for the purpose of variety, but rather, should be used only if they help illuminate a difficult teaching point or facilitate otherwise unexplored areas. The trainer can employ principles of adult learning by relying heavily on the participants to discuss issues and generate solutions based on their own experiences.

## **Supervisory Involvement**

It is crucial that the trainer keep in mind that, in some cases, participants will not be able to initiate or change men's reproductive health services at their facilities or may not be in an appropriate position or have the authority to make the necessary changes in policy or practice. Ideally, it is best to include supervisors or others in positions of authority who can make necessary changes in policy or practice in some portion, if not all, of the training. Therefore, it is important for the trainer to visit the participants' facilities, if possible, before the training course, to orient senior-level staff to the importance of providing men's services.

The trainer can use some of the material in Chapter 1: Delivering Men's Reproductive Health Services and Chapter 8: Provision of Men's Reproductive Health Services during these discussions. If facility visits are not possible, it is critical that the participants brief their supervisors and others in positions of authority when they return to their facilities, to gain support for changing current practices or implementing new ones.

## **Clients' Rights**

The participants may or may not have direct client contact during the men's reproductive health training course. However, they may observe some client-care activities during the training. This can take place either at their facility (if the training is conducted on-site) or during a facility visit (if the training is conducted off-site). As with any medical service,



the rights of the client are paramount and should be considered at all times throughout the training course. Each client's permission must be obtained before participants in the training observe or assist with any aspect of client care. A client who refuses to grant permission about having participants present when services are performed should not be denied services, nor should the procedure be postponed.

## **Evaluation**

Evaluation is an important part of the training. Evaluation gives the trainer and participants an indication of what the participants have learned and helps the trainer determine whether the training strategies used were effective.

The true test of how successful men's reproductive health training has been is whether or not appropriate, quality services have been instituted or current services have been improved. This emphasizes the importance of good follow-up of all training workshops. More immediate evaluation is needed, however, including an evaluation of the trainer and the course itself. Because this course covers both knowledge-based and attitude-based material, the participants' progress will be measured in large part by assessing changes in their knowledge and attitudes. The evaluation will also assess changes in service provision.

The trainer should include appropriate evaluation options to:

- Assess the participants' progress during the training. For example, the trainer may:
  - Ask questions of individual or groups of participants to test their knowledge and comprehension.
  - Present case studies for discussion and assess the participants' solution of cases.
- Assess the participants' cumulative knowledge and attitudes at the end of the training. For example, the trainer may:
  - Use the Knowledge and Opinions Survey as a written or oral posttest.
  - Observe the participants during role-play exercises.
- Assess the outcome or results of the course after the training. For example, the trainer should follow up with the participants to learn how they have applied the knowledge taught during the training and how they have adhered to the problem-solving plans developed in Chapter 8: Provision of Men's Reproductive Health Services (see "After the Training Course" on page xxiii). If the supervisor performs follow-up, the trainer should contact the supervisor to see how men's reproductive health services are delivered at the facility.

For evaluation during and at the end of the training for participants whose literacy skills are good, the trainer may use the written material in the participant handouts, such as the exercises or case studies. If some participants have poor literacy skills, observing them during oral discussion is likely to be a better assessment tool than written exercises.

It is also important to have an end-of-training evaluation, in which the participants evaluate the overall process and results of the training course. This evaluation should also include an assessment of the trainer's performance. The trainer should check with the institution with which he or she is working to see if there is a form it prefers to use. (Alternatively, the trainer may have a form that he or she has used before or may prefer to design one specifically for this course.) A sample form appears in Appendix B of this trainer's resource book.

## **Certification**

Because this training focuses on knowledge and attitudes rather than technical skills, certification of competency for the training participants is impractical. EngenderHealth believes that the participants' competency should be evaluated after they return to their facilities and use the knowledge learned. It is only in the real work setting that the participants' abilities can be determined and the impact of the training assessed. Therefore, EngenderHealth does not recommend that participants receive certificates of competency following the training.

The institution that provides the training should determine whether it wants to give the participants some other type of certification. For example, institutions can choose to provide participants who complete the course with a certificate of attendance.

## **Advance Preparation**

### **Obtaining Background Information**

Before the training, the trainer should try to find out as much as possible about the course participants—their job responsibilities, background, sex, level of education, and experience providing men's reproductive health services—and about the management hierarchy at their facilities, to orient the training content to the participants' needs. In addition, the trainer should try to find out the participants' facilities' plans regarding men's reproductive health services. For example, if no men's reproductive health program currently exists at a facility, the trainer should find out:

- Why the facility requested the training
- When, by whom, and on what basis decisions about men's reproductive health services will be made
- What role the participants will have in providing men's reproductive health services

If a men's reproductive health program currently exists, the trainer should find out:

- Why the facility requested the training
- Which men's reproductive health services are provided
- Which additional services, if any, are planned

There are many ways to obtain this information. EngenderHealth recommends either interviewing top-level administrators at the participants' facilities or sending the facilities the Men's Reproductive Health Services Assessment Survey, which appears in Appendix A of this trainer's resource book.

In addition, the trainer might assess the participants' needs and abilities before the training in order to adapt the course to meet the participants' needs and to gather baseline information for comparison with responses after the training in order to document change. For example, the trainer may:

- Use the Knowledge and Opinions Survey as a written or oral pretest.
- Observe the participants at work, and note the current status of men's reproductive health services (applies to on-site training only).

- Find out about the participants' experience with men's reproductive health services a few weeks before the training, asking specific questions related to their level of knowledge and attitudes.

### **Selecting a Training Site: On-Site vs. Off-Site Training**

This trainer's resource book is designed to be used during either an on- or off-site training course. On-site training occurs at the health care facility where the participants work and will use the knowledge gained during the training course. Off-site training is conducted at a centralized location (such as a training center or hotel) or health care facility (such as a hospital or clinic) where the participants do not normally work or use the knowledge gained during the course. It often involves participants from multiple facilities, cities, or even different countries.

#### ***On-Site Training***

Whenever possible, men's reproductive health training should be conducted on-site. On-site training may be more beneficial than off-site training in learning to provide men's reproductive health services for a number of reasons, including:

- The trainer can assess the staff's knowledge, attitudes, and perceptions at the facility before the training and tailor the training to the facility's needs.
- Facility-specific problems and concerns, which have a significant effect on the quality and delivery of men's reproductive health services, can be addressed.
- Depending on the facility, many/most/all of the facility's staff can receive training, which is crucial to improving men's reproductive health services. Off-site training generally includes only service providers or administrators and generally does not include frontline staff, who are often the gatekeepers and initial contacts of male clients.
- The training is conducted in the setting in which the knowledge will be applied. This increases the likelihood that the participants will begin to use it immediately after the training.
- Staff do not have to leave their work sites, which allows the course schedule to be more flexible to accommodate work activities. This also eliminates travel costs and arrangements.
- Administrative or supervisory support, which is crucial to introducing or improving men's reproductive health services, is more likely to be gained, and the facility's administrators are more likely to attend the training.
- The trainer can observe the staff's knowledge, attitudes, and perceptions at many facilities, which can help tailor future trainings.
- The participants, along with the trainer, can tour their own facility, rather than a foreign one, to assess the environment's effects on potential male clients.

#### ***Special Issues for On-Site Training***

To make on-site training as effective as possible, the trainer should devote as much of the course as possible to discussing issues specific to the participant's facility. In addition, the trainer should include a combination of staff in the discussions.

The trainer may encounter some resistance to the idea of training service providers and frontline staff together. This may be because of the different levels of knowledge, experience, and status of the members of the two groups, as well as because members of one group may not feel comfortable discussing their beliefs and practices in front of members of the other. While the trainer may find it more difficult to train a mixed group of participants, in many instances it is preferable to do so for the following reasons:

- Training all staff together can help develop a feeling of team-building. This is important because providing quality men's reproductive health services requires that all staff work together.
- Training all staff together enables service providers to see that frontline staff often know and understand more than they had thought and may have good, practical ideas for improving the facility's practices.
- Frontline staff tend to be very receptive to such training, since they are often excluded from training altogether or have few opportunities to work with service providers on solving problems at the facility.
- Frontline staff often have direct client contact and may receive feedback about services that clients are not comfortable sharing with service providers.

When training is conducted on-site, the trainer should arrive at the training site the day before the training, if possible, to set up for the training (examine the training room and check the lighting, room setup, and training materials, supplies, and equipment, if any). The trainer should check beforehand if the planned agenda will fit the working schedule and needs of the staff. The trainer should also plan to meet with an administrator to assess issues that may affect the training, such as participant literacy levels, management hierarchies, and the facility's experience working with men.

It is likely that some persons in positions of authority will be attending an on-site training. If this is not the case, the trainer should involve such staff to the greatest extent possible. For example, the trainer can ask them to participate in Chapter 1: Delivering Men's Reproductive Health Services and the problem-solving session in Chapter 8: Provision of Men's Reproductive Health Services. The trainer can also keep these staff informed of progress and any problems encountered during the course.

### ***Off-Site Training***

On-site training is not always possible, especially when a few staff members from a variety of institutions or locations request training. In addition, in some cases off-site training may be more feasible than on-site training for the following reasons:

- There may be fewer interruptions, since the participants will be away from their daily work responsibilities.
- If trainer availability is limited, staff from different facilities can be trained at one time.
- Training equipment, materials, and space may be more readily available or attainable at a centralized location than at an individual health care facility.

If training is conducted off-site, the trainer should find as many opportunities as possible to have the participants discuss how they will apply what they have learned at their own

facility. The trainer should also arrange some visits to facilities close to where the training is being conducted, if possible, to enable the participants to observe and discuss men's reproductive health services and tour the facility.

Regardless of whether training is conducted on-site or off-site, the trainer will find it very useful to have an idea beforehand of the existence or extent of men's reproductive health services at the participants' facility (if training is on-site) or at facilities typical of those at which the participants work (if training is off-site). This will give the trainer an opportunity to assess a facility's capacity to deliver men's reproductive health services, which will allow him or her to tailor the training accordingly. (See "Obtaining Background Information" on page xvi.)

### **Developing a Training Agenda**

The chapters in the text are organized in a logical order, but the trainer may change the order in which the content is presented during the training workshop to suit the participants' training needs or the facility's schedule. However, the Introduction to the Men's Reproductive Health Services Training Workshop and Chapter 1: Delivering Men's Reproductive Health Services should always be first, and Chapter 2: Male Sexual and Reproductive Anatomy and Physiology and Chapter 3: Sexuality and Gender should always precede Chapters 4–7. In addition, Chapter 8: Provision of Men's Reproductive Health Services should always be last.

When preparing a course for any audience, the trainer should be sure to include all essential content and activities required to give the participants a strong base of knowledge in men's reproductive health services, as well as ways to incorporate women's needs into these services. It may be useful for the trainer to discuss possible adaptations with other trainers experienced in using this material; even the most experienced trainers have found it helpful to review their ideas for adapting materials with others.

The information about each chapter contained in this trainer's resource book is designed to help the trainer organize a lesson plan for that chapter. Sample agendas for each chapter are provided in this trainer's resource book. By selecting from the training activities, the trainer can adapt the training course for different workshop lengths, types of participants, and levels of experience. The training activities are designed to serve various purposes: Some can be used as a way to present material, others to reinforce certain concepts or technical content, and still others as a review of a session or chapter.

For either on-site or off-site training, three to five days would be the ideal length of time for this training course. This would allow time for the presentation of all of the material and use of most of the training activities, as well as time for discussion or facility visits, as appropriate. (Sample three-, four- and five-day agendas are provided at the end of this introduction.) However, while the course is designed for use as a three- to five-day training workshop, the trainer can easily adapt it to other time periods, such as separate, sequential weekly sessions.

The trainer will need to use his or her discretion about which specific aspects of the text to include in the training. For example, if time is limited, the trainer may:

- Ask the participants to do some of the training activities or read the text in advance of the course or at home for review in the morning as appropriate and as time allows.
- Omit any material that is not relevant for the training course, based on the participants' job duties and experience with men's reproductive health services.

### ***Special Issues for On-Site Agendas***

When developing an agenda for on-site training, the trainer should consider the following factors:

- The times that staff arrive at and leave work
- The time period during which clients are seen
- The client load during the days of the training
- The participants' need to see clients and do their other work during the course of the training (Ideally, the participants should not have any clinic duties or client load during the time when they are scheduled to participate in the training workshop. However, if this is impossible, alternate arrangements will need to be made.)

For this reason, the trainer should be as flexible as possible when developing the agenda, to cause the least disruption possible to the staff's work schedule. After all, if the participants are unhappy and inconvenienced by the training, they are less likely to be enthusiastic, active participants and to learn the information. On the first day of training, the trainer should discuss the schedule with the participants and make adjustments, as necessary. For example, if the staff need to leave work at a certain time, the trainer should try to rearrange the agenda to suit their needs.

The times in the agendas are approximate. The actual length of time needed and the number and type of training activities used to teach the content will depend on several factors, including the participants' level of knowledge and experience and their work responsibilities. Therefore, the trainer will need to adapt the course carefully, review the lesson plan after the first training day to see if the time allowed for each chapter still seems sufficient, and modify it, if needed.

## **During the Training Course**

### **Create a Positive Learning Environment**

Many factors contribute to the success of a training course. One key factor is the learning environment. The trainer can create a positive learning environment by:

- **Respecting each participant.** The trainer should recognize the knowledge and skills the participants bring to the course. He or she can show respect by remembering and using the participants' names, encouraging them to contribute to discussions, and requesting their feedback on the course agenda.
- **Giving frequent positive feedback.** Positive feedback increases people's motivation and learning ability. Whenever possible, the trainer should recognize participants' correct responses and actions by acknowledging them publicly and making such comments as "Excellent answer!" "Great question!" and "Good work!" The trainer can also validate



the participants' responses by making such comments as "I can understand why you would feel that way...."

- **Keeping the participants involved.** The trainer should use a variety of training methods that increase participant involvement, such as questioning, case studies, discussions, and small-group work.
- **Making sure that the participants are comfortable.** The training room(s) should be well lit, well ventilated, and quiet and should be kept at a comfortable temperature. Breaks for rest and refreshment should be scheduled.

## Presenting Sensitive Content

This training course addresses many topics that may be difficult for the participants to discuss. While this trainer's resource book provides suggestions for ways to discuss many topics in a group setting, the trainer may face situations in which individual (or groups of) participants hesitate to join in discussions, are judgmental, or inhibit other participants from expressing their feelings freely. To encourage risk-taking and create an environment in which the participants feel comfortable discussing and absorbing new content and ideas, the trainer may use the following techniques:

- Acknowledge that it is normal to feel nervous, anxious, or uncomfortable in new and unfamiliar situations.
- Begin with less-sensitive content, and build up to content that is more sensitive. Similarly, avoid scheduling sensitive discussions after breaks or at the very beginning of a session or day, if possible, to ensure a more trusting and cohesive atmosphere.
- Use icebreaker activities at the beginning of the training workshop and during breaks to encourage team-building and comfort.
- Use small-group work to allow the participants to express their feelings in front of a smaller audience. Similarly, divide the groups by sex, if appropriate.
- Use paraphrasing and clarification techniques to demonstrate attention to what the speaker has said, to encourage the speaker to continue speaking, and to ensure understanding.
- Share your own experiences, including situations in which you were and were not successful.
- Give constructive feedback to reassure the participant that his or her remarks are acceptable and appropriate and to encourage additional participation.

## Participant Feedback

The trainer should set aside a segment of time at the *beginning* of each training day to permit the participants to raise issues that can interfere with learning, such as those related to personal situations, accommodations, or content. Depending on the size of the group, a period of 10 to 15 minutes may be needed.

Similarly, the trainer should set aside a segment of time at the *end* of each training day to allow the participants to share their learning insights and their assessment of what did and did not go well for them that day. This assessment will enable the trainer to make any needed adjustments in the agenda and give the participants the opportunity to comment on the way the training course is progressing. One effective way for the trainer to do this is to conduct a "plus/delta" exercise, which is described below.

The trainer may also use some time at the end of each training day (or the end of each chapter) to see if the objectives were met for each of the chapters covered that day. If not, the trainer might ask the participants to review some of the material in the text that evening or might note the topics that are problematic for follow-up (see “After the Training Course: Follow-Up” on page xxiii).

At the end of the day before the last training day (e.g., Day 2 of a three-day training or Day 4 of a five-day training), the trainer might ask the participants if they would like clarification of anything discussed in the training or if they would like to include anything else on the last day.

### ***Conducting a Plus/Delta Exercise***

Plus/delta exercises provide a useful tool for trainers to solicit feedback about a training workshop. Through these exercises, participants are able to evaluate the workshop experience together, discussing aspects of the workshop that went well and recommending ways to improve it in the future.

To conduct a plus/delta exercise, which may take between 15 and 30 minutes, the trainer asks the participants to call out aspects of the workshop that they liked. The trainer then records these aspects in the left-hand column of a piece of flipchart paper, which may be labeled “Plus” or “What I liked about this workshop.” Next, the trainer asks the participants to call out one way to improve the workshop and records it in the right-hand column of the flipchart, which may be labeled “Delta” or “What could be done to improve this workshop.” For each item listed in the “Delta” column, the trainer facilitates a discussion by asking whether many people agree or only one participant feels this way and by encouraging participants to offer ways to make the suggested changes. The trainer continues asking for ways to improve the workshop until the participants have no more suggestions. *Note:* If the participants seem reluctant to point out negative aspects of the training, the trainer might mention one way that he or she has thought of to improve future trainings.

If the participants’ suggestions for improvement involve changes to the training room or environment, the trainer should communicate the suggestions to someone who can facilitate the changes.

### **Adjusting the Curriculum**

As the course progresses and the trainer gets to know the participants’ learning styles and level of knowledge, he or she may need to make adjustments to the course content or the agenda. Time requirements will vary depending on the participants’ experience and interests and on the trainer’s experience.

Adjustments to the curriculum should not compromise the quality of the training. The trainer should cover all important content and allow sufficient time for discussion.



## At the End of the Training Course

It is important to summarize the content and activities of the course. The trainer should highlight key points and be sure to review any specific concerns or difficulties that were raised during the course.

The trainer may choose to use the Knowledge and Opinions Survey as a posttest. By comparing the results of the pretest and posttest, he or she can determine changes in the participants' knowledge and attitudes.

It is also important for the participants to complete an end-of-workshop evaluation so that the trainer may look at overall processes and results (see page xiv).

## After the Training Course

### Follow-Up

Learning about men's reproductive health services and gender issues does not end with the completion of this course. At the end of the course, most participants will have gained new knowledge and some new ideas about how to incorporate men's reproductive health services into their existing services. After the course, the trainer might follow up with administrators at the participants' facilities to determine whether those new ideas have been put into action. Ultimately, this training course hopes to introduce new and improved quality reproductive health services to male clients.

Some participants may encounter difficulties in initiating or expanding a men's reproductive health services program at their facility. For these and other reasons, the trainer should discuss follow-up with supervisors before the workshop and with participants during the workshop.

Before the beginning of the training course, the trainer should understand his or her role in follow-up. Follow-up can be provided several different ways, depending on the participants' needs, the trainer's availability, and financial considerations. Follow-up mechanisms include:

- *Visiting the participants at their facilities.* This is the most effective way to follow up on the course. If possible, the trainer should have an opportunity to facilitate a discussion with the participants to talk about the challenges and successes of introducing men's reproductive health services, while also reviewing the participants' problem-solving plans to see whether and how they have been implemented. Administrative issues and any problems the participants may encounter can also be discussed at this time.
- *Inviting the participants to visit the trainer's facility or another facility that provides quality men's reproductive health services.* This enables the participants to observe and obtain helpful advice from health care workers who have successfully implemented men's reproductive health services.
- *Requesting a quarterly letter from the participants* in which they describe the steps they have taken to initiate or expand men's reproductive health services. Based on the re-

sponses, the trainer can develop a simple quarterly newsletter that summarizes successes and difficulties in implementing such programs and that responds to frequently asked questions.

- *Preparing a list of participant contact information* (if the participants are from more than one facility) and *distributing it to each participant*. The trainer can encourage participants to stay in contact with one another after the workshop in order to help each other with questions and concerns about providing men's reproductive health services. The trainer can also prepare and distribute a list of others in the participants' geographic area who have received the men's reproductive health training (if possible).

Follow-up is an important part of training and should be a planned part of any training course. Participants should know who will be conducting follow-up and when and how it will be conducted.

*Sample Six-Day Agenda*

<b>Day 1</b>		
<b>Time</b>	<b>Training Session</b>	<b>Training Method</b>
9:00–9:15	Course Introduction	Trainer presentation
9:15–9:45	Individual Introductions and Expectations	Group activity
9:45–10:15	Knowledge and Opinions Survey	Individual activity
10:15–10:45	Break	
10:45–11:30	Values and Attitudes Assessment	Large-group activity
11:30–12:30	Examining Men’s Roles in Reproductive Health Issues	Small-group activity
12:30–1:30	Lunch	
1:30–2:45	A Framework for Working with Male Clients	Matching exercise
2:45–3:00	Break	
3:00–3:45	Addressing Staff Concerns about Working with Male Clients	Pairs Exercise
3:45–4:00	Wrap-Up	

<b>Day 2</b>		
<b>Time</b>	<b>Training Session</b>	<b>Training Method</b>
9:00–9:15	Summary of Day 1	Large-group discussion
9:15–10:15	Review of Male Reproductive Anatomy and Physiology	Small-group activity
10:15–11:00	Common Client Concerns about Anatomy and Physiology	Small-group activity
11:00–11:30	Break	
11:30–12:30	Defining Sexuality	Large-group activity
	The Connection between Sexuality and Reproductive Health	Large-group discussion
12:30–1:30	Lunch	
1:30–2:00	The Gender Game	Individual Activity
2:00–2:45	Act Like a Man, Act Like a Woman	Large-group discussion
2:45–3:00	Break	
3:00–3:45	Values About Sexual Behavior	Large-group activity
3:45–4:00	Wrap-Up	

*Sample Six-Day Agenda (cont.)*

<b>Day 3</b>		
<b>Time</b>	<b>Training Session</b>	<b>Training Method</b>
9:00–9:15	Summary of Day 2	Large-group discussion
9:15–10:00	Review of Contraceptive Methods	Large-group discussion
10:00–10:30	What Is Dual Protection and Why Talk about It?	Large-group discussion
10:30–11:00	Break	
11:00–12:00	Supporting and Hindering Contraceptive Use	Small-group activity
12:00–12:30	Contraception Myths and Facts	Individual activity
12:30–1:30	Lunch	
1:30–2:15	An Overview of STIs: The STI Handshake	Large-group activity
2:15–2:45	Women’s and Men’s Vulnerability to STIs	Large-group discussion
2:45–3:00	Break	
3:00–3:45	Common STIs	Matching game
3:45–4:15	Levels of Risk	Large-group activity
4:15–4:30	Wrap-Up	

<b>Day 4</b>		
<b>Time</b>	<b>Training Session</b>	<b>Training Method</b>
9:00–9:10	Summary of Day 3	Large-group discussion
9:15–10:15	HIV and AIDS: Myths and Facts	Large-group activity
10:15–10:45	Break	
10:45–11:45	Levels of HIV Risk	Large-group activity
11:45–12:45	Getting Tested for HIV	Small-group activity
12:45–1:45	Lunch	
1:45–2:45	Prevention of Mother-to-Child Transmission of HIV: How It Works	Small-group activity
2:45–3:00	Break	
3:00–3:45	Male Circumcision as an HIV Prevention Strategy	Large-group discussion
3:45–4:45	Taking Risks and Facing Risks	Small-group activity
4:45–5:00	Wrap-Up	

*Sample Six-Day Agenda (cont.)*

<b>Day 5</b>		
<b>Time</b>	<b>Training Session</b>	<b>Training Method</b>
9:00–9:15	Summary of Day 4	Large-group discussion
9:15–10:15	Men’s Role in Addressing HIV and AIDS	Small-group activity
10:15–10:45	Men’s Role in Maternal Health	Small-group activity
10:45–11:15	Break	
11:15–12:00	Promoting Men’s Role in Safe Motherhood	Small-group activity
12:00–12:45	Management Case Studies	Small-group discussion
12:45–1:45	Lunch	Matching exercise
1:45–2:45	Cost Continuum	
2:45–3:00	Break	Small-group activity
3:00–4:00	Role of Frontline Staff	Role plays and large-group discussion
4:00–4:15	Wrap-Up	

<b>Day 6</b>		
<b>Time</b>	<b>Training Session</b>	<b>Training Method</b>
9:00–9:15	Summary of Day 5	Large-group discussion
9:15–10:15	Visualizing the Success of Men’s Reproductive Health Services	Guided Imagery
10:15–10:30	Break	
10:30–11:30	Facility Walk Through	Small-group work
11:30–12:30	Action Planning	Small-group work
12:30–1:30	Lunch	
1:30–2:30	Action Planning Continued	Small-group work
2:30–3:00	Reporting of Action Plans	Large-group discussion
3:00–3:30	Evaluation	
3:30–4:00	Wrap-Up	



# Introduction to the Men's Reproductive Health Services Training Workshop

## Purpose

This introduction provides:

- An introduction to this training course, including workshop logistics, workshop norms, expectations of the course, course objectives, course agenda, and the training materials that will be used in the course
- An opportunity for the participants to share their attitudes and opinions about men's reproductive health and gender issues

## Objectives of This Training Course

Upon completion of this training course, the participants should be able to:

- State the benefits of providing reproductive health services to men
- List the most common reproductive health problems in men
- Describe the basic anatomy and physiology of the male reproductive system
- Explain the role of sexuality in reproductive health and how service providers' attitudes about sexuality can have an impact on service delivery
- Examine men's roles in the use of various contraceptive methods
- Describe some basic signs and symptoms of sexually transmitted infections (STIs) in men and women
- Examine men's roles in preventing and transmitting STIs
- Explain the advantages of and challenges to providing men's reproductive health services at their facility
- Identify barriers to and strategies for providing men's reproductive health services

*Note:* Registration for the workshop should take place *before* the introduction.

### Training Time

**1 hour, 40 minutes, to 2 hours, 5 minutes**, depending on which training activities you use. You may use the sample agenda on the next page to help plan your activities and time for this chapter.

## Sample Agenda

Training Content	Training Session	Estimated Time	Recommended
Course Introduction	Trainer presentation	10 minutes	✓
Introduction of the Participants	Get That Autograph	20 minutes	
	Individual Introductions and Expectations	25 minutes	✓
	Workshop Norms	5 minutes	✓
	How to Get the Most from This Workshop	5 minutes	
Knowledge and Opinions Survey	Knowledge and Opinions Survey	30 minutes	✓
Values and Attitudes Assessment	Values and Attitudes Assessment	30 minutes	✓

### Course Introduction

1. Welcome the participants to the men’s reproductive health services workshop, and introduce all of the training team members.
2. Review the purpose and objectives of the training workshop, which appear on the previous page. Explain that the purpose is to introduce the participants to the attitudinal and organizational issues affecting the delivery of men’s reproductive health services: the attitudes of health care facility staff toward providing men’s reproductive health services and working with male clients, as well as the missions, goals, policies, and practices of their facilities regarding the delivery of men’s reproductive health services. The training workshop is also intended to provide the participants with the opportunity to think about which men’s reproductive health services are needed in their community.
3. Distribute the text to the participants (if not distributed in advance of the workshop). Explain that it is organized into chapters and contains information that can be used both during the training workshop and as a reference after the training workshop.
4. Distribute the training agenda to the participants. Read aloud the list of chapters that will be covered on each training day to give the participants a general idea of what topics will be covered. Ask the participants if they have any questions or recommendations for changes in the schedule.
5. Discuss workshop logistical details, such as the following: beginning and ending times for each day, meal breaks and other breaks, locations of bathrooms and smoking areas, per diems and other financial matters, and whom to see about any administrative problems or needs. (You may want to develop a participant handout that addresses these points.)



## **Introduction of the Participants**

The following training activities are designed to help the participants get to know each other, as well as to allow them to discuss their expectations of the course and the workshop norms.

### **◆ Training Activity: Get That Autograph**

#### **Objectives**

1. To provide an opportunity for participants to get to know each other

#### **Time**

15 minutes

#### **Materials**

Participant Handout I-1: Get That Autograph (page I.4).

#### **Advance Preparation**

- Review Participant Handout I-1. You may use it as is or adapt it to the participants' needs and interests.
- Make enough copies of the handout to distribute to all of the participants.

#### **Instructions**

1. Distribute Participant Handout I-1 to the participants.
2. Ask the participants to walk around the room, introduce themselves to the other participants, and sign their names under one category that applies to them on the other participants' handouts. Explain that each person may sign his or her name under only one category on each handout, but he or she can sign either the same category or a different category on other participants' handouts. The goal is for participants to have a different signature under every category on their handouts. Allow 10 minutes for completion.
3. After the participants have taken their seats, ask them to state their name, where they work, and what they do there, and to read one of the signed statements on their handout and the name of the person who signed it.

---

## Participant Handout I-1: Get That Autograph

---

Find a person who fits into each of the categories below, and ask that person to sign his or her name in the space provided. Continue until all of the categories have been signed. *Note:* Each person can sign only one category on this page.

### Find a person who...

1. Was born in the same month as you:

---

2. Has only male children:

---

3. Has only female children:

---

4. Has an adolescent son or daughter:

---

5. Is not married:

---

6. Has worked in reproductive health for less than one year:

---

7. Has worked in reproductive health for more than five years:

---

8. Has attended a training workshop (as a participant) in the last three months:

---

9. Has taught at a university or college:

---

10. Has traveled outside of the country:

---

## ◆ Training Activity: Individual Introductions and Expectations

### Objectives

1. To provide an opportunity for participants to know each other
2. To identify participants' expectations of the training

### Time

20 minutes

### Materials

Flipchart paper

### Advance Preparation

No advance preparation is necessary.

### Instructions

1. Invite the participants to sit in a circle, and ask them to share their names, where they work, what their job responsibilities are, and one thing they expect to get from participating in this workshop. Write their expectations on a sheet of flipchart paper.
2. After all participants have introduced themselves, review the list of expectations. Briefly discuss which ones can and cannot be met in this workshop.

#### ⇒ Training Tips

- If there is more than one trainer, one can record each workshop expectation on a flipchart while the other facilitates the activity.
- The participants may have some expectations that will not be met by the course as it is designed. If it is possible and appropriate to modify the course to meet those expectations (e.g., include some additional material), you may do so. If some of the participants' expectations cannot be met because they are impractical or outside the scope of the course (e.g., learning to be a men's reproductive health trainer), explain to the participants why this is the case. If possible, offer to provide resources they can use to fulfill these expectations.

## ◆ Training Activity: Workshop Norms

### Objective

To establish workshop norms for participants to follow during the training

### Time

15 minutes

### Materials

Flipchart paper

Pieces of tape

## Advance Preparation

Write some workshop norms on a piece of flipchart paper. Some common norms include:

- Arriving on time
- Not interrupting when others are speaking
- Respecting others' views
- Using “I” statements (speaking from your own perspective)
- Turning off beepers and cellular phones during sessions

## Instructions

1. Read the norms on the flipchart to the participants, and ask them if they agree with these norms.
2. Ask if they would like to include any other norms, and record them on the flipchart. Ask the participants to look over the list and reflect on these expectations.
3. Facilitate a discussion by asking the questions below.
4. Post the norms on the wall where they are visible to all participants.

## Discussion Questions

- Would you like to revisit or clarify any of the norms?
- Are you comfortable with these norms? If not, how can we change them to make them acceptable?

## Training Activity: How to Get the Most from This Workshop

### Objectives

1. To remind participants how they should behave in order to gain as much benefit as possible from the training

### Time

10 minutes

### Materials

Participant Handout I-2: How to Get the Most from This Workshop (page I.7)

## Advance Preparation

Make enough copies of Participant Handout I-2 to distribute to all participants.

## Instructions

1. Distribute the handout to the participants.
2. Either review it briefly with the participants or allow a few minutes for the participants to look it over.
3. Ask the participants if they agree with the suggestions and if they would like to add any others.

---

## **Participant Handout I-2: How to Get the Most from This Workshop**

---

This workshop is a unique opportunity to explore the issue of involving men in reproductive health services. The workshop is designed to challenge and actively involve you in the training activities.

***To get the maximum benefit from this training, try the following suggestions:***

- If you usually speak a lot in a group, count to 10 and listen before you speak. If you usually do not speak much in a group, consider sharing more of your important views.
- Listen to each other.
- Ask for help if you need it. Assume that all of your questions and needs are important to the group.
- You have the right to excuse yourselves from the training room at any time, as do the other participants.
- Be candid and speak your mind. Do not hold concerns or problems until the very end of the workshop.
- Welcome and learn from your mistakes. Forgive others' mistakes quickly and completely.
- Resolve conflicts when and with whom they arise.
- Do not criticize or complain about anyone. Before judging what someone else has said or done, ask yourself:
  - What can I learn from this?
  - How is this affecting me that I feel the need to complain?
  - How can I take more effective leadership?
  - How can I be a better ally to this person?
- Distinguish your own personal feelings from your role as a professional. Both sets of feelings are important, and it is helpful to know from which role you are responding.



## **Knowledge and Opinions Survey**

This survey is designed to help you compare the participants' range of knowledge and attitudes about issues relating to men's reproductive health at the beginning of the course with their knowledge and attitudes at the end of the course to gauge how much the participants learned in the training.

### **◆ Training Activity: Knowledge and Opinions Survey**

#### **Objective**

1. To provide an opportunity to assess participants' range of knowledge and attitudes about issues relating to men's reproductive health

#### **Time**

30 minutes

#### **Materials**

- Knowledge and Opinions Survey (Appendix C)
- Knowledge and Opinions Survey Summary Table Form (Appendix F)
- Pens or pencils

#### **Advance Preparation**

- Make enough copies of the Knowledge and Opinions Survey to distribute to all participants.
- Make a copy of the Knowledge and Opinions Survey Summary Table Form to use when scoring the completed surveys.

#### **Instructions**

1. Explain to the participants that this workshop will be measuring changes in knowledge and attitudes. In order to do so, the trainer(s) will conduct a survey of the participants at the beginning and the end of the workshop.
2. Distribute the handout to the participants, and instruct them to fill it out to the best of their ability. Explain to the participants that the survey is not a test, and assure them that all answers and information will be anonymous and confidential. Allow 30 minutes for completion.
3. Collect the tests, and inform the participants that the material on the survey will be covered in this training workshop. Inform them that the survey will be administered again at the end of the workshop to determine whether the group's knowledge or opinions changed in any way over the course of the workshop.
4. During a break or at the end of the day, grade the surveys using the answer key in Appendix C. Then record the results on a copy of the Summary Table Form, which appears in Appendix F of this trainer's resource book. *Note:* If you do not have access to a copy machine, use a pencil to record the results so that the Summary Table Form can be reused during subsequent men's reproductive health trainings.

## **(c) Training Options**

- If there are few participants, read the questions aloud and ask the participants to answer them orally. Record the responses of the group as a whole on the matrix for comparison with the posttest results.
- If some of the participants are low-literate/illiterate, ask some of the other participants to assist them in completing the test.

## **Values and Attitudes Assessment**

### **◆ Training Activity: Values and Attitudes Assessment**

#### **Objectives**

1. To explore attitudes about men’s reproductive health and male involvement
2. To explore attitudes about gender

#### **Time**

45 minutes

#### **Materials**

- Flipchart paper
- Pieces of tape

#### **Advance Preparation**

- Write the following terms on pieces of flipchart paper, one term per flipchart: “Strongly Agree,” “Agree,” “Disagree,” and “Strongly Disagree.”
- Review the statements provided on page I.11, and choose five or six that you think will generate the most discussion.

#### **Instructions**

1. Display the flipcharts around the room, leaving enough space between them to allow a group of participants to stand near each one.
2. Explain to the participants that this activity is designed to give them a general understanding of their own and each others’ values and attitudes about working with male clients and about men’s role in family planning and reproductive health. Explain that they will be asked to share their opinions. Remind them that everyone has a right to his or her own opinion, and no response is right or wrong.
3. Read aloud the first statement you selected, and ask the participants to stand near the flipchart that most closely represents their opinion. After the participants have made their decisions, ask for one or two volunteers from each group to explain why they feel that way. Continue for each of the statements you selected.
4. Facilitate a discussion by asking the questions on the next page.



## Statements

1. Family planning is a woman's responsibility.
2. Men will not use reproductive or sexual health services if they are offered.
3. Men are not willing to discuss family planning or disease prevention with their partners.
4. It is easier to be a man than a woman.
5. A man has the right to beat his wife.
6. Men and women have the same rights in this country.
7. Investing staff resources and funding for men's services will jeopardize women's health.
8. If more male contraceptive methods were available, men would be more interested in participating in family planning.
9. Family planning will always be a more important issue to a woman than a man because the woman is the one who can get pregnant.
10. Women are naturally better parents than men are.
11. A man is more of a "man" once he has fathered a child.
12. Sex is more important to men than to women.
13. It is okay for a man to have sex outside of marriage if his wife does not know about it.
14. A man cannot rape his wife.
15. Clinics should concentrate on serving older married men since adolescent males are unlikely to seek clinical services.

## **?** Discussion Questions

- Which statements, if any, did you find challenging to form an opinion about? Why?
- How did it feel to express an opinion that was different from that of some of the other participants?
- How do you think people's attitudes about some of the statements might affect their interactions with male clients or their ability to provide reproductive health services to men?

### ⇒ Training Tip

For the sake of discussion, if the participants express a unanimous opinion about any of the statements, play the role of devil's advocate by expressing an opinion that is different from theirs.



## NOTES FOR

# 1 Delivering Men's Reproductive Health Services

*These notes refer to the content provided on pages 1.1–1.19 of the text.*

## Chapter Purpose and Objectives

This chapter provides:

- An explanation of how involving men in family planning and reproductive health services benefits the health of men, their partners, and their families
- A comprehensive model of men's reproductive health services, which illustrates the range of men's reproductive health services possible
- A framework for various programmatic approaches used to address male involvement in reproductive health
- An opportunity to explore the advantages of and concerns about providing men's reproductive health services and how they may affect staff and potential clients

Upon completion of this chapter, the participants should be able to:

- Explain the importance of involving men in reproductive health
- Identify the range of men's reproductive health services possible
- Identify four different approaches to providing men's reproductive health services
- List some advantages of and challenges to providing men's reproductive health services from the perspectives of various groups
- Identify ways to address staff members' personal concerns about working with male clients



### Training Time

**2 hours, 50 minutes, to 3 hours, 50 minutes**, depending on which training activities you use. You may use the sample agenda on the next page to help plan your activities and time for this chapter.

## Sample Agenda

Training Content	Training Session	Estimated Time	Recommended
Introduction <i>(no corresponding content in the text)</i>	Trainer presentation	5 minutes	✓
The Importance of Involving Men in Reproductive Health <i>(pages 1.1–1.4 of the text)</i>	Examining Men’s Roles in Reproductive Health Issues	45 minutes	✓
The Range of Men’s Reproductive Health Services <i>(pages 1.5–1.8 of the text)</i>	Men’s Reproductive Health Model Graffiti Wall	30 minutes	✓
A Framework for Working with Men <i>(pages 1.9–1.11 of the text)</i>	Framework for Working with Male Clients	1 hour	✓
Advantages of and Challenges to Providing Men’s Reproductive Health Services <i>(pages 1.13–1.16 of the text)</i>	Advantages of and Challenges to Providing Men’s Reproductive Health Services	1 hour	
Addressing Staff Concerns about Working with Male Clients <i>(pages 1.17–1.19 of the text)</i>	Addressing Staff Concerns about Working with Male Clients	30 minutes	✓

### Advance Preparation

- Determine which training activities will be used to present the content of this chapter, and prepare or gather any supplies needed for the activities you will be conducting (as described in the activity’s “Advance Preparation” section).
- Find out which men’s reproductive health services are offered in the participants’ locale.
- Create flipcharts, as needed.

### Introduction

Introduce this chapter by reading aloud the purpose and objectives, which appear on page 1.1 of this trainer’s resource book.

## **The Importance of Involving Men in Reproductive Health**

*(pages 1.1–1.4 of the text)*

### **◆ Training Activity: Examining Men’s Roles in Reproductive Health Issues**

#### **Objectives**

1. To understand the importance of involving men in reproductive health
2. To examine men’s roles in reproductive health issues
3. To identify ways to promote the benefits of men’s involvement in reproductive health

#### **Time**

45 minutes

#### **Materials**

Flipcharts, markers, and tape

#### **Advance Preparation**

No advance preparation is needed.

#### **Instructions**

1. Begin by giving the participants a general orientation to the concept of reproductive health. Explain that for a long time, family planning programs focused on reducing overpopulation. However, in the past 10 years, many family planning programs have expanded their scope to incorporate what we call a “reproductive health approach,” recognizing that family planning can be addressed only within a larger context of the client’s reproductive and sexual needs. The approach recognizes the need for health care providers to focus on clients’ ability to make informed choices the quality of the services provided and on clients’ sensitivity to gender differences and issues related to sexuality. It also addresses a wide range of reproductive health concerns, including HIV and other sexually transmitted infections (STIs), safe motherhood, gender-based violence, postabortion care, and cancers of the reproductive system.
2. Divide the participants into small groups. Provide each group with flipcharts and markers. Assign one of the following reproductive health issues to each group: HIV/AIDS, STIs, family planning, safe motherhood, and prevention of gender-based violence.
3. Ask each group to conduct a brainstorming session on why it is important to involve men in their assigned reproductive health issue. Ask the participants to record their answers on their flipchart as they discuss the issue.
4. Once the groups have completed the brainstorm, ask each group to share their reasons with the larger group.
5. Explain that there are a lot of reasons to involve men in these reproductive health issues. Refer the participants to a few of the reasons highlighted on page 1.2 of the text.

6. Conclude the activity by asking the group why they think they participated in this exercise. Make sure to include the point that reproductive health professionals need to promote the benefits of men's involvement in reproductive health, and that they have a role to play as "change agents" to help other people in the health field understand the importance of involving men.

## The Range of Men’s Reproductive Health Services

(pages 1.5–1.8 of the text)

### ◆ Training Activity: Men’s Reproductive Health Model Graffiti Wall

#### Objectives

1. To understand the range of reproductive health services that can be provided to men
2. To examine the range of men’s reproductive health services that would be a high priority in the participants’ communities
3. To examine the range of men’s reproductive health services that can be implemented at the participants’ facilities
4. To examine ways to create linkages to men’s reproductive health services that cannot be provided at the participants’ facilities

#### Time

30 minutes

#### Materials

Flipcharts, markers, and tape

#### Advance Preparation

Write the question “What are men’s reproductive health services?” at the top of four flipcharts, holding the flipcharts horizontally.

#### Instructions

1. Tape the flipcharts together so that they form one long stretch of paper, and display them on a wall.
2. Distribute markers to the participants, and ask them to write whatever responses come to mind on the “graffiti wall.” Encourage them to write as much as they wish and to include services that are not provided at their facilities. Allow 10 minutes for completion.
3. Refer the participants to the Men’s Reproductive Health Services Model, which appears on pages 1.6–1.8 of the text, and explain why it was developed. Compare the participants’ written responses with the services listed in the model.
4. Conclude the activity by discussing the questions below.

#### ❓ Discussion Questions

- Which men’s reproductive health services listed in the model, if any, are offered at your facility, either on-site or through outreach activities? (Supplement the discussion with information you collected during your advance preparation.)
- Which services does your facility provide that you had not considered to be men’s reproductive health services?

- What ideas do you have about new men’s reproductive health services that might be added to those already provided at your facility?
- What services listed in the model seem to be particularly needed or of high priority in your community? Which seem to be of particularly low priority? Why?
- How would you facilitate access to the men’s reproductive health services needed in your community that your facility does not provide?

#### ⇒ **Training Tips for This Chapter**

- When introducing the men’s reproductive health model, emphasize that:
  - The model represents an ideal, illustrating all of the possible services that a program or facility could offer men; it is not a prescription of services that all facilities or any one facility must provide. With some rare exceptions, it is unlikely that a program would be able to offer all of the services described in the model.
  - Each facility will need to select and tailor the most appropriate services for its population and circumstances.
- Try to get as many of the participants as possible to join in discussions on this topic, not just administrators or managers. Frontline staff may have different information or perceptions about the services offered.
- When covering Part 1 of the model, Screening, point out that screening should be performed only if treatment or referral is available. Resources should not be spent on screening if follow-up care cannot be provided.



## **A Framework for Working With Male Clients**

*(pages 1.9–1.11 of the text)*

### **◆ Training Activity: A Framework for Working With Male Clients**

#### **Objectives**

1. To describe a framework for working with male clients
2. To identify four approaches to providing men’s reproductive health services
3. To identify new ways of working with male clients
4. To identify new ways of reaching male clients that can be implemented at the participants’ facilities

#### **Time**

1 hour

#### **Materials**

- Flipcharts, markers, and tape
- Paper or index cards
- Trainer’s Resource: Male-Involvement Activities (page 1.9)

#### **Advance Preparation**

- Write the following terms on flipcharts, one term per flipchart: “Social Marketing,” “Community Education,” “Counseling,” and “Clinical Services.” Display the flipcharts on the wall in a row, leaving enough space under each flipchart for the participants to post their sheets of paper under it.
- On separate sheets of paper, write each of the male involvement activities listed in Trainer’s Resource: Male-Involvement Activities (page 1.9), one activity per sheet of paper. Make sure that you have enough sheets of paper to give one or more to each participant.
- Prepare strips of tape for posting the male involvement sheets on the wall.

#### **Instructions**

1. Introduce the activity by explaining that since men are often unaccustomed to seeking services at a health facility, it is important to reach men outside of the clinic walls.
2. Review pages 1.9–1.11 of the text, which describe the framework for working with male clients. Make sure that all participants understand the differences among the various approaches discussed in the framework.
3. Explain that the four approaches covered in “The Relationships among the Four Approaches to Involving Men in Reproductive Health Services” (page 1.9) can overlap one another and provide one or two examples: When satisfied clients promote vasectomy in the community, social marketing and community education overlap; when a service provider conducts group counseling for vasectomy, community education and counseling overlap.

4. Explain that each participant will receive one or more sheets of paper listing a male involvement activity and that each participant is to place the sheet of paper on the wall where he or she thinks it fits along the continuum between social marketing, community education, counseling, and clinical services. Shuffle the male involvement activities sheets to make sure that the activities for each approach are not grouped together, and randomly distribute one or more of the sheets of paper to each participant.
5. Ask the participants to walk up to the wall, take a few pieces of tape, and post the sheets of paper where they think they belong.
6. Once all sheets are posted on the wall, review them with the participants and move any that the group feels should be changed to a different spot on the continuum.
7. Conclude the activity by discussing the questions below.

### **? Discussion Questions**

- Is your facility currently involved in any social marketing, community education, counseling activities, or clinical services for men? If so, what types of activities are they?
- Did this activity provide you with new ideas for male-involvement activities? If so, which new activities might be possible at your facility?

#### **⇒ Training Tip**

During this activity, the participants may disagree on whether to categorize certain male involvement activities as either social marketing, community education, counseling, or clinical services. Remind participants that it may be difficult to determine exactly where each of these activities should be placed due to a lack of specific information. However, the activity is still important because it helps the participants recognize the variety of approaches and activities that can be used to reach men.

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## Trainer's Resource: Male Involvement Activities

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Key: SM =Social marketing/motivation

CE = Community education/information-giving

CO = Counseling

CL = Clinical services

- A television advertisement encourages men to use condoms. **(SM)**
- A sign or poster shows a photograph of a man and woman entering a family planning clinic together. **(SM)**
- A radio spot encourages men to bring their wives for antenatal care. **(SM)**
- A brochure explains how vasectomy can improve men's lives. **(SM)**
- Satisfied vasectomy clients promote the method to other men in the community. **(SM/CE)**
- A health fair is organized to provide men with information about condoms and AIDS. **(SM/CE)**
- A health worker tells a group of men that their pregnant wives should eat a balanced diet. **(CE)**
- A theater group acts out domestic violence situations and then discusses them. **(CE)**
- A group of young men participate in school programs in which they give talks about preventing HIV. **(CE)**
- A poster explains the signs and symptoms of sexually transmitted infections (STIs) in men. **(CE)**
- A radio call-in show answers men's questions about reproductive health. **(CE/CO)**
- A man discusses STI prevention with his peers at a bar. **(CE/CO)**
- Community health workers visit homes to discuss family planning issues with men. **(CE/CO)**
- A doctor responds to a client's concern about vasectomy by explaining that the procedure will not adversely affect his sexual performance. **(CO)**
- A midwife assists a couple living in a village to develop a labor and delivery plan. **(CO)**
- A service provider helps a couple to assess their risk for HIV. **(CO)**
- A couple talk with a nurse about which family planning method would be best for them. **(CO)**
- A doctor visits a factory to provide STI diagnosis and treatment to male employees. **(CL)**
- A nurse conducts a digital rectal examination for prostate cancer screening. **(CL)**
- A lab does a fertility work-up on a male client. **(CL)**
- A doctor performs a vasectomy. **(CL)**



## **Advantages of and Challenges to Providing Men’s Reproductive Health Services**

*(pages 1.13–1.16 of the text)*

### **◆ Training Activity: Advantages of and Challenges to Providing Men’s Reproductive Health Services**

#### **Objectives**

1. To identify the advantages of and challenges to providing men’s reproductive health services from the perspectives of various groups
2. To identify ways to address the challenges to providing men’s reproductive health services
3. To identify ways to increase support for men’s reproductive health services

#### **Time**

1 hour

#### **Materials**

Flipcharts, markers, and tape

#### **Advance Preparation**

- Write the following headings on flipcharts, one heading per flipchart: “Male Clients,” “Female Clients,” “Staff,” and “Community.” Create two columns by drawing a line down the middle of the page below each heading. Write the heading “Advantages” in the left-hand column and “Disadvantages” in the right-hand column.
- Post the flipcharts on the wall.

#### **Instructions**

1. Read aloud the four groups written on the flipcharts, and then ask the participants to call out the potential advantages and disadvantages of providing men’s reproductive health services from the perspective of each group, beginning with the male clients. Record their responses on the flipcharts.
2. Divide the participants into small groups, and give each group one of the flipcharts. Ask the groups to pick one of the challenges listed on their flipchart and consider how they would address it; advise them to be prepared to report their strategy to the other groups. Allow 10 minutes for the small-group work and 10 minutes for reporting back to the large group.
3. Conclude the activity by discussing the questions below.

## **? Discussion Questions**

### **Questions regarding strategies for addressing challenges**

- How might the suggested strategies help in the overall provision of men’s reproductive health services?
- How do these strategies take into account the male client’s perspective? The female client’s perspective? What other strategies might be effective?

### **Questions regarding support from each group**

- How might support from one or more of these groups affect the success of the program?
- How might resistance from one or more of these groups affect the success of the program?
- How might the support (or disapproval) of one of these groups be more important than the support of another?
- How can you build community support for a program, especially when it is controversial?
- How can you address negative views about the program? How can you best take advantage of support?

### **⇒ Training Tips**

- You may want to interchangeably use the phrases “advantages and challenges,” “positives and negatives,” or “pros and cons” to help the participants think more broadly about the issues raised during this session.
- During this session, highlight the following:
  - The sooner that challenges about providing men’s reproductive health services can be identified, the more likely it is that a facility can address potential problems.
  - The sooner that potential advantages or benefits can be identified, the better equipped a facility will be to promote or defend men’s reproductive health services to various groups.

## **Addressing Staff Concerns about Working with Male Clients**

*(pages 1.17–1.19 of the text)*

### **◆ Training Activity: Addressing Staff Concerns about Working with Male Clients**

#### **Objectives**

1. To identify concerns that staff might have about providing reproductive health services to men
2. To identify ways to address staff members' personal concerns about working with male clients

#### **Time**

30 minutes

#### **Materials**

- Flipcharts, markers, and tape
- Pieces of paper
- Pencils or pens

#### **Advance Preparation**

No advance preparation is needed.

#### **Instructions**

1. Introduce this activity by explaining to the participants that the idea of providing men's reproductive health services typically raises a number of concerns for staff and that it is normal to have such concerns.
2. Ask the participants to write on a piece a paper their responses to the following question: What are you most afraid of, personally, in your own job about:
  - Providing services to men?
  - Having male clients present in your facility?
  - Interacting with male clients?
3. Ask the participants to pair with someone in the room with whom they feel comfortable discussing these issues, and then to share their concerns with each other. Make sure that each participant has an opportunity to talk. Allow 10 minutes for completion.
4. Ask the participants to return to the larger group. Ask for volunteers to share any concerns they had. Write their responses on a flipchart.
5. Choose three or four of the responses, and ask the participants to brainstorm possible strategies to address them.
6. Consult pages **1.18–1.19** of the text for some suggested strategies.
7. Conclude the activity by discussing the questions below.

## **? Discussion Questions**

- Given these concerns, how might staff support each other in the goal of providing sensitive, professional, and respectful care to male clients?
- Why is the process of verbalizing concerns or fears about working with male clients an important component to be incorporated into the planning of a men's reproductive health service program?
- Which of these are concerns that staff have about *all* clients, not just men?
- Do you think the issues that you are concerned about are likely to happen? Why or why not?

## **⇒ Training Tips**

- Exploring some of the attitudes and reasons for staff's and administrators' lack of support for men's reproductive health services can help the participants anticipate potential issues about working with male clients. It can also help the participants become prepared to effectively address negative attitudes in the facility and within themselves.
- Even individuals who generally support the notion of men's reproductive health services may have underlying doubts and concerns. These concerns may not be readily expressed, but may emerge at critical times, thereby harming the program. Therefore, during this session it is critical to:
  - Let the participants express their personal fears and concerns.
  - Treat the participants' concerns as valid (validate their fears).
  - Acknowledge that there are effective ways to address such concerns.
  - Acknowledge that, as staff members, the participants already have skills and ideas to address problems and possibly help others at their facility who have concerns.
- Explain to the participants that it is normal to have fears and concerns about working with populations with which they have had little experience or training.
- Explain that facilities and staff may need to devote additional time to address some of the concerns and implement appropriate strategies.



## NOTES FOR

# 2

## Male Sexual and Reproductive Anatomy and Physiology

*These notes refer to the content provided on pages 2.1–2.10 of the text.*

### Chapter Purpose and Objectives

This chapter provides an overview of the male reproductive system. Specifically, it provides information about male sexual and reproductive anatomy and physiology, including erection and ejaculation.

Upon completion of this chapter, the participants should be able to:

- Demonstrate familiarity with sexual and reproductive terms
- Explain the external and internal organs of the male reproductive system
- Describe the physiological processes that occur during erection and ejaculation
- Demonstrate an ability to address common questions or concerns about male sexual and reproductive anatomy and physiology

### ⇒ Training Tips for This Chapter

Since this chapter is intended for a mixed group of participants, the information on the male reproductive system is presented at a relatively basic level. If the service providers in the group seem reluctant to listen to this information because they consider it overly superficial, you may want to acknowledge that this material is mostly review for them, and invite them to act as resources during a session (or to help facilitate the sessions, if desired). During each session, you can ask them to supply additional details they feel the entire staff should know.



### Training Time

**1 hour, 35 minutes, to 2 hours, 30 minutes**, depending on which training activities you use. You may use the sample agenda on the next page to help plan your activities and time for this chapter.

## Sample Agenda

Training Content	Training Session	Estimated Time	Recommended
Introduction <i>(no corresponding content in the text)</i>	Trainer presentation	5 minutes	✓
Communicating with Clients about Sexual Anatomy and Behaviors <i>(page 2.1 of the text)</i>	Brainstorming Sexual Terms	20 minutes	
Overview of the Male Reproductive System <i>(pages 2.3–2.6 of the text)</i>	Review of Male Reproductive Anatomy	45 minutes	✓
	Review of Male Reproductive Physiology	15 minutes	✓
	Penis Size	5 minutes	
Common Client Concerns about Anatomy and Physiology <i>(pages 2.7–2.8 of the text)</i>	Common Questions Cards	30 minutes	✓
Anatomy and Physiology Myths and Facts <i>(pages 2.9–2.10 of the text)</i>	Male Sexual and Reproductive Anatomy and Physiology Myths and Facts	30 minutes	

### Advance Preparation

- Determine which training activities will be used to present the content of this chapter, and prepare or gather any supplies needed for the activities you will be conducting (as described in the activity’s “Advance Preparation” section).
- Find out whether male circumcision (after infancy) is practiced in the participants’ locale. If so, find out specific practices and local customs and values about the practice(s), and be prepared to discuss these topics.
- Create flipcharts, as needed.

### Introduction

Introduce this chapter by:

- Reading aloud the purpose and objectives, which appear on page 2.1 of this trainer’s resource book.
- Explaining that while some of the participants may not use this information directly in their work, having a basic understanding of the male reproductive system will help them communicate better with clients and co-workers.

## **Communicating with Clients about Sexual Anatomy and Behaviors**

*(page 2.1 of the text)*

### **◆ Training Activity: Brainstorming Sexual Terms**

#### **Objectives**

1. To help the participants become more comfortable with common or slang sexual terms that male clients are likely to use
2. To help the participants become familiar with common or slang terms that they may not have heard before

#### **Time**

20 minutes

#### **Materials**

- Flipcharts, markers, and tape
- Pencils or pens
- Participant Handout 2-1: Brainstorming Sexual Terms (page 2.5)

#### **Advance Preparation**

- Write the terms “Penis,” “Vagina,” “Oral sex,” and “Penile-vaginal sex” at the top of four flipcharts, one term per flipchart. Display the flipcharts across a blank wall in a row.
- Make enough copies of Participant Handout 2-1: Brainstorming Sexual Terms to distribute to all of the participants.

#### **Instructions:**

1. Tell the participants that during this activity, they will review sexual anatomy and behaviors.
2. Distribute the markers to the participants, and ask them to write all of the common or slang terms they know for each term on the corresponding flipcharts. Allow five to 10 minutes for completion.
3. Review the responses with the participants, and clarify any meanings of the common or slang terms.
4. Distribute the handout to the participants, and ask the participants to record the common or slang terms listed on the flipcharts on their handout. Tell them to keep the list to help them remember the terms.
5. Conclude the activity by discussing the questions on the next page.

#### **❓ Discussion Questions**

- Why do you think you were asked to perform this activity?
- Was this activity challenging for you? Why?

- Have you ever heard male clients use terms like these before? If so, how did you respond? If not, do you think it is likely that clients might use such terms at some point during a visit to your facility?
- Do you ever want to use terms like these with clients? If so, in which situations? Which terms would you use when talking to clients?
- Are you unfamiliar with any of the terms on the flipcharts? What other common or slang terms for other body parts or sexual behaviors do you feel are important to define

### ⇒ Training Tips

- Explain to the participants that they may be uncomfortable discussing these terms. Emphasize that it is important to understand the meaning behind the common or slang terms because it is often the only frame of reference that male clients have. It is also important to introduce and use common or simpler nonmedical terms when communicating with clients.
- If this material elicits laughter from the participants, you may want to bring it to their attention, mentioning how laughter can often help ease a tense situation. Men who visit health care facilities because of sexual or reproductive health concerns are often anxious or embarrassed, so humor may be appropriate in certain situations to lighten the mood and help the clients relax. Remind the participants, however, that humor directed at the clients or their concerns will inevitably be counterproductive, and that humor is not appropriate in every situation.
- The participants may initially be reluctant or too embarrassed to participate in this activity, especially if the group includes both men and women. They may also be embarrassed to acknowledge that they know or use the common or slang terms. To help get them started:
  - Provide one or more local common or slang terms.
  - Ask the participants which terms other people might use. For example, you might ask, “Which term would an educated person use to describe that?” or “Which term do men use to describe that when talking to other men?” or “What do kids call that?” or “What have you heard people in the facility use to describe that?”

### ( ) Training Options

To conduct this activity as a small-group or individual activity:

- Divide the participants into four groups, distribute a flipchart with one of the medical terms to each group, and ask the participants to complete the activity with the other members of their group. When all of the participants are finished, reconvene the group and ask one participant from each group to report back to the larger group.
- Distribute the handout, and ask the participants to complete the activity individually.

In both cases, conclude the activity by discussing the questions above.

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## Participant Handout 2-1: Brainstorming Sexual Terms

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Write some of the common or slang terms for the body parts and sexual behaviors that are discussed during the brainstorm activity to keep as a reference for working with male clients. If desired, write other body parts and sexual behaviors that you have heard of, but whose medical or common or slang term you may not know. Discuss these with the other participants to identify medical or common or slang terms for them.

Medical Term	Common or Slang Terms
Penis	
Vagina	
Oral sex (fellatio or cunnilingus)	
Penile-vaginal sex (sexual intercourse)	



## **Overview of the Male Reproductive System**

*(pages 2.3–2.6 of the text)*

### **◆ Training Activity: Review of Male Reproductive Anatomy**

#### **Objectives**

To help the participants review and understand the anatomy and physiology of the male sexual and reproductive system

#### **Time**

45 minutes

#### **Materials**

Flipcharts, markers, and tape

#### **Advance Preparation**

List on a flipchart the parts of the male sexual and reproductive system that the participants will include in their drawings, as follows:

- Bladder
- Penis
- Prostate gland
- Scrotum
- Seminal vesicles
- Epididymis
- Cowper's glands
- Testes
- Ureters
- Vas deferens

#### **Instructions**

1. Divide the participants into groups of four. Explain that their task will be to draw the male reproductive system.
2. Display the flipchart showing the components of the male reproductive system.
3. Distribute flipcharts and markers to each group. Tell them they have 20 minutes to complete their drawings.
4. When the groups are finished, ask them to post their flipcharts on the wall. Then ask them to walk around the room and take a close look at all of the flipcharts.
5. Reconvene the group and refer the participants to the diagrams of the male reproductive system on pages **2.3–2.4** of the text. Ask them to look at their drawings and discuss any discrepancies.
6. Conclude the activity by discussing the questions on page **2.8**.

## **? Discussion Questions**

- What was your/the group's reaction as you drew the body parts?
- Were there any major discrepancies between your drawing and the one in the text?
- What did you learn from drawing these parts of the reproductive system?

### **Summary**

Conclude the activity by reminding the participants that even though they have been working in the field of sexual and reproductive health, it is always valuable to review what they know. Tell them that most groups experience some kind of embarrassment or discomfort when they work on these drawings.

#### **⇒ Training Tips**

During this session:

- Acknowledge that the participants may have varying levels of knowledge of this content, and encourage those participants who have more expertise to share their knowledge with the rest of the participants.
- Remind the participants that even though they have been working in the field of reproductive health, it is always valuable to review clinical information, to ensure that they remember it.
- Tell the participants that most groups experience some kind of embarrassment or discomfort when they work on their drawings. Remind them that men may also be embarrassed while receiving education and counseling during a routine clinic visit.

*Note:* Many of the participants have probably received some training in the female reproductive system. This section on the male reproductive system is meant to complement what they have already learned. If any participants are not familiar with the female reproductive system, advise them to receive training in that content, since it is beyond the scope of this training course.



## ◆ Training Activity: Review of Male Reproductive Anatomy

### **Objective**

To describe the physiological processes of the male reproductive system

### **Time**

15 minutes

### **Materials**

No materials are needed.

### **Advance Preparation**

No advance preparation is needed.

### **Instructions**

1. Ask the participants to take turns explaining how the male reproductive system works. Ask them to begin with the production of sperm in the testes and to finish with ejaculation.
2. Clarify any misinformation or confusion in their explanations.
3. Refer the participants to pages **2.3–2.4** of the text for a detailed review of male reproductive physiology.

## **Training Activity: Penis Size**

### **Objectives**

1. To recognize that penis size is a common concern among men
2. To understand that penis size varies less when the penis is erect than when the penis is flaccid

### **Time**

5 minutes

### **Materials**

No materials are needed.

### **Advance Preparation**

No advance preparation is needed.

### **Instructions**

1. To illustrate variations in penis size, ask the participants to stand up and imagine that they are all flaccid, or not erect, penises.
2. Ask them to look around the room and notice the differences in heights of the other participants. Emphasize that the differences in height represent the differences in length of flaccid penises.
3. Ask the participants to sit down and imagine that they are now all erect penises. Ask them to look around the room and notice that the differences in height of people are not as great as they were before.
4. Emphasize that the differences in height here illustrate that when erect, most penises are similar in size. Smaller flaccid penises generally increase in size in a greater proportion than do larger flaccid penises.
5. Reiterate that some men may be concerned about how the size of their penis compares with that of other men. Men who see other men's flaccid penises may think their penis is smaller or larger than other men's, but when erect, most penises are about the same size (on average, between 12 and 18 cm, or 5 and 7 inches).

## **Common Client Concerns about Anatomy and Physiology**

*(pages 2.7-2.8 of the text)*

### **◆ Training Activity: Common Questions Cards**

#### **Objective**

To allow the participants to practice answering common questions about male sexual and reproductive anatomy and physiology

#### **Time**

30 minutes

#### **Materials**

- Small index cards (or sheets of paper)
- Markers

#### **Advance Preparation**

Choose five or more of the questions on pages **2.7–2.8** of the text, and write them on small index cards (or sheets of paper), one question per card.

#### **Instructions**

1. Divide the participants into five groups, and randomly distribute one or two of the cards to each group.
2. Ask each group to imagine that a male client has asked the question on the card during a counseling session. Next, ask each group to decide how the service provider might respond in a way that meets the client's needs. Allow each group five to 10 minutes to discuss their answer.
3. Reconvene the group, and ask for a participant from each group to read aloud the group's question and present their findings to the larger group. Encourage the other participants to share any additional thoughts.
4. Conclude the activity by discussing the questions on page **2.12**.
5. Remind the participants that frontline staff do not necessarily need to be experts or provide all of the answers or explanations when interacting with clients. There are many ways for frontline staff to address men's common concerns about anatomy and physiology in a respectful, helpful manner that can meet a client's needs.

## **? Discussion Questions**

- How did it feel to answer some of these questions?
- What are some common themes of men's concerns?
- How much information does a frontline staff member need to give a male client about these concerns?
- What can a frontline staff member do if he or she is not sure how to respond to a male client who has these concerns?

### **⇒ Training Tip**

During this session, explain to the participants that frontline staff may be the first staff members to address a man's reason for either calling or visiting a facility. Sometimes men may pose questions about their anatomy or physiology to a staff member who does not have clinical or counseling training. However, there are appropriate ways for frontline staff to address men's concerns and facilitate the care they need.

### **() Training Options**

- If time permits, you may allow each group to form some of its own questions that men might have about their anatomy and physiology. Distribute blank index cards to each group, and ask the groups to write their questions on the cards. You can collect the cards, shuffle them, and then randomly distribute them to the groups to work on.
- If time is limited, choose and read aloud select questions, and ask the participants how they would respond to them if they were a frontline staff member.

## **Anatomy and Physiology Myths and Facts**

(pages 2.9-2.10 of the text)

### **◆ Training Activity: Male Sexual and Reproductive Anatomy and Physiology Myths and Facts**

#### **Objective**

To help the participants review the myths and facts about male sexual and reproductive anatomy and physiology and correct any misinformation

#### **Time**

30 minutes

#### **Materials**

- Pencils or pens
- Participant Handout 2-2: Male Sexual and Reproductive Anatomy and Physiology Myths and Facts (page 2.14)
- Trainer's Resource: Male Sexual and Reproductive Anatomy and Physiology Myths and Facts Answer Sheet (page 2.15)

#### **Advance Preparation**

Make enough copies of Participant Handout 2-2: Male Sexual and Reproductive Anatomy and Physiology Myths and Facts to distribute to all participants.

#### **Instructions**

1. Distribute the handout to the participants.
2. Ask the participants to read each statement to themselves and write *M* (for *myth*) or *F* (for *fact*) in the space provided, as appropriate. Tell the participants not to spend a lot of time on each statement; if they are unsure of the answer, they should guess and move on to the next statement. Allow 10 minutes for completion.
3. Ask for volunteers to read aloud the statements and provide their responses and explanations. After each volunteer has responded, ask the other participants whether they agree with the response. Allow them to discuss their views.
4. Provide the correct answers (which appear in the trainer's resource book on page 2.15–2.16), and clarify any responses by referring to the text.

#### **(c) Training Options**

- Divide the participants into four groups, and ask them to work together on the statements before reviewing the answers.
- Begin the activity by asking one participant at a time to read aloud a statement, and then ask that participant and the larger group to respond.
- If time is limited, choose and read aloud select statements, and ask the participants to respond to them.

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## Participant Handout 2-2: Male Sexual and Reproductive Anatomy and Physiology Myths and Facts

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Review the statements below, and write the letter M (for myth) or F (for fact), as appropriate, in the space provided.

1. \_\_\_\_\_ It is normal for a man to sometimes be unable to achieve or maintain an erection.
2. \_\_\_\_\_ A man can urinate and ejaculate at the same time.
3. \_\_\_\_\_ Morning erections can be the result of waking up from a deep sleep.
4. \_\_\_\_\_ A longer penis is more likely to satisfy a woman than a shorter one.
5. \_\_\_\_\_ Men are usually capable of holding back their ejaculations as long as they want.
6. \_\_\_\_\_ Even as men get older, they still can have erections.
7. \_\_\_\_\_ A man always knows whether his female partner has had an orgasm.
8. \_\_\_\_\_ Just like women, most men are capable of having multiple orgasms.
9. \_\_\_\_\_ Having sex too frequently can be harmful to a man.
10. \_\_\_\_\_ A man can still reproduce into older age.
11. \_\_\_\_\_ In men, ejaculation and orgasm are the same process.
12. \_\_\_\_\_ Once a man has an erection, it is physically harmful to him if he does not ejaculate.
13. \_\_\_\_\_ A man cannot impregnate a woman while she is menstruating (has her period).
14. \_\_\_\_\_ You can tell how long a man's penis is by looking at the size of his hands, feet, or nose.
15. \_\_\_\_\_ The penis is a muscle.
16. \_\_\_\_\_ A man's penis grows longer with frequent use.

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## **Trainer’s Resource: Male Sexual and Reproductive Anatomy and Physiology Myths and Facts Answer Sheet**

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**1. It is normal for a man to sometimes be unable to achieve or maintain an erection. (FACT)**

Sometimes a man can have difficulty achieving or maintaining an erection. This can result from such conditions as fatigue, illness, and nervousness, or it can be a side effect of certain medications. This does not necessarily mean that something is physically or emotionally wrong with him. He will most likely be able to achieve and maintain an erection at another time.

**2. A man can urinate and ejaculate at the same time. (MYTH)**

Although urine and semen are both expelled through the penis, a special muscle controls the flow of urine and semen. The body can expel only one or the other at a time.

**3. Morning erections can be the result of waking up from a deep sleep. (FACT)**

The penis may become erect when a man is in a state of deep sleep. This happens regardless of whether or not he is dreaming or having a dream that is sexual in nature. In fact, a man can achieve an erection at many times during the night. Sometimes men wake up in the morning from a dream and have an erection. This has nothing to do with the content of the man’s dream or his current sexual desire.

**4. A longer penis is more likely to satisfy a woman than a shorter one. (MYTH)**

A woman’s vagina is most sensitive in the first third of its length. Therefore, many women report that the length of the penis does not affect their sexual stimulation or satisfaction during vaginal penetration.

**5. Men are usually capable of holding back their ejaculations as long as they want. (MYTH)**

There comes a point during a man’s sexual response cycle where he is unable to hold back an ejaculation. This can sometimes be challenging to a couple who are relying on withdrawal as a method of family planning. But this does not mean that a man cannot control his sexual desires or urges or that he cannot stop sexual activity once he is sexually aroused.

**6. Even as men get older, they still can have erections. (FACT)**

It may take longer for an older man to achieve an erection, but most older men can still achieve and maintain erections.

**7. A man always knows whether his female partner has had an orgasm. (MYTH)**

Although some women ejaculate fluid during orgasm, most women experience muscular contractions without ejaculation. As a result, it may be difficult for a woman’s partner to know whether or not she has had an orgasm.

**8. Just like women, most men are capable of having multiple orgasms. (MYTH)**

Most men can have only one orgasm during an act of sex and must wait through a period of time after ejaculation before they can have another orgasm.

**9. Having sex too frequently can be harmful to a man. (MYTH)**

As long as a man is protected against STIs, engaging in sex frequently is not harmful.

**10. A man can still reproduce into older age. (FACT)**

While women stop releasing eggs after menopause, many men produce sperm and can reproduce throughout their entire lives. However, a man's hormone levels and the amount of ejaculate he produces might decline as he gets older.

**11. In men, ejaculation and orgasm are the same process. (MYTH)**

In men, orgasm is the muscular contraction of the pelvic muscles right before ejaculation, while ejaculation is the expulsion of semen through the penis. Although these two processes usually occur in tandem, they are indeed separate functions. It is possible for a man to have an orgasm without ejaculating, as well as for a man to ejaculate without having an orgasm.

**12. Once a man has an erection, it is physically harmful to him if he does not ejaculate. (MYTH)**

While some men may claim this is true, achieving an erection or engaging in sexual activity without ejaculating is not harmful in any way.

**13. A man cannot impregnate a woman while she is menstruating (has her period). (MYTH)**

Even when a woman is menstruating, it is possible for her to ovulate (release an egg) and become pregnant. However, a woman is most likely to become pregnant right after ovulation, which usually occurs in the middle of her menstrual cycle—not when she is menstruating.

**14. You can tell how long a man's penis is by looking at the size of his hands, feet, or nose. (MYTH)**

The size of a man's hands, feet, or nose or any other body part bears no relation to the length of his penis.

**15. The penis is a muscle. (MYTH)**

Although the penis is sometimes referred to as a muscle, it is more like a “sponge” that fills with blood.

**16. A man's penis grows longer with frequent use. (MYTH)**

Use has nothing to do with how long a penis may or may not become.



## NOTES FOR

# 3

## Sexuality and Gender

*These notes refer to the content provided on pages 3.1–3.16 of the text.*

### Chapter Purpose and Objectives

This chapter provides an introduction to the issues of human sexuality and gender. Its purpose is to increase the participants' comfort with and understanding of the more behavioral and practical aspects of sexuality so that they can better meet the needs of their male and female clients.

Upon completion of this chapter, the participants should be able to:

- List some reasons why sexuality is an essential part of reproductive health
- Describe ways in which health care workers' attitudes about sexuality and sexual orientation can affect service delivery
- Identify some milestones in human sexual and social development
- Describe the range of sexual behaviors and their implications for health
- Describe how to respond professionally and respectfully to male clients on issues related to sexuality and sexual behavior
- Understand the concept of gender and the ways in which traditional male gender roles can negatively affect reproductive health



### Training Time

**2 hours, 50 minutes, to 5 hours, 50 minutes**, depending on which training activities you use. You may use the sample **agenda** on the next page to help plan your activities and time for this chapter.

### Sample Agenda

Training Content	Training Session	Estimated Time	Recommended
Introduction <i>(no corresponding content in the text)</i>	Trainer presentation	5 minutes	✓
Defining Sexuality <i>(pages 3.1–3.3 of the text)</i>	Defining Sexuality	45 minutes	✓
	The Connection between Sexuality and Reproductive Health	10 minutes	✓
Defining Sex and Gender <i>(pages 3.5–3.6 of the text)</i>	The Gender Game	20 minutes	✓
	Act Like a Man	45 minutes	
	Gender Fishbowl	45 minutes	✓
Sexual Orientation <i>(pages 3.7–3.8 of the text)</i>	Sexual Orientation	20 minutes	
	Confidential Surveys on Same-Sex Sexual Activity	30 minutes	
Sexual and Social Development <i>(pages 3.9–3.10 of the text)</i>	Sexual Development Time Line	45 minutes	
Common Sexual Behaviors <i>(pages 3.11–3.12 of the text)</i> and Health Considerations of Sexual Behaviors <i>(pages 3.13–3.14 of the text)</i>	Values about Sexual Behaviors	45 minutes	✓
Sexuality Myths and Facts <i>(pages 3.15–3.16 of the text)</i>	Sexuality Myths and Facts	30 minutes	
Closing <i>(no corresponding content in the text)</i>		10 minutes	

### ⇒ Training Tips for This Chapter

- To help make the participants feel more at ease with the material, the trainer may want to make the following comments at the beginning of this session:
  - Inform the group that this session deals frankly with a range of sexual behaviors, even some thought to be “deviant” or “abnormal” in some cultures. These behaviors are included in this training workshop because a wide variety of sexual behaviors are practiced throughout the world, and these behaviors can have important implications for clients’ health. The participants’ facilities will most likely serve clients who practice these behaviors, regardless of whether they are condoned in the participants’ culture. Therefore, the participants need to be aware of the behaviors and their health implications to most effectively provide reproductive health care for these clients.
  - Acknowledge that sexuality is a sensitive issue in many cultures and that the participants may feel uncomfortable during some of the discussions included in this chapter. Assure them that such feelings are perfectly normal, but given the importance of this material, the participants should try to stay and work through these discussions. Tell them, however, that anyone who becomes too uncomfortable to continue should quietly leave the room and return when he or she feels ready.
- Encourage the participants to speak up and ask questions early in the session. This will help them speak up as the topics become increasingly controversial and/or uncomfortable for them.
- Do not assume that frank discussions of sexuality are not possible in areas with conservative sexual values. EngenderHealth staff have conducted various trainings and conferences in very conservative areas of the world and have been able to facilitate open discussions on sexuality with mixed-sex groups.
- If desired, place a box in the back of the training room where participants may leave questions or comments that they do not wish to ask aloud. Every day, review the questions and discuss the answers with the group, making sure to respect the anonymity of the participant who asked the question.

### Advance Preparation

- Determine which training activities will be used to present the content of this chapter, and prepare or gather any supplies needed for the activities you will be conducting (as described in the activity’s “Advance Preparation” section).
- Discuss the content of this chapter with the administrators of the participants’ facilities. Ask the administrators to identify potential problem areas and to develop solutions that respect local customs and values while providing the information on sexuality essential for the effective operation of a men’s reproductive health services program. (For example, in some cultures, training men and women about sexuality together in a single group may not be acceptable or feasible. Where this is the case, you may wish to schedule separate training sessions for men and women.)
- Create flipcharts, as needed.

## **Introduction**

Introduce this chapter by:

- Reading aloud the purpose and objectives, which appear on page **3.1** of this trainer's resource book.
- Explaining that while all of the participants may not use this information directly in their work, everyone who has direct client contact in a facility that offers men's reproductive health services, as well as those who supervise staff who do, should have a basic understanding of sexuality, sexual behaviors, and sexual orientation. The reason all staff of a facility are participating in this session is because increasing the entire staff's knowledge of and comfort with sexuality can contribute to the success of a men's reproductive health program.

## **Defining Sexuality**

(pages 3.1–3.3 of the text)

### **◆ Training Activity: Defining Sexuality**

#### **Objective**

To help the participants gain an understanding of the broad concept of sexuality and the many areas of our lives that involve our sexuality

#### **Time**

45 minutes

#### **Materials**

- Flipcharts, markers, and tape
- Trainer’s Resource: The Four Components of Sexuality (page 3.8)

#### **Advance Preparation**

- Write “Sex” and “Sexuality” in separate columns on a flipchart.
- Draw on a flipchart the four components of sexuality (sensuality, intimacy and relationships, sexual identity, sexual health), provided on page 3.1–3.2 of the text. If the participants will do this activity in groups, cut out four large circles from a sheet of flipchart paper and write the four components of sexuality in the circles, one component per circle, to distribute to four groups of participants.

#### **Instructions**

1. Ask the participants what the term *sex* means to them. Allow them to share their thoughts, and record their responses in the “Sex” column on the flipchart.
2. Next, read aloud the following definitions of *sex* and *sexual intercourse*, and ask the participants for any comments on the definitions.

**Sex:** *Sex* refers to one’s biological characteristics—anatomical (breasts, vagina; penis, testes), physiological (menstrual cycle; spermatogenesis), and genetic (XX; XY)—as a male or female. *Sex* is also a synonym for *sexual intercourse*, which includes penile-vaginal sex, oral sex, and anal sex.

3. Ask the participants what the term *sexuality* means to them. Allow them to share their thoughts, and record their responses in the “Sexuality” column on the flipchart.
4. Next, read aloud the following definition of *sexuality*, and ask the participants for any comments on the definition.

**Sexuality:** *Sexuality* is an expression of who we are as human beings—a total sensory experience involving the mind and body. Sexuality includes all of the feelings, thoughts, and behaviors of being male or female, being attractive and being in love, as well as being in relationships that include intimacy and physical sexual activity.

Sexuality begins before birth and lasts throughout the course of the life span. A person's sexuality is shaped by his or her values, attitudes, behaviors, physical appearance, beliefs, emotions, personality, likes and dislikes, spiritual selves, and all of the ways in which he or she has been socialized. Consequently, the ways in which individuals express their sexuality are influenced by ethical, spiritual, cultural, and moral factors.

5. Explain that while many people often associate the term *sexuality* with the terms *sex* or *sexual intercourse*, it encompasses much more than that. To help the participants understand the complexity of sexuality, discuss four different aspects of sexuality.

*Note:* One way to present these four aspects is to use The Four Components of Sexuality,” provided in the Trainer’s Resource on page 3.8 of the text. Explain that each circle in this diagram represents one of the elements of sexuality. When all four circles are placed together, they suggest the total definition of sexuality. In this diagram, there is a space in the middle of the circles where the words “Values,” “Spirituality,” and “Culture” are written. These factors may all play a role in how an individual experiences the four components of sexuality.

The information can be presented in many ways. The participants can be divided into four groups and each assigned a circle to define. Another alternative is to discuss the four aspects in a brief mini-lecture. Either way, make sure to cover the points about each element in the Trainer’s Resource.

6. After presenting this information, ask the participants to provide examples of how a person might enjoy each of the five senses in a sensual manner to demonstrate their understanding of each sense.
7. After discussing these four circles of sexuality, draw a fifth circle that is not connected to the other four. This circle is a negative aspect of sexuality and can prevent an individual from living a sexually healthy life. Say that this circle can “cast a shadow” on the four other circles of sexuality and describe it as follows:

**Using sexuality to control others:** Generally, this component is not considered to be an aspect of sexuality but as something that can cast a shadow over a person’s healthy sexuality. Using sexuality to control others is not healthy. Unfortunately, many people use sexuality to violate someone else or get something from another person. Rape is a clear example of using sex to control somebody else. Sexual abuse and commercial sex work are others. Even advertising often sends messages of sex in order to get people to buy products.

8. Close the activity by discussing the questions on page 3.7.

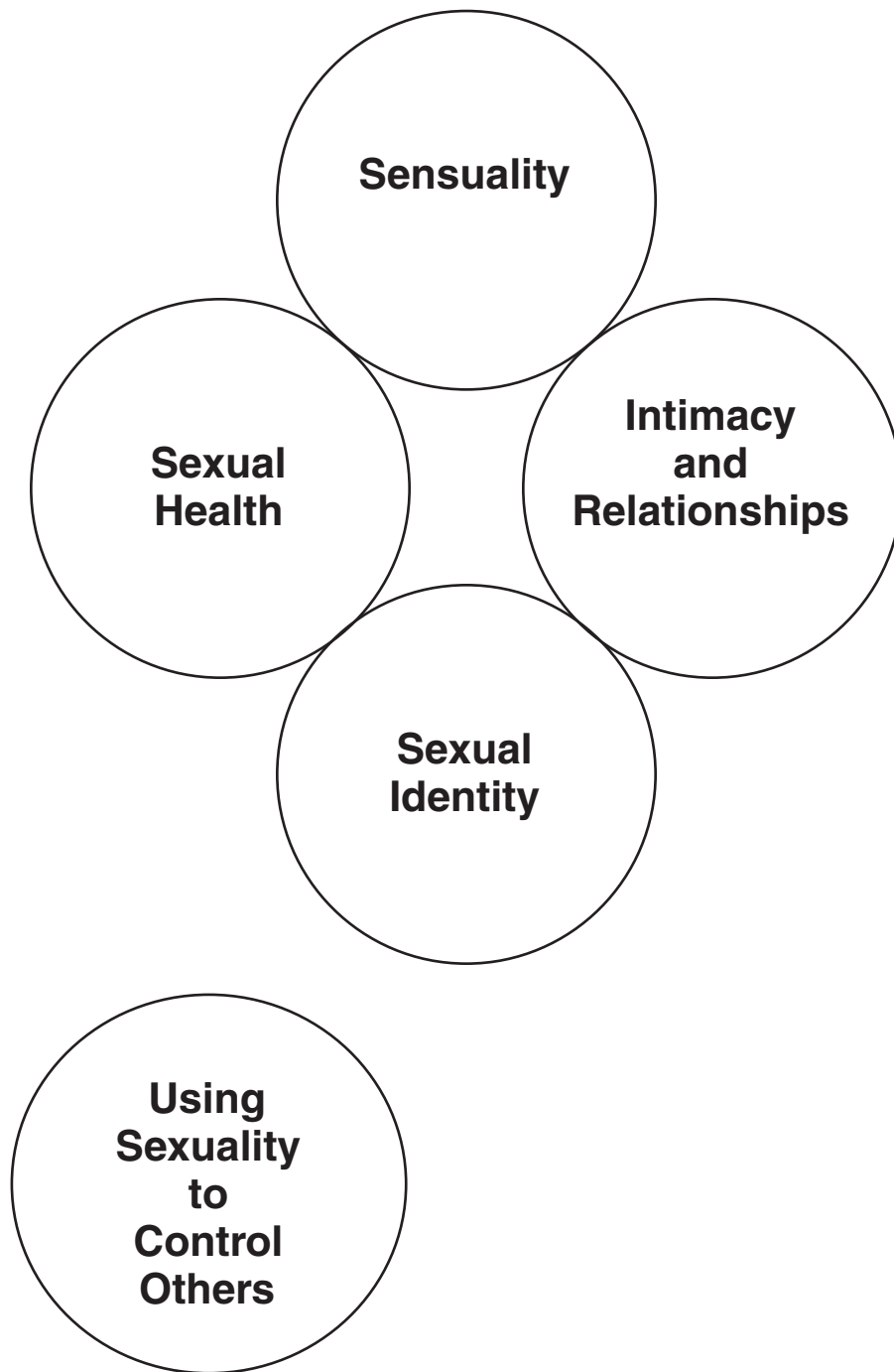
### **?** Discussion Questions

- Where is “sexual intercourse” included within the definition of sexuality? Does the term play a large or small role in the definition?
- How does culture influence the various circles of sexuality?
- Which circles of sexuality are very different between men and women? Do men and women experience sensuality in the same way? Do men and women view relationships in the same way? Do men and women have the same sexual health needs?

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## Trainer's Resource: The Four Components of Sexuality

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*Adapted from:* EngenderHealth and Planned Parenthood Association of South Africa (PPASA). 2001. *Men as partners: A program for supplementing the training of life skills educators. Guide for MAP master trainers and educators.* New York; and Johannesburg, South Africa. pp. 45–47.



## **Training Activity: The Connection between Sexuality and Reproductive Health**

### **Objective**

To illustrate that sexuality is an essential issue to address in a reproductive health program

### **Time**

15 minutes

### **Materials**

No materials are needed.

### **Advance Preparation**

No advance preparation is needed.

### **Instructions**

1. Ask the participants to brainstorm a list of reasons why sexuality is an important issue to address in a reproductive health program. Allow 10 minutes for completion.
2. Note any of the reasons listed in the text that the participants did not mention.
3. Explain that despite the many reasons that it is important for reproductive health service providers to address sexuality issues with clients, they rarely do so. This may be because they do not have the needed knowledge and skills or because they are uncomfortable discussing sexuality with clients.



## **Defining Sex and Gender**

(pages 3.5–3.6 of the text)

### **◆ Training Activity: The Gender Game**

#### **Objective**

To help the participants understand the concept of gender

#### **Time**

20 minutes

#### **Materials**

- Participant Handout 3-1: The Gender Game (page 3.12)
- Trainer’s Resource: The Gender Game Answer Sheet (page 3.13)

#### **Advance Preparation**

Make enough copies of Participant Handout 3-1: The Gender Game to distribute to all participants.

#### **Instructions**

1. Ask the participants if they can explain the difference between the terms *gender* and *sex*. Allow them to share their answers and discuss.
2. Refer to the definitions of *gender* and *sex* on page 3.5 of the text.
3. Distribute Participant Handout 3-1: The Gender Game. Ask the participants to pair with another participant and try to determine if each statement refers to gender or sex. Allow 10 minutes for completion.
4. Review the handout with the entire group and clarify any misunderstandings.

*Adapted from:* Ipas. 2001. *Skills-building resource pack on gender and reproductive health for adolescents and youth workers, with a special emphasis on violence, HIV/STIs, unwanted pregnancy and unsafe abortion.* Chapel Hill, NC, USA.

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## Participant Handout 3-1: The Gender Game

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Review the statements below, and indicate whether the statement refers to gender or sex by writing gender or sex, as appropriate, in the space provided.

- \_\_\_\_\_ 1. Women give birth to children; men don't.
- \_\_\_\_\_ 2. Girls are gentle; boys are tough.
- \_\_\_\_\_ 3. Among agricultural workers in India, women receive 40% to 60% of the wages that men do.
- \_\_\_\_\_ 4. Many women do not have the freedom to make decisions about their lives, especially regarding sexuality and relationships with their partners.
- \_\_\_\_\_ 5. Men's voices change during puberty; women's voices don't.
- \_\_\_\_\_ 6. Four-fifths of the world's injection drug users are men.
- \_\_\_\_\_ 7. Women can breastfeed babies; men can bottlefeed babies.
- \_\_\_\_\_ 8. Parents sometimes prefer male children.

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## Trainer's Resource: The Gender Game Answer Sheet

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- Sex 1. Women give birth to children; men don't.
- Gender 2. Girls are gentle; boys are tough.
- Gender 3. Among agricultural workers in India, women receive 40% to 60% of the wages that men do.
- Gender 4. Many women do not have the freedom to make decisions about their lives, especially regarding sexuality and relationships with their partners.
- Sex 5. Men's voices change during puberty; women's voices don't.
- Gender 6. Four-fifths of the world's injection drug users are men.
- Sex 7. Women can breastfeed babies; men can bottlefeed babies.
- Gender 8. Parents sometimes prefer male children.

## ◆ Training Activity: Act Like a Man

### Objective

To help the participants understand how traditional male gender roles can negatively affect reproductive health

### Time

45 minutes

### Materials

Flipcharts, markers, and tape

### Advance Preparation

No advance preparation is needed.

### Instructions

1. Ask the participants if they have ever been told to “act like a man” or heard that expression told to a boy. Ask them to share some experiences in which someone has said this or something similar. For example, why did the individual say it? How did it make the person to whom it was directed feel?
2. Tell the participants that the group is going to look more closely at this phrase. By looking at it, we can begin to see how society can make it very difficult to be male.
3. Write the phrase “Act like a man,” in large letters, on a flipchart. Ask the participants to share their ideas about what this means. If the participants hesitate in replying, explain that these are society’s expectations of who men should be, how men should act, and what men should feel and say. Then draw a box on the flipchart, and write the meanings of “Act like a man” inside it. Some responses might include:
  - Be tough.
  - Don’t cry.
  - Yell at people.
  - Show no emotions.
  - Take care of other people.
  - Don’t back down.
4. Ask the participants to think about what happens to a man when he acts in a manner that is outside of the “act like a man” box. Then ask them to share some of the names that a person is called when he acts in this way, and write these names outside of the box. Then initiate a discussion by asking the following questions:
  - Can expectations to behave in this manner make men feel limited in their actions? Why?
  - Which emotions are men not allowed to express?
  - How can “acting like a man” affect a man’s relationship with his partner and children?

- How can social norms and expectations to “act like a man” have a negative effect on a young man’s sexual and reproductive health?
  - Can men actually behave in ways that are outside of the box? Is it possible for men to challenge and change existing gender roles?
5. Conclude the activity by reviewing the section on page **3.6** of the text entitled “How Male Socialization Can Negatively Affect Reproductive Health.”

## ◆ Training Activity: Gender Fishbowl

### Objective

To help the participants understand male and female gender roles and the ways in which they can affect reproductive health

### Time

45 minutes

### Materials

No materials are needed.

### Advance Preparation

No advance preparation is needed.

### Instructions

1. Tell the participants that you will be creating an opportunity for men and women to share their views about gender issues in an environment in which the opposite sex will actively listen to them without interrupting.
2. Ask the men to sit in a circle in the middle of the room and the women to sit around the outside of the circle, facing in.
3. Begin a discussion with the men by asking:
  - What do you think is the most difficult thing about being a man?
  - What do you think women need to better understand about men?
  - What do you find difficult to understand about women?
  - As a man, what messages have you received about reproductive health (good or bad) from parents, family, friends, peers, school, or the media?
4. Tell the women that they are to observe and listen to what is being said, but they are not allowed to participate in the discussion.
5. Allow 20 minutes for the men to discuss their topic. Then ask the women to switch places with the men, and lead a discussion with the women, while the men listen silently, by asking:
  - What do you think is the most difficult thing about being a woman?
  - What do you think men need to better understand about women?
  - What do you find difficult to understand about men?
  - As a woman, what messages have you received about reproductive health (good or bad) from parents, family, friends, peers, school, or the media?
6. Reconvene the group, and process the activity with the larger group.



## **Sexual Orientation**

(pages 3.7–3.8 of the text)

### **◆ Training Activity: Sexual Orientation**

#### **Objectives**

1. To facilitate an understanding of the different types of sexual orientation
2. To examine societal attitudes about homosexuality
3. To clear up myths about homosexuality

#### **Time**

20 minutes

#### **Materials**

Flipcharts, markers, and tape

#### **Advance Preparation**

No advance preparation is needed.

#### **Instructions**

1. Begin the session by asking the participants to define *sexual orientation*. Provide the following definition after the discussion:

**Sexual orientation** refers to the biological sex to which we are attracted romantically.

Our orientation can be:

  - Heterosexual (attracted to the opposite sex)
  - Bisexual (attracted to both sexes)
  - Homosexual (attracted to the same sex)
2. Acknowledge that some of the participants might have strong values about a person's sexual orientation. Tell the participants that you will respect every individual's right to his or her opinion. However, sexual orientation is important to discuss to ensure that the participants do not make assumptions about their clients' sexual activity and to ensure that they tailor their services and counseling to each individual client's needs and behaviors.
3. Draw a line across the top of a flipchart. Label one side of the continuum "Heterosexual" and the opposite end "Homosexual." Label the middle of the continuum "Bisexual." Use this diagram to explain that the range of sexual orientation, from heterosexuality to homosexuality, is a continuum. Most individuals' sexual orientation falls somewhere along this continuum. While scientific studies have shown that an individual cannot change his or her sexual orientation at will, sexual orientation might change throughout a person's lifetime. So an individual's orientation can move along the continuum as time passes.

4. Explain that a person's sexual orientation is often confused with other aspects of his or her sexuality. For example, people often mistake sexual orientation with gender roles. To make this point, draw a second line below the first. Label one side "Masculine" and the other "Feminine." Explain that gender roles are societal expectations of how men and women should act. Often, when a man acts in a feminine manner, he is assumed to be homosexual, but this may not be true, because gender roles and sexual orientation are different. Explain that a person's gender roles can also move across the continuum over time or can be based upon a given situation.
5. Another distinction to make is that a person's sexual behavior does not always indicate his or her sexual orientation. To make this point, draw a third line below the other two. Label one side "Sex with Men" and the other "Sex with Women." Explain that not all individuals who have had one or more sexual contacts with members of their own sex define themselves as homosexual or are considered to be homosexual by society. Some adolescent boys who experiment sexually with other boys (for example, by masturbating in a group) and some men who have sex with other men in isolated settings, such as prisons, do not consider themselves and are not considered by others to be homosexual. In addition, individuals who engage in same-sex sexual activity may not be attracted exclusively to members of their own sex and might not wish to engage in sex with members of their own sex only. Indeed, some married persons engage in same-sex sexual activity outside of marriage and still consider themselves to be heterosexual. People who have sex with both men and women may consider themselves to be bisexual, homosexual, or heterosexual.
6. Conclude the activity by making the following points about sexual orientation. Give the participants an opportunity to discuss any of these points:
  - *Homosexuality is not a character defect or a mental illness.* Scientific research has shown that people who have sex with members of their own sex can be just as healthy emotionally as those who have sex exclusively with members of the opposite sex.
  - *Sexual orientation is not something a person can change at will.* No scientifically valid studies have indicated that people can change their sexual orientation by wanting to do so. However, an individual's orientation may change over time.
  - *Being a homosexual is different from being a transsexual or transgendered.* A person who feels that he or she was born into the body of the wrong sex is transgendered (often referred to as transsexual). Being a homosexual has nothing to do with feeling that you are in the body of the wrong sex. Most homosexual men feel perfectly comfortable being male, and most homosexual women, or lesbians, feel perfectly comfortable being female.
  - *Children of homosexual or bisexual parents are no more likely to become homosexual or bisexual than are children of heterosexual parents.* No scientifically valid studies have indicated that this is likely to happen.
  - *Focus on risky sexual behaviors, not sexual orientation, when counseling clients.* When addressing a client's concerns, giving a client health education or information, or providing services to a client, service providers must focus on the client's sexual behaviors, not his or her sexual orientation. It is the behaviors—not the orientation—that put individuals at risk for HIV infection and other STIs.

## ⇒ Training Tips for This Session

During this session:

- Acknowledge that sexual orientation is a difficult topic for many people to discuss, and provide the participants with the rationale for discussing sexual orientation during this training. Refer to the section “Sexual Orientation Is an Important Issue to Address,” which appears on page 3.4 of the text, to provide this information.
- Remind the participants that because certain sexual behaviors may have negative health consequences, their focus with clients must be on learning which behaviors the client is engaging in—not their client’s sexual orientation or identity—so that proper advice or treatment can be given.
- The participants’ values and attitudes toward homosexuals and individuals who engage in same-sex sexual activity may affect how well they serve their clients. Because not all of these values are positive, it is important for the participants to clarify their values so they can address them constructively. It is also important to address any negative or ambivalent attitudes about homosexuality and clients who engage in same-sex sexual activity that you encounter from the participants, though this can be difficult to facilitate. The following process may help you address difficult statements.

**Sample difficult statement:** “Homosexuals do not deserve to receive health care services. I would not serve one.”

After the difficult statement is made, you can respond with the following steps:

**Step 1: Ask for clarification.** “I appreciate your sharing your opinion with us. Can you tell us why you feel this way?”

**Step 2: Seek an alternative opinion.** “Thank you. Now we know that at least one person feels this way, but others may not. How do the rest of you feel about this? Does anyone have a different opinion?”

**Step 3: If an alternative opinion is not offered, share one.** “I know that many people completely disagree with that statement. Most service providers I know feel that every individual has a right to quality health care services, regardless of whom they have sex with. Health care is a human right that everyone deserves.”

**Step 4: Offer facts to support a different point of view.** Facts may include:

- *Homosexuality is not a character defect or a mental illness.* Scientific research has shown that people who have sex with members of their own sex can be just as healthy emotionally as those who have sex exclusively with members of the opposite sex.
- *Sexual orientation is not something that a person can change at will.* No scientifically valid studies have indicated that people can change their sexual orientation by wanting to do so. However, an individual’s sexual orientation may change over time.

(continued)

- *Being a homosexual is different from being a transsexual or transgendered.* A person who feels that he or she was born into the body of the wrong sex is transgendered (often referred to as transsexual). Being a homosexual has nothing to do with feeling that you are in the body of the wrong sex. Most homosexual men feel perfectly comfortable being male, and most homosexual women, or lesbians, feel perfectly comfortable being female.
- *Children of homosexual or bisexual parents are no more likely to become homosexual or bisexual than are children of heterosexual parents.* No scientifically valid studies have indicated that this is likely to happen.
- *Focus on risky sexual behaviors, not sexual orientation, when counseling clients.* When addressing a client's concerns, giving a client health education or information, or providing services to a client, service providers must focus on the client's sexual behaviors, not his or her sexual orientation. It is the behaviors—not the orientation—that put individuals at risk for HIV infection and other STIs.

Note that even after using these five steps to address the difficult statement, it is very unlikely that the participant will automatically change his or her opinion. However, by addressing the statement, the trainer has provided an alternative point of view that the participant will be more likely to consider and, it is hoped, adopt at a later time.

*Facts adapted from:* Humm, A. 1992. Homosexuality: The new frontier in education. *Family Life Educator*, Spring issue.

*Training activity adapted from:* EngenderHealth and PPASA (Planned Parenthood Association of South Africa). 2001. *Men As Partners: A program for supplementing the training of life skills educators. Guide for MAP master trainers and Educators, 2nd edition.* New York, pp. 63–64.

## ◆ Training Activity: Confidential Surveys on Same-Sex Sexual Activity

### Objectives

1. To help the participants understand how their attitudes about sexuality and sexual orientation can affect service delivery
2. To help the participants understand how to respond professionally and respectfully to male clients on some issues related to sexuality and sexual behavior

### Time

30 minutes

### Materials

- Participant Handout 3-2: Attitudes about Men Who Engage in Same-Sex Sexual Activity (page 3.22)
- Participant Handout 3-3: Attitudes about Providing Services to Men Who Engage in Same-Sex Sexual Activity (page 3.23)

### Advance Preparation

Make enough copies of the two participant handouts (Handouts 3-2 and 3-3) to distribute to all participants.

### Instructions

1. Distribute the handouts to the participants.
2. Ask the participants to read each statement, and check the box that corresponds to their opinion about it. Tell them not to write their names on the handouts and that you will not be collecting them. Assure the participants that no one will see their answers and that they should feel free to respond honestly. Allow 10 minutes for completion.
3. Conclude the activity by discussing the questions below.

### ❓ Discussion Questions

- How did it feel to express your opinion about these statements?
- Were some statements easier or harder to express an opinion about? Why?
- How do you think your attitudes toward men who have sex with men might affect your ability to provide professional and respectful services to male clients?
- What are your fears, if any, about working with male clients who have sex with men?
- What is similar about working with male clients who have sex with men and working with male clients who have sex with women only?
- What are some ways that service providers can act in a professional and respectful manner with clients whose sexual orientation or sexual behavior differs from their own?

## Participant Handout 3-2: Attitudes about Men Who Engage in Same-Sex Sexual Activity

Read the statements below, and check the box that most closely matches your attitude about the statement.

	Agree	Disagree	No opinion
1. Same-sex sexual activity is a sin.			
2. It should be legal for two men to engage in sexual activity.			
3. Same-sex attraction is probably due to some type of psychological sickness.			
4. I would feel comfortable seeing two men hold hands and kiss.			
5. I think men who are attracted to men choose to be that way and could be attracted to women if they wanted to.			
6. A real man does not have sex with men.			
7. Men who have sex with men are at greater risk for contracting sexually transmitted infections (STIs).			
8. Two men should be allowed to marry.			
9. Same-sex couples should not be allowed to adopt children.			
10. It is not acceptable to discriminate in the workplace against men who have sex with men.			
11. Men who have sex with men should be allowed to teach in schools.			
12. I would be very upset if I found out my son was having sex with another man.			
13. I would be comfortable knowing that one of my close male friends has sex with men.			

## Participant Handout 3-3: Attitudes about Providing Services to Men Who Engage in Same-Sex Sexual Activity

Read the statements below, and check the box that most closely matches your attitude about the statement.

	Agree	Disagree	No opinion
1. I would feel comfortable working with a male staff member who has sex with men.			
2. I would feel comfortable listening to a male client discuss his sexual activity with men.			
3. I would feel uncomfortable performing a physical examination on a male client who told me that he had sex with a man.			
4. I would rather a male client who has sex with men not disclose his sexual behaviors to me.			
5. Providing services to male clients who have sex with men may put my personal health at risk.			
6. I have the right to refuse to provide services to a male client who tells me that he had sex with a man.			
7. Our facility should make a special effort to reach out to male clients who have sex with men.			
8. Subsidies, insurance, and government money should not cover services for male clients who have sex with men.			
9. Male clients who have sex with men should receive services in a separate part of our health facility away from other clients.			
10. I think our health facility should provide services to male clients who have sex with men.			





## **Sexual and Social Development**

*(pages 3.9–3.10 of the text)*

### **◆ Training Activity: Sexual Development Time Line**

#### **Objectives**

1. To identify some milestones in human sexual and social development
2. To help the participants understand that milestones can occur at very different ages for different individuals

#### **Time**

45 minutes

#### **Materials**

- Flipcharts, markers, and tape
- Index cards (or small pieces of paper)

#### **Advance Preparation**

- Draw a time line on a flipchart, and write the numbers from 0 to 100, in increments of five, on it. (Alternatively, draw the time line and numbers on the chalkboard during the session.) Leave some space between each number to account for the numbers in between those written in.
- Write each of the following milestones of sexual development on an index card or piece of paper:
  - Begins to have sexual responses
  - Explores one's own genitals (masturbates) for the first time
  - Shows an understanding of gender identity
  - Shows an understanding of gender roles
  - Asks questions about where babies come from
  - Begins to show romantic interest
  - Shows the first physical signs of puberty (the transition from childhood to maturation)
  - Begins to produce sperm (boys)
  - Begins to menstruate (girls)
  - Begins to engage in romantic activity
  - Has sex for the first time
  - Gets married
  - Begins to bear children
  - Experiences menopause
  - Experiences male climacteric (decreased male hormone levels)
  - Experiences sexuality in later life

## Instructions

1. Tell the participants that they are going to participate in an activity to determine when certain aspects of sexual development begin in a person's life. The numbers 0 through 100 will account for the ages of an individual throughout his or her lifetime.
2. Distribute the index cards showing the milestones of sexual development, and ask the participants to place the cards on the time line at the ages at which they think the events occur. Encourage the participants to seek help from the other participants, if they desire.
3. Once all of the cards are placed on the time line, ask the participants to discuss whether they agree with where each card was placed. After the participants have discussed each card, provide the correct answers by referring them to the section "Milestones in Male and Female Sexual and Social Development," which appears on pages 3.9–3.10 of the text. Move the cards to the correct place on the time line, as needed.
4. Conclude the activity by discussing the questions below.

### **?** Discussion Questions

- According to the time line, when does most sexual development occur?
- Are you surprised about where any of the cards were placed? Which ones? Why?
- Which cards are placed at very different ages for males and females? Which ones are placed at similar ages?

### ⇒ Training Tips

- Highlight that the ages at which these milestones occur may vary greatly for many individuals, even those within the same communities. The participants should try to make generalizations as to when these events occur.
- Be sure to point out where the card "Experiences sexuality in later life" was placed on the time line. If it was placed relatively early in the lifespan, mention that individuals can remain sexually active until the end of their life, regardless of their age.

### ( ) Training Options

- A more informal approach to facilitating this activity is to give each participant a card with a milestone of sexual development, and then to ask the group to line up in the order that these milestones occur, from first to last. This allows for more ambiguity as to the exact age at which a milestone occurs.

## **Common Sexual Behaviors and Health Considerations of Sexual Behaviors**

*(pages 3.11–3.12 and 3.13–3.14 of the text)*

### **◆ Training Activity: Values about Sexual Behaviors**

#### **Objectives**

1. To help clarify the participants' personal values about the range of sexual behaviors that male clients may be likely to engage in
2. To help the participants understand the importance of not letting their personal values about certain sexual behaviors interfere with their professional duty to provide quality sexual and reproductive health services to male clients
3. To describe the range of sexual behaviors and their health implications

#### **Time**

45 minutes

#### **Materials**

- Flipcharts, markers, and tape
- Index cards
- Large, colored cards (or pieces of paper)

#### **Advance Preparation**

- Write the following statements in large letters on large, colored cards (or pieces of paper), one statement per card: “OK for me,” “OK for others,” and “Not OK.” Display the cards across a blank wall in a row, leaving enough space under each card so the participants can post their sheets of paper under each card.
- Write each of the following sexual behaviors on a large card or piece of paper, one behavior per card:
  - Kissing
  - Masturbating
  - Manually stimulating your partner
  - Having penile-vaginal sex
  - Having oral sex
  - Having anal sex
  - Having oral-anal sex
  - Placing objects in the rectum
  - Placing objects in the vagina
  - Placing devices on the penis to maintain a longer erection
  - Engaging in “dry sex”
  - Partially suffocating yourself or your partner before or during orgasm
  - Having sex in groups

- Having sex with a member of the opposite sex
  - Having sex with a member of the same sex
  - Using objects when engaging in sex
  - Getting paid for sex
  - Having sex in public places
  - Being faithful to one partner
  - Having sex with as many partners as you want
  - Having sex with someone without his or her consent
  - Having sex with a person who is much younger
  - Having sex with a person who is much older
  - Having sex with children (pedophilia)
  - Having sex with your spouse
  - Having sex with people you do not know
  - Having sex with animals (bestiality)
  - Practicing sadism and masochism (becoming sexually aroused by providing or experiencing pain and/or humiliation)
  - Having telephone sex
  - Watching pornographic movies
  - Initiating sexual encounters
  - Telling someone a lie in order to have sex with him or her
- Prepare strips of tape for posting the cards or pieces of paper on the wall.

### **Instructions**

1. Distribute the sexual behavior cards to the participants, and ask the participants to write their personal responses—“OK for me,” “OK for others,” or “Not OK”—on the cards. Tell them *not* to write their names on the cards. Then ask them to place the cards face down in a pile.
  - Mix up the cards, and ask the participants to pick up a card and place it on the wall under the appropriate statement card (“OK for me,” “OK for others,” or “Not OK”), according to what is written on it. Remind them to place the card in the category that is written on it even if they do not agree with it.
  - When the participants have placed all of the cards on the wall, ask them to look at the categories in which the different cards were placed. Conclude the activity by discussing the questions below.

### **? Discussion Questions**

- Are you surprised by the categories in which some of the cards are placed?
- How common are some of these behaviors in your country?
- How would you feel if you were told that some of the behaviors are “right” or “wrong,” based on the category in which they were posted on the wall?

- How would you feel if you engaged in a sexual behavior that is in the “Not OK” category?
- How do you think male clients might feel when service providers ask them about their sexual behaviors?
- How do you think service providers’ values, attitudes, and biases about certain sexual behaviors might affect their work?
- Which of these sexual behaviors poses obvious consequences for a client’s health? Why?



## **Sexuality Myths and Facts**

(pages 3.15–3.16 and of the text)

### **◇ Training Activity: Sexuality Myths and Facts**

#### **Objectives**

To help the participants review the myths and facts about male sexuality and correct any misinformation

#### **Time**

30 minutes

#### **Materials**

- Pencils or pens
- Participant Handout 3-4: Sexuality Myths and Facts (page 3.32)
- Trainer’s Resource: Sexuality Myths and Facts Answer Sheet (page 3.33)

#### **Advance Preparation**

Make enough copies of Participant Handout 3-4: Sexuality Myths and Facts to distribute to all participants.

#### **Instructions**

1. Distribute the handout to the participants.
2. Ask the participants to read each statement to themselves and write *M* (for *myth*) or *F* (for *fact*) in the space provided, as appropriate. Tell the participants not to spend a lot of time on each statement; if they are unsure of the answer, they should guess and move on to the next statement. Allow 10 minutes for completion.
3. Ask for volunteers to read aloud the statements and provide their responses and explanations. After each volunteer has responded, ask the other participants whether they agree with the response. Allow them to discuss their views.
4. Provide the correct answers (which appear in the trainer’s resource on page 3.33), and clarify any responses by referring to the text.

#### **(c) Training Options**

- Divide the participants into four groups, and ask them to work together on the statements before reviewing the answers.
- Begin the activity by asking one participant at a time to read a statement aloud, and then ask that participant and the larger group to respond.
- If time is limited, choose and read select statements aloud, and ask the participants to respond to them.

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## Participant Handout 3-4: Sexuality Myths and Facts

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Review the statements below, and write *M* (for *myth*) or *F* (for *fact*), as appropriate, in the space provided.

1. \_\_\_\_\_ A man's nipples are sensitive to sexual arousal.
2. \_\_\_\_\_ A lesbian (a homosexual woman) can be "cured" by having sex with a "real" man.
3. \_\_\_\_\_ A man who has had sex with a man is a homosexual.
4. \_\_\_\_\_ A man can sexually assault his wife.
5. \_\_\_\_\_ Having sex too frequently can be harmful to a man.
6. \_\_\_\_\_ Only men masturbate.
7. \_\_\_\_\_ Masturbation is harmless.
8. \_\_\_\_\_ A man's sex drive (need to have sex) is stronger than a woman's.
9. \_\_\_\_\_ Men need to have sex in order to maintain good health.
10. \_\_\_\_\_ Alcohol makes it easier for men to become aroused.
11. \_\_\_\_\_ In a same-sex sexual relationship, one person usually takes the male role and the other takes the female role.



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## Trainer’s Resource: Sexuality Myths and Facts — Answer Sheet

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Review the statements below, and write *M* (for *myth*) or *F* (for *fact*), as appropriate, in the space provided.

1.   F   A man’s nipples are sensitive to sexual arousal.
2.   F   A lesbian (a homosexual woman) can be “cured” by having sex with a “real” man.
3.   M   A man who has had sex with a man is a homosexual.
4.   F   A man can sexually assault his wife.
5.   M   Having sex too frequently can be harmful to a man.
6.   M   Only men masturbate.
7.   F   Masturbation is harmless.
8.   M   A man’s sex drive (need to have sex) is stronger than a woman’s.
9.   M   Men need to have sex in order to maintain good health.
10.   M   Alcohol makes it easier for men to become aroused.
11.   M   In a same-sex sexual relationship, one person usually takes the male role and the other takes the female role.



## NOTES FOR

# 4

## Family Planning

*These notes refer to the content provided on pages 4.1–4.26 of the text.*

### Chapter Purpose and Objectives

This chapter provides an overview of the way family planning works and of the various contraceptive methods in use, and examines men's roles in family planning.

Upon completion of this chapter, the participants should be able to:

- Explain what family planning is and how it works
- List the contraceptive methods available in their locale
- List some advantages and disadvantages of each method that requires men's active participation
- Rank the effectiveness of each method that requires men's active participation
- Describe how to use a condom
- List some ways that men can help and hinder women's use of family planning



### Training Time

**1 hour, 50 minutes, to 3 hours, 20 minutes**, depending on which training activities you use. You may use the sample agenda on the next page to help plan your activities and time for this chapter.

### Sample Agenda

<b>Training Content</b>	<b>Training Activity</b>	<b>Estimated Time</b>	<b>Recommended</b>
Introduction <i>(no corresponding content in the text)</i>	Trainer presentation	5 minutes	✓
An Overview of Contraceptive Methods <i>(pages 4.1–4.3 of the text)</i>	Review of Contraceptive Methods	15 minutes	✓
Dual Protection <i>(pages 4.5–4.6 of the text)</i>	What Is Dual Protection and Why Talk about It?	30 minutes	
Male Condom, Withdrawal, Vasectomy, and Fertility Awareness Methods <i>(pages 4.7–4.15 of the text)</i>	Discussion of Male Methods	50 minutes	✓
Condom Instructions <i>(pages 4.17–4.19 of the text)</i>	Condom Steps	25 minutes	
	Condom Demonstrations	25 minutes	
Female Contraceptive Methods <i>(pages 4.21–4.24 of the text)</i>	Review of Female Methods	10 minutes	
Men’s Role in Family Planning <i>(pages 4.25–4.26 of the text)</i>	Supporting and Hindering Contraceptive Use	20 minutes	✓
Family Planning Myths and Facts <i>(pages 4.27–4.28 of the text)</i>	Family Planning Myths and Facts	20 minutes	✓

### ⇒ Training Tips for This Chapter

- If possible, before teaching this content, find out which contraceptive methods are available locally and are used at the participants' facilities, and tailor the content of the chapter to fit the participants' needs. (Ministries of Health, local health departments, hospital pharmacies, and International Planned Parenthood Federation affiliates are good sources of this information.)
- Because this chapter is intended for a mixed group of participants, the information is presented at a relatively basic level. If the service providers in the group find the information superficial and are reluctant to listen to it, you may want to acknowledge that this material is mostly review for them, and invite them to participate in conducting the training.

### Advance Preparation

- Determine which training activities will be used to present the content of this chapter, and prepare or gather any supplies needed for the activities you will be conducting (as described in the activity's "Advance Preparation" section).
- Gather the following supplies:
  - Sample of family planning methods, if possible
  - Penis model (optional)
  - Enough condoms so that each participant can practice putting one on a penis model or substitute. If possible, obtain a range of different types of condoms (e.g., latex, polyurethane, lambskin, lubricated, unlubricated, etc.).
- Create transparencies and flipcharts, as needed.

### Introduction

Introduce this chapter by:

- Reading aloud the purpose and objectives, which appear on page 4.1 of this trainer's resource book.
- Explaining that while all of the participants may or may not use this information directly in their work, everyone in the facility should be able to give clients accurate information about the availability of male family planning methods, their proper use, and their typical effectiveness.



## **An Overview of Contraceptive Methods**

*(pages 4.1–4.3 of the text)*

### **◆ Training Activity: Review of Contraceptive Methods**

#### **Objective**

To provide an overview of contraceptive methods, their effectiveness rates and their ability to provide protection against STIs and HIV.

#### **Time**

15 minutes

#### **Materials**

- Flipchart paper
- Markers

#### **Advance Preparation**

No advanced preparation is needed.

#### **Instructions**

1. Review the definition of contraception that appears on page **4.1** of the text.
2. Briefly describe the five events that must occur for pregnancy to occur.
3. Ask participants to create a list of all of the contraceptive methods available in their country. Write the methods on a flipchart as participants share their answers.
4. Ask participants to distinguish between the temporary and permanent methods listed on the flipchart; mark the methods accordingly.
5. Ask participants to rank the methods based on their typical effectiveness rates; mark the methods accordingly.
6. Ask participants to identify the methods that provide protection against STIs; mark the methods accordingly.
7. Ask participants to identify the methods that involve the active participation of men; mark the methods accordingly.
8. Explain that we will be looking more closely at methods of contraception that involve the active participation of men. These methods include condoms, vasectomy, withdrawal, and fertility awareness methods.

#### **⇒ Training Tips for This Session**

- For most of the participants, this information will be a review, so be brief.





## **Dual Protection**

(pages 4.5–4.6 of the text)

### **◆ Training Activity: What Is Dual Protection and Why Talk About It?**

#### **Objective**

1. To understand the definition of dual protection
2. To understand why dual protection is important in the context of STI and HIV prevention and in terms of family planning
3. To understand how promoting condoms as an effective family planning method helps to destigmatize their use

#### **Time**

30 minutes

#### **Materials**

- Flipchart paper
- Markers

#### **Advance Preparation**

- Prepare flipchart paper with a definition of dual protection (see text page 4.5).
- Prepare flipchart paper with the following questions:
  1. How does a focus on dual protection better meet clients' needs than a single focus on family planning?
  2. Why is it important to address dual protection with the following different populations: young people, sex workers, “typical” family planning clients, and men?
  3. How could the idea of using condoms for dual protection help women negotiate condom use with their partners?
  4. How would promoting condoms as an effective family planning method help destigmatize their use?

#### **Instructions**

1. Introduce the activity by telling participants that they will be exploring the concept of “dual protection” and thinking about ways to work with clients on meeting their needs for dual protection. Present the definition of *dual protection* that appears on page 4.5 of the text.
2. Facilitate a large-group brainstorming session on the four questions that you have written on the flipchart paper, writing down the group's responses to each question.  
Possible responses to the four questions:

- a. How does a focus on dual protection better meet clients' needs than a single focus on family planning?
- Clients are multidimensional people with many needs, concerns, fears and hopes, etc.
  - Clients may come to the clinic specifically for family planning purposes, but by exploring a client's individual circumstances, sexual relationships, HIV/STI risks, etc., a provider may learn about other risks and needs. In this way, providers are better able to provide services that address multiple aspects of the client's life.
  - If providers just met clients' needs for family planning, they might leave them at risk for HIV/STIs or with unanswered questions or concerns about sexuality.
- b. Why is it important to address dual protection with the following different populations: young people, sex workers, "typical" family planning clients, and men?
- Young people tend to have more partners than do older people and are often not prepared for pregnancy. Dual protection meets their needs for HIV/STI prevention and the prevention of unintended pregnancy. Talking with young people about nonpenetrative sex and masturbation may help delay them from beginning riskier sexual activities (i.e., greater risk for HIV/STI transmission and pregnancy), such as those involving penetration.
  - Sex workers have multiple partners and are therefore at risk for both unintended pregnancy and HIV/STIs. Pregnancy prevention may be a prime motivator for sex workers using condoms. Unfortunately, sex workers may have difficulty negotiating condom use with clients because paying clients may threaten to go elsewhere if they insist on condom use.
  - A "typical" family planning client may have needs for dual protection, but a counselor first should explore her circumstances to find out what those needs might be. Since she is visiting a family planning clinic, it is most likely that she perceives the need to prevent pregnancy. Many women acknowledge that their partners have other partners. Often women are put at risk for HIV/STIs through the behavior of their partners, who may have other partners with whom they do not use condoms.
  - Men have their own sexual and reproductive health needs and concerns, including the need for dual protection. They may be unaware of how their sexual behaviors place themselves and their partners at risk for HIV/STIs and unintended pregnancy. Since dual protection relies on male cooperation to use condoms, it is important to involve men in dual protection education and counseling. This might include making clinics more accessible and inviting to men; creating male-oriented education materials on dual protection; developing media campaigns for men on dual protection; offering counseling on dual protection alone or as part of a couple, etc.
- c. How could the idea of using condoms for dual protection help women negotiate condom use with their partners?
- Women could emphasize the use of condoms for family planning purposes rather than for the prevention of HIV/STIs, which may make condom use less threatening for partners.

- Many women and their partners are actively seeking reliable methods of family planning and are comfortable with the use of family planning, but are not as comfortable with the concept of disease prevention. Therefore, when the condom is recognized and promoted as an effective method, a couple can focus on the family planning aspects of condom use rather than on disease prevention, which may be perceived as questioning the fidelity of the relationship.
  - Women could promote condom use to their partners as a great method of family planning with the added benefit of disease prevention capabilities.
- d. How would promoting condoms as an effective family planning method help destigmatize their use?
- Condoms are often stigmatized as a method of “disease” prevention, with the misconception that only certain groups of people, such as sex workers, truck drivers, etc., use them. If family planning providers promoted condoms for family planning, as well as for the prevention of HIV/STIs, clients might perceive them less negatively and as “just another” family planning method.
  - If clients were to introduce condoms into their relationships for family planning purposes, their partners might find this less threatening than if the stated reason for using them was for the prevention of HIV/STIs.
3. After discussing the four questions above, facilitate a discussion on the challenges of working with clients on dual protection, using the key discussion points below.

### **Key Discussion Points**

- ⇒ One of the challenges of meeting women’s needs for dual protection is that condom use relies on the cooperation of their partners. What are some strategies for addressing this challenge?
- Possible responses include:
- Involve men in dual protection education and outreach so that they are aware of risks and knowledgeable about how to protect themselves and their partners.
  - Encourage women to bring their partners to counseling sessions for couples’ counseling on dual protection.
  - Help female clients develop strong communication and negotiation skills through role plays and other one-on-one work.
  - Run group counseling sessions for women on dual protection: Hearing how other women discuss dual protection and negotiate condom use with their partners can be motivating and supportive.
- ⇒ Why do you think some clients would find it challenging or unappealing to use dual methods (i.e., condoms along with another family planning method)?
- Possible responses include:
- Using two methods can cost twice as much.
  - It is that much more disruptive to remember to use or transport both methods.
  - There is less of an incentive to use both because one may be sufficient.

- It may be hard enough to convince a partner to use one method, let alone two.
- Two methods (depending on what they are) may be disruptive to the spontaneity of sex.

⇒ How might promoting dual method use (i.e., condoms along with another family planning method) affect how clients view condoms?

Possible responses include:

- If you are promoting another method because it is a more effective family planning method, clients may view condoms as an ineffective family planning method and, therefore, not want to use them.
- Clients may not want to “bother with” condoms if they perceive them to be ineffective.
- Clients may be concerned about unintended pregnancy if they use condoms alone.
- Clients may associate condoms only with HIV/STI prevention rather than with the prevention of pregnancy.

#### ⇒ Training Tip

It is important to be familiar with and comfortable discussing dual protection before doing this activity. It may be a good idea to practice giving the presentation on dual protection before trying it out with participants in a real training session.

### ( ) Training Options

- This exercise can be conducted as a small-group activity rather than a large-group brainstorm. The group can be divided into four small groups, each of which is assigned one of the questions to discuss. After 10–15 minutes, the groups are invited back into the larger group to present their reactions to their question to the larger group. Given that these questions can be challenging, it is not recommended to conduct this activity in small groups unless four trainers are available to participate (one per group) as the participants brainstorm.
- This activity can also be conducted as a presentation, without brainstorming. In this case, the trainer would develop a presentation based on the Trainer’s Resource, and would conclude the activity by covering the key discussion points.

## **Male Condom, Withdrawal, Vasectomy, and Fertility Awareness Methods**

*(pages 4.7–4.15 of the text)*

While couples have many contraceptive methods to choose from, for the purposes of this training, only the methods that involve men’s active participation—condoms, withdrawal, vasectomy, and fertility awareness methods—are covered in detail. Later in the chapter, ways that men can play a supportive role in all methods of contraception are covered.

### **◆ Training Activity: Discussion of Male Methods**

#### **Objective**

To help participants understand male methods of contraception

#### **Time**

50 minutes

#### **Materials**

- Flipchart paper
- Markers

#### **Advance Preparation**

No advance preparation is needed.

#### **Instructions**

1. Divide the participants into four groups. Assign each group one of the male methods of contraception: condoms, withdrawal, vasectomy, and fertility awareness methods.
2. Ask each group to discuss the method by answering the following questions:
  - How does this method work?
  - What are the advantages/disadvantages of this method?
  - What might make this method attractive to couples?
  - Why might couples *not* want to use this method?Allow 10 minutes for discussion.
3. Ask each group to report on their method. As each group reports, allow other participants to add any further information about the method if they desire.
4. After each group finishes discussing their method, add any further information that the groups may have left out.

## ⇒ Training Tips for These Sessions

During these sessions, highlight the following points about each method if they are not mentioned during discussion:

### **Condoms**

- Emphasize that condoms, when used consistently and correctly, can be very effective in preventing pregnancy and many STIs, including HIV/AIDS.
- Remind participants that condoms provide less protection against some STIs that can be transmitted via contact with places that the condom does not physically cover, (genital herpes, genital warts, and pubic lice).
- Remind participants that condoms must be stored properly and used before their expiration date.

### **Withdrawal**

- Emphasize that practice can help a man use withdrawal more effectively.
- Mention that withdrawal is more effective for partners who are familiar with each other's sexual responses than it is for new sexual partners.
- Describe the options a couple has to reduce the risk for pregnancy if the male partner is unable to withdraw before ejaculation. Remind the participants that the man has an important responsibility to inform his partner that he ejaculated inside her, because a woman may not always be able to tell that she has semen inside her vagina.

### **Vasectomy**

- Describe the differences between incisional and no-scalpel vasectomy.
- Remind the participants that vasectomy does not affect sexual functioning.

### **Fertility Awareness Methods**

- Remind the participants that all fertility awareness methods are based on changes in fertility that occur during a woman's monthly cycle.
- Remind the participants that most women have an egg available for fertilization only a few days out of the month. Therefore, the purpose of fertility awareness is to identify the time during a woman's ovulation cycle that an egg is mostly likely to be present. Abstinence during that time can be an effective form of contraception.
- Inform the participants that some fertility awareness methods are very simple and require nothing more than a calendar and a pen, while others require careful observations of the changes in a woman's body that occur during her cycle. Remind the participants that whichever fertility awareness method a client uses, he or she should always work with a family planning specialist; a client should not try to use this method on his or her own.

## **Condom Instructions**

(pages 4.17–4.19 of the text)

### **◆ Training Activity: Condom Steps**

#### **Objective**

To help participants understand the main steps for putting on a condom

#### **Time**

25 minutes

#### **Materials**

- Cards or sheets of paper

#### **Advance Preparation**

On individual cards or sheets of paper, write each of the steps below, which partners need to follow to use a condom properly. (*Note:* The steps are listed in the correct order.)

- Talk about condom use.
- Buy or get condoms.
- Store the condoms in a cool, dry place.
- Check the date made or expiration date.
- The man has an erection.
- Establish consent and readiness for sex.
- Open the condom package.
- Unroll the condom slightly to make sure that it faces the correct direction over the penis.
- Place the condom on the tip of the penis.
- Squeeze the air out of the tip of the condom while leaving room.
- Roll the condom onto the base of the penis while holding the tip of the condom.
- The man inserts his penis for intercourse.
- The man ejaculates.
- After ejaculation, the man holds the condom at the base of the penis while the penis is still erect.
- The man withdraws his penis from inside his partner.
- Take the condom off and tie it to prevent spills.
- Throw the condom away.

#### **Instructions**

1. Tell the participants that in order for them to explain condom use adequately to clients, it is important that they have experience with putting on a condom properly.
2. Distribute the cards to the participants randomly.

3. Ask the participants to hold up their cards so that others can see them. Have the participants arrange themselves in the order that the steps should be in. If a participant does not have a card, he or she can help the others arrange themselves in the correct order. (If the group has fewer than 17 participants, ask the participants to place the cards on the floor in the order of first step to last.)
4. Conclude the activity by discussing the questions below.

### **? Discussion Questions**

- What was challenging about this activity?
- Were you unsure of the order of any of the steps? If so, why? Could some of the steps have gone in more than one place?
- Do you think that most people who use condoms follow these steps? Why or why not?

### **⇒ Training Tips for This Session**

During this session:

- Describe the additional information that clients need to know about the effective use of condoms. Emphasize what to do if a condom breaks or slips during sex.
- Highlight the fact that because breakage due to degradation is a common reason for condom failure, clients need to pay particular attention to lubricants that are safe and unsafe to use with condoms. Refer to the chart on page 4.X of the text. Explain that “unsafe” means that the lubricant will degrade the condom.
- Point out that condoms need to be stored properly to remain effective. A condom may be left in a wallet for a day, but it should not be kept there over an extended period of time.
- Explain that if the condom is initially placed on the penis backwards, the man should not turn the condom around; he should throw it away and start with a new one. This will prevent pre-ejaculatory fluid from coming into contact with his partner’s genital area.



## ◆ Training Activity: Condom Demonstrations

### Objective

To help participants understand the correct way of putting on a condom

### Time

25 minutes

### Materials

- Condoms
- Penis models

### Advance Preparation

No advance preparation is needed.

### Instructions

1. Split the participants into pairs. Ask each pair to practice demonstrating and explaining how to properly put a condom on a penis model, using the instructions in Figure 4-3. Ask one member of each pair to act as the staff member and the other to act as the client. Tell the “clients” to ask questions if the instructions are vague or unclear. Allow 10 minutes for completion.
2. When all participants are finished, bring them back together as a group and conclude the activity by discussing the questions below.

### ❓ Discussion Questions

- When demonstrating how to use a condom, what is the key information you need to impart to clients?
- What problems, if any, do you anticipate about demonstrating proper condom use with clients?

### Ⓜ Training Options

- If penis models are not available, ask the participants to demonstrate on a substitute, such as a person’s index and middle finger. Remind them that when they teach clients, they should explain that even though they may be demonstrating condom use on a model or fingers, the condom needs to be used on a man’s penis in order to be an effective contraceptive.
- Some service providers and clients may be uncomfortable talking about or working with condoms. If you think it would be useful to conduct an exercise to desensitize the issue, ask the participants to inflate (blow up) unlubricated condoms, and then ask for a volunteer to put the condom over his or her hand or head. This is a good way to reduce anxiety and show the participants how strong condoms are. This exercise also shows the participants that condoms can accommodate a large-sized penis.



## **Female Contraceptive Methods**

*(pages 4.21–4.24 of the text)*

### **◆ Training Activity: Review of Female Methods**

#### **Objective**

To provide an overview of female contraceptive methods

#### **Time**

10 minutes

#### **Materials**

None

#### **Advance Preparation**

No advance preparation is needed.

#### **Instructions**

1. Review each of the methods listed in the chart on pages **4.21–4.22** of the text, focusing on those methods used in the participants' local area.
2. Explain to the participants that this information is provided as reference so that they will be aware of and can inform clients about the various female methods available in their local area.
3. Emphasize the importance of emergency contraception, explaining that many service providers and clients are not aware of this method and that all clients who receive information about contraception should be told how to use it properly.



## **Men's Role in Family Planning**

(pages 4.25–4.26 of the text)

### **◆ Training Activity: Supporting and Hindering Contraceptive Use**

#### **Objective**

To identify ways in which men can support their partner's decision making around family planning and contraceptive use

#### **Time**

20 minutes

#### **Materials**

- Flipchart paper

#### **Advance Preparation**

Write the headings “Ways to Support Partner's Contraceptive Use” and “Ways to Hinder Partner's Contraceptive Use” on separate flipcharts.

#### **Instructions**

1. Divide the participants into two groups. Tell the members of Group 1 that they will be discussing ways that a man can *support* his partner's use of a female method. Tell the members of Group 2 that they will be discussing ways that a man can *hinder* his partner's use of a female method.
2. Using a fishbowl process, ask the members of Group 1 to sit in the middle of the room and discuss their topic loudly enough for the members of Group 2 to hear it. Ask the members of Group 2 to sit in a circle around Group 1 and listen but not participate in the discussion. Allow 10 minutes for Group 1 to discuss the topic. Then write their responses on the flipchart labeled “Ways to Support Partner's Contraceptive Use.”
3. Next, ask the members of Group 2 to sit in the middle of the room and discuss their topic, with the members of Group 1 sitting around them and listening but not participating. Allow 10 minutes for Group 2 to discuss the topic. Then write their responses on the flipchart labeled “Ways to Hinder Partner's Contraceptive Use.”
4. Bring the groups back together, and conclude the activity by discussing the questions below.
5. Refer to pages 4.25–4.26 of the text, and mention any points that the groups did not discuss.

#### **❓ Discussion Questions**

- Typically, how involved are men in contraception decisions in your local area?
- What can service providers do to help men use male contraceptive methods and be more supportive of their partners' use of female contraceptive methods?

### ⇒ Training Tip

Make sure that the participants have adequate time to discuss the last question. For this question, record the groups' responses on a flipchart. Then ask the participants to identify the items on the list that service providers at their facilities are currently doing to involve men in contraceptive use. Mark an *X* next to those items. If the service providers are not doing certain items on the list, ask the group to consider what would be required to conduct those activities.

### ⌚ Training Options

- Role plays are another interactive training methodology that could be used in this activity. Divide the participants into two groups. Ask one group to develop a role play of a man playing a constructive and supportive role in contraception. Ask the other group to develop a role play of a man hindering his partner's contraceptive use. After each role play, discuss other ways that men can either support or hinder family planning use. Use the same discussion questions as above.

## **Family Planning Myths and Facts**

(pages 4.27–4.28 of the text)

### **◆ Training Activity: Family Planning Myths and Facts**

#### **Objective**

To address misconceptions related to family planning

#### **Time**

20 minutes

#### **Materials**

- Participant Handout 4-1: Family Planning Myths and Facts, page 4.22

#### **Advance Preparation**

Make enough copies of Participant Handout 4-1: Family Planning Myths and Facts to distribute to all participants.

#### **Instructions**

1. Distribute the handout to the participants.
2. Ask the participants to read each statement to themselves, and write *M* (for *myth*) or *F* (for *fact*) in the space provided, as appropriate. Tell the participants not to spend a lot of time on each statement; if they are unsure of the answer, they should guess or move on to the next one. Allow 10 minutes for completion.
3. Ask for volunteers to read aloud the statements and provide their responses and explanations for them. After each volunteer has responded, ask the other participants whether they agree with the response. Allow them to discuss their views.
4. Provide the correct answers (which appear in the trainer's resource on page 4.23), and clarify any responses by referring to the text.

#### **(c) Training Options**

- Divide the participants into four groups and ask them to work together on the statements before reviewing their answers.
- Begin the activity by asking one participant at a time to read a statement aloud, and then ask that participant and the larger group to respond.
- If time is limited, choose and read aloud select statements, and ask the participants to respond to them.

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## Participant Handout 4-1: Family Planning Myths and Facts

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Review the statements below, and write *M* (for *myth*) or *F* (for *fact*), as appropriate, in the space provided.

1. \_\_\_\_\_ A man does not need to use contraception after a certain age because eventually he loses the ability to reproduce.
2. \_\_\_\_\_ A man cannot impregnate a woman while she is menstruating.
3. \_\_\_\_\_ Anal sex is a risk-free way for women to avoid pregnancy.
4. \_\_\_\_\_ Abstaining from sex is the only method of contraception that is 100% effective.
5. \_\_\_\_\_ The best way to use a condom is to pull it on tight.
6. \_\_\_\_\_ Condoms, when used consistently and correctly, provide effective protection against pregnancy.
7. \_\_\_\_\_ A woman is protected against pregnancy the day she begins taking the pill.
8. \_\_\_\_\_ Condoms are an effective means of contraception because they do not break easily or leak.
9. \_\_\_\_\_ Aside from abstinence, male and female condoms are the only contraceptive methods that can protect against STIs.
10. \_\_\_\_\_ There is a birth control pill that men can take to prevent pregnancy.
11. \_\_\_\_\_ Vasectomy involves removing a man's testes so that he can no longer produce sperm.
12. \_\_\_\_\_ Vasectomy is a simpler operation than female sterilization (tubal occlusion).
13. \_\_\_\_\_ A woman can take emergency contraceptive pills to reduce the risk for pregnancy after having unprotected sex.
14. \_\_\_\_\_ Withdrawal is an effective method of preventing pregnancy for a man who has never had sex before.
15. \_\_\_\_\_ Condoms have the highest typical-use effectiveness rate.



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## Trainer's Resource 4-1: Family Planning Myths and Facts—Answer Sheet

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Review the statements below, and write *M* (for *myth*) or *F* (for *fact*), as appropriate, in the space provided.

1.   M   A man does not need to use contraception after a certain age because eventually he loses the ability to reproduce.
2.   M   A man cannot impregnate a woman while she is menstruating.
3.   M   Anal sex is a risk-free way for women to avoid pregnancy.
4.   F   Abstaining from sex is the only method of contraception that is 100% effective.
5.   M   The best way to use a condom is to pull it on tight.
6.   F   Condoms, when used consistently and correctly, provide effective protection against pregnancy.
7.   M   A woman is protected against pregnancy the day she begins taking the pill.
8.   F   Condoms are an effective means of contraception because they do not break easily or leak.
9.   F   Aside from abstinence, male and female condoms are the only contraceptive methods that can protect against STIs.
10.   M   There is a birth control pill that men can take to prevent pregnancy.
11.   M   Vasectomy involves removing a man's testes so that he can no longer produce sperm.
12.   F   Vasectomy is a simpler operation than female sterilization (tubal occlusion).
13.   F   A woman can take emergency contraceptive pills to reduce the risk for pregnancy after having unprotected sex.
14.   M   Withdrawal is an effective method of preventing pregnancy for a man who has never had sex before.
15.   M   Condoms have the highest typical-use effectiveness rate.



## NOTES FOR

# 5

## Sexually Transmitted Infections

*These notes refer to the content provided on pages 5.1–5.15 of the text.*

### Chapter Purpose and Objectives

This chapter provides an introduction to sexually transmitted infections (STIs). It presents information on the most common STIs, risk factors for transmitting and contracting STIs, risk-reduction strategies, and men's roles in protecting their partners and children from contracting STIs.

Upon completion of this chapter, the participants should be able to:

- Describe what STIs are and how they are transmitted from person to person
- List the most common STIs and their signs and symptoms
- Describe the consequences of STIs
- List some risk factors for contracting STIs
- List ways to reduce the risk for transmitting or contracting STIs
- Discuss men's roles in protecting themselves, their partners, and their children from STIs
- List the key information clients need to know about STIs



### Training Time

**2 hours, 20 minutes, to 3 hours, 5 minutes**, depending on which training activities you use. You may use the sample agenda on the next page to help plan your activities and time for this chapter.

## Sample Agenda

Training Content	Training Session	Estimated Time	Recommended
Introduction <i>(no corresponding content in the text)</i>	Trainer presentation	5 minutes	✓
An Overview of STIs <i>(page 5.1 of the text)</i>	The STI Handshake	30 minutes	✓
Common STIs <i>(pages 5.3–5.4 of the text)</i>	Matching Game	45 minutes	✓
Gender, Sex, and STIs <i>(pages 5.5–5.6 of the text)</i>	Women’s and Men’s Vulnerability to STIs	30 minutes	✓
Risk Factors for Transmitting and Contracting STIs <i>(pages 5.7–5.8 of the text)</i> and Reducing Risk <i>(pages 5.9–5.12 of the text)</i>	Levels of Risk	30 minutes	✓
STI Myths and Facts <i>(pages 5.13–5.15 of the text)</i>	STI Myths and Facts	45 minutes	

### Advance Preparation

- Determine which training activities will be used to present the content of this chapter, and prepare or gather any supplies needed for the activities you will be conducting (as described in the activity’s “Advance Preparation” section).
- Determine which STIs are most common in the participants’ local area. (Ministries of Health, reproductive health care providers, and STI clinics may all be good sources of information.)
- Identify the resources in the community available for diagnosing, treating, and providing education about STIs, such as health care facilities that provide antenatal and postpartum care for women, clinics specifically dedicated to treating STIs, and general health clinics.
- Create flipcharts, as needed.

### Introduction

Introduce this chapter by:

- Reading aloud the purpose and objectives, which appear on page 5.1 of this trainer’s resource book.
- Explaining that while all of the participants may not use this information directly in their work, understanding about STIs will help them communicate better with clients and their co-workers. In addition, because everyone who works at a facility that provides men’s reproductive health services is a potential representative of that facility in the community, the participants may have informal opportunities to learn about community members who should be referred for STI assessment and treatment. The participants may also have chances to correct misunderstandings about STIs, thus avoiding not treating and then furthering the spread of the disease. In addition, the information may apply to the participants’ own lives and the lives of their family members.

## **An Overview of STIs**

(page 5.1 of the text)

### **◆ Training Activity: The STI Handshake**

#### **Objective**

- To help the participants understand the ways that STIs are spread from one person to another
- To help the participants understand how STIs can spread rapidly in a community through sexual partners

#### **Time**

30 minutes

#### **Materials**

- Small index cards (or pieces of paper)
- Markers
- Pencils or pens

#### **Advance Preparation**

- Prepare enough small index cards (or pieces of paper) to distribute to all participants.
- Mark the cards as follows: Mark one card with an *X*, one-third of the cards with a *C*, and one-third of the cards with an *N*. Leave the rest of the cards blank.

#### **Instructions**

1. Randomly distribute one index card to each participant, and ask the participants to write their names in the top right-hand corner of the card. Tell them to hold onto the card throughout this activity.
2. Ask the participants to walk around the room, shake hands with five other people, and then sign each other's cards. (*Note:* If the group has fewer than 15 people, ask each participant to shake hands with only three other people.)
3. Tell the participants that once they have shaken hands with five other people, their card should contain five signatures. When the participants have completed the task, ask them to return to their seats.
4. Inform the group that this activity is intended to demonstrate how quickly STIs can spread within a community. Review the definition of STIs and the information about how they are transmitted, which appear on page 5.1 of the text.
5. Ask the participants if STIs can be transmitted between two people who are uninfected. Acknowledge that STIs cannot be transmitted in this manner and that they can be transmitted only via an infected person.
6. Explain that for the purposes of this activity, one participant will represent a person who is infected with an STI. Remind the participants that this person does not actually have an STI but will act as if he or she does.

7. Ask the participants to look at their card and see if there is an *X* on it. Ask the one person with the *X* to stand up. Inform the person standing that for the purposes of this activity, you will say that he or she has an STI. Make the point that you cannot tell if someone has an STI simply by looking at him or her. In fact, many individuals who have STIs do not even know that they are infected.
8. Next, ask the participants if STIs can be transmitted by shaking hands. Acknowledge that while STIs cannot be transmitted this way, for the purposes of this activity, you will say that shaking hands will represent having sex with another person. Therefore, the participants will have put themselves at risk for STIs with anyone with whom they shook hands.
9. Ask the participant with the *X* card to read aloud the names of the people who signed his or her card. Next, ask those people to stand up. Note that all of the people who are standing may now be infected with an STI. Ask the people who are standing to read aloud the names of those with whom they shook hands; ask those people to stand. Continue to do this until all of the participants are standing. If a person's name has been called more than once, remind the participants that this person has put himself or herself at risk multiple times.
10. Now that all of the participants are standing, ask them to see if they have an *N* on their card. Inform the group that everyone with an *N* on his or her card abstained and said "no" to sex and therefore is not infected with the STI. Tell those individuals to be seated.
11. Next, ask the participants if they have a *C* on their card. Inform the group that everyone with a *C* on his or her card used a condom consistently and correctly every time he or she had sex and was, therefore, protected from STIs. Tell those individuals to be seated.
12. Inform the participants that everyone who is still standing had unprotected sex and became infected with an STI. Ask the group to look around the room and count how many people have been infected with an STI. Tell those individuals who are still standing to be seated. Remind the participants that this was just a game and that STIs are not transmitted by shaking hands or signing someone's card. Ask all of the participants to be seated.
13. Conclude the activity by discussing the questions below.
14. Briefly review the section "Importance of Learning about STIs," which appears on page 5.1 of the text.

### **? Discussion Questions**

- How many people were infected with an STI at the beginning of the activity? (Remind the group that the person who had the *X* card is not actually infected with an STI.)
- How many people were infected with an STI at the end of the activity?
- Did the person who was originally infected directly infect every person in the room?
- How does this activity help explain how STIs can spread so quickly in a community?

- Did anyone realize that he or she was infected before passing on the STI to someone else?
- Does anyone think that in real life STIs are often passed from one person to another without someone realizing that he or she is infected? Why is this?

#### ⇒ **Training Tips for This Session**

- Some participants become embarrassed when given the card with the X on it. Therefore, before the activity begins, you may want to ask a participant if he or she is willing to be the person to receive the X card.
- You may want to pretend that a specific STI is being passed around during this activity. If so, you can either pick an STI at random or ask a participant to draw from a number of cards with the names of various STIs written on them. Regardless, emphasize that STIs consist of a large group of related diseases that have different symptoms and treatments.
- Highlight the fact that STIs often produce no symptoms, and that they are often transmitted between sex partners without either partner's knowledge.





## **Common STIs**

*(pages 5.3–5.4 of the text)*

### **◆ Training Activity: Matching Game**

#### **Objective**

To help the participants understand the signs and symptoms of common STIs

#### **Time**

45 minutes

#### **Materials**

- Small index cards (or pieces of paper)
- Markers and tape

#### **Advance Preparation**

- Prepare three sets of differently colored small index cards or pieces of paper as follows:
  - On 10 cards of one color, write the name of each common STI listed in the chart on pages **5.3–5.4** of the text, one STI per card.
  - On 10 cards of another color, write “Signs and Symptoms” and list the signs and symptoms of each common STI listed in the chart on pages **5.3–5.4** of the text, one STI per card.
  - On 10 cards of a third color, write “Curable” on six cards and “Incurable” on four cards.
- Prepare strips of tape for posting the cards on the wall.

#### **Instructions**

1. Explain that this session is being provided to help the participants become familiar with the signs and symptoms of STIs that clients are most likely to describe or present when coming to the facility’s reception/waiting area, when calling on the phone for an appointment, or during an examination.
2. Display the index cards (or pieces of paper) with the names of the common STIs in a row across a blank wall.
3. Divide the participants into pairs (or into groups of three, if there are more than 20 participants).
4. Randomly distribute the “Signs and Symptoms,” “Curable,” and “Incurable” cards to the pairs. Tell the participants that the objective of the activity is to post the cards that they have in their hands on the wall under the corresponding STI. Explain that the cards of the one color indicate the signs and symptoms of the STI, and the cards of the other color indicate whether the STI is curable or incurable. Allow five minutes for completion.
5. Ask the participants to look at the wall and call out if they do not agree with the placement of any of the cards. Allow them to move cards around, even cards they did not post, and ask them to explain their reason for moving the cards. When they are finished, move the cards around, if needed, so that all of the cards are placed correctly.

6. Review the correct answers by referring the participants to the chart on pages **5.X–5.X** of the text.

### **(c) Training Options**

Divide the participants into 10 small groups. Assign each group one of the STIs listed on pages **5.3–5.4** of the text, and ask the groups to identify the signs and symptoms of the STI and determine if the STI is curable. Allow 10 minutes for completion. When the participants are finished, ask them to briefly report back to the larger group. Summarize each group's findings on a flipchart.

## **Gender, Sex, and STIs**

*(pages 5.5–5.6 of the text)*

### **◆ Training Activity: Women’s and Men’s Vulnerability to STIs**

#### **Objective**

To help the participants understand how gender issues can affect the transmission of HIV and other STIs

#### **Time**

30 minutes

#### **Materials**

No materials are needed.

#### **Advance Preparation**

No advance preparation is needed.

#### **Instructions**

Explain that the group will be discussing the different ways in which men and women are vulnerable to HIV and other STIs. Facilitate a discussion by asking the participants the questions below. Consult the text to correct any misinformation about each question if needed.

#### **Biological differences between women and men**

- How are women’s bodies more physically vulnerable to contracting STIs than men’s bodies?
- Why are women’s bodies less likely to present STI symptoms?

#### **Socially constructed expectations of male behavior**

- What is it about men and expectations about sexual behavior that make men vulnerable to STIs?
- What impact does this have on women’s vulnerability to STIs?
- Why may men be less likely to seek out proper diagnosis and treatment for STIs?

#### **Power imbalances between men and women**

- How can an imbalance of power between men and women make it harder for women to protect themselves from and seek treatment for STIs?
- How does this imbalance of power affect:
  - Condom negotiation?
  - Condom use?
  - Sexual decision making?
  - Partner notification of STI infection?

### ⇒ **Training Tips for This Session**

Because of the sensitive nature of this content, tell the participants that:

- No participant will be pressured to share his or her personal views and experiences.
- All of the information shared during this session should be kept confidential.
- All participants should respect the others' rights to hold opinions that they do not agree with.
- Everyone should have the opportunity to speak if desired.

### **(c) Training Option**

To conduct this activity as a small-group activity, divide the participants into three groups and assign one of the three discussion topics to each group. Ask each group to discuss the topic and then write their responses on a flipchart. Allow 10 minutes for completion. Reconvene the group, and ask a participant from each group to report the small group's responses to the larger group. Encourage the other participants to share any additional thoughts.

## **Risk Factors for Transmitting and Contracting STIs and Reducing Risk**

*(pages 5.7–5.8 and 5.9–5.12 of the text)*

### **◆ Training Activity: Levels of Risk**

#### **Objectives**

1. To identify the level of HIV risk for various risky behaviors
2. To identify sexually pleasurable behaviors that are classified as low risk for HIV infection

#### **Time**

30 minutes

#### **Materials**

- Large index cards (or pieces of paper)
- Markers
- Tape

#### **Advance Preparation**

- Write each of the following terms on colored large index cards or pieces of paper, one term per card: “High Risk,” “Medium Risk,” “Low Risk,” “Very Low Risk,” and “No Risk.”
- Write each of the following sexual behaviors (or other behaviors that are applicable to your area or client population) on cards, one behavior per card:
  - Abstinence
  - Masturbation
  - Performing oral sex on a man while he is not using a condom, and having him ejaculate in the mouth
  - Performing oral sex on a woman while not using a barrier
  - Having penile-vaginal sex while not using a condom
  - Having penile-vaginal sex while using a condom
  - Hugging a person who has HIV/ AIDS
  - Deep (tongue) kissing
  - Rubbing genitals together, unclothed, without penetration
  - Dry kissing
  - Manually stimulating a partner’s genitals
  - Having sex with a monogamous, uninfected partner
  - Performing oral sex on a man while he is not using a condom, and not having him ejaculate in the mouth
  - Performing oral sex on a man while he is using a condom
  - Having anal sex while using a condom
  - Having anal sex while not using a condom
  - Performing anal-oral sex (rimming)
  - Performing oral sex on a woman while using a barrier
  - Fantasizing
- Prepare strips of paper for posting the cards on the wall.

## Instructions

1. Explain that sexual behaviors carry different levels of risk and that people can take precautions in order to reduce their level of risk.
2. Display the level-of-risk cards (“High Risk,” “Medium Risk,” “Low Risk,” “Very Low Risk,” and “No Risk”) high across a wall, and tell the participants that during this activity they will review the risks for contracting HIV, which is important for clients and service providers to understand.
3. Place the sexual behavior cards face down in a stack. Ask the participants to choose a card and post it on the wall under the appropriate level-of-risk card with respect to the transmission of HIV.
4. Once the participants have posted all cards on the wall, ask them to review the categories in which the cards have been placed. Then ask for volunteers to state whether they:
  - Disagree with the placement of any of the cards
  - Do not understand the placement of any of the cards
  - Had difficulty placing any of the cards
5. Discuss the placement of selected cards, particularly those that are not clear-cut in terms of risk or cards that are clearly misplaced. Begin by asking the participants why they think the card was placed in a certain category.
6. Ask the participants to look at the behaviors in the “Low Risk,” “Very Low Risk,” and “No Risk” categories, and explain how this information may affect the kinds of information they provide to clients. Emphasize the idea that some pleasurable sexual behaviors are of low, very low, or no risk.
7. Ask the participants to look at the behaviors in the “High Risk” category. Explain that because many clients will continue to engage in those behaviors, even though they know the risks involved, it is important to provide all clients with information about how to reduce their risk for HIV while engaging in these behaviors.
8. Explain that the degrees of risk for HIV infection are similar to those for other STIs. However, certain STIs, such as genital herpes, genital warts, and pubic lice, can be transmitted much more easily than HIV, even when a condom is used. This is because condoms do not cover the entire genital area and therefore do not protect the entire area from these infections.
9. Describe the principles of harm reduction and safer sex, and ask the participants how harm reduction applies to sexual behaviors. Emphasize:
  - The messages a health care worker would want to give a client about any particular sexual behavior (While the issues can be complicated, clients should receive a simple message before leaving a facility.)
  - That risk depends on the context of the behavior or other factors, including gender, whether or not the partner is infected, whether or not the person is the “giver” or the “receiver” of the sexual behavior, and the difficulty of knowing whether or not one’s partner is infected.

## **STI Myths and Facts**

(pages 5.13–5.15 of the text)

### **◇ Training Activity: STI Myths and Facts**

#### **Objective**

To help the participants review the myths and facts about STIs and correct any misinformation

#### **Time**

45 minutes

#### **Materials**

- Pencils or pens
- Participant Handout 5-1: STI Myths and Facts (page 5.14)
- Trainer’s Resource: STI Myths and Facts Answer Sheet (page 5.15–5.17)

#### **Advance Preparation**

Make enough copies of Participant Handout 5-1: STI Myths and Facts to distribute to all participants.

#### **Instructions**

1. Distribute the handout to the participants.
2. Ask the participants to read each statement to themselves and write *M* (for *myth*) or *F* (for *fact*) in the space provided, as appropriate. Tell the participants not to spend a lot of time on each statement; if they are unsure of the answer, they should guess and move on to the next statement. Allow 10 minutes for completion.
3. Ask for volunteers to read aloud the statements and provide their responses and explanations. After each volunteer has responded, ask the other participants whether they agree with the response. Allow them to discuss their views.
4. Provide the correct answers (which appear in the trainer’s resource on page 5.15–5.17), and clarify any responses by referring to the text.

#### **(c) Training Options**

- Divide the participants into four groups, and ask them to work together on the statements before reviewing the answers.
- Begin the activity by asking one participant at a time to read aloud a statement, and then ask that participant and the larger group to respond.
- If time is limited, choose and read aloud selected statements, and ask the participants to respond to them.

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## Participant Handout 5-1: STI Myths and Facts

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Review the statements below, and write *M* (for *myth*) or *F* (for *fact*), as appropriate, in the space provided.

1. \_\_\_\_\_ A man cannot transmit a sexually transmitted infection (STI) if he withdraws before ejaculation.
2. \_\_\_\_\_ A man can be cured of an STI by having sex with a girl who is a virgin.
3. \_\_\_\_\_ It is possible to get an STI from having oral sex.
4. \_\_\_\_\_ A monogamous person cannot contract an STI.
5. \_\_\_\_\_ If you have an STI once, you become immune to it and cannot get it again.
6. \_\_\_\_\_ You can become infected with more than one STI at a time.
7. \_\_\_\_\_ You cannot contract AIDS by living in the same house as someone who has the disease.
8. \_\_\_\_\_ You can always tell if someone has an STI by his or her appearance.
9. \_\_\_\_\_ Condoms reduce the risk for contracting STIs, including HIV.
10. \_\_\_\_\_ A person infected with an STI has a higher risk for transmitting and contracting HIV.
11. \_\_\_\_\_ STIs are a new medical problem.
12. \_\_\_\_\_ Herbal treatments are effective in curing STIs.
13. \_\_\_\_\_ People usually know they have an STI within two to five days of being infected.
14. \_\_\_\_\_ Abstinence is the only 100% effective safeguard against the spread of STIs.
15. \_\_\_\_\_ It is possible to get some STIs from kissing.
16. \_\_\_\_\_ Youth are particularly vulnerable to STIs.
17. \_\_\_\_\_ Anal sex is the riskiest form of sexual contact.
18. \_\_\_\_\_ Special medicines can cure HIV infection.
19. \_\_\_\_\_ HIV is a disease that affects only sex workers and homosexuals.
20. \_\_\_\_\_ HIV can be transmitted from one person to another when they share needles for drugs.



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## Trainer's Resource 5-1: STI Myths and Facts Answer Sheet

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**1. A man cannot transmit a sexually transmitted infection (STI) if he withdraws before ejaculation. (MYTH)**

Withdrawal does not eliminate the risk for transmitting STIs. Pre-ejaculatory fluid from the penis can contain infectious organisms, and organisms on the skin of a man's genitals can be transmitted to another person.

**2. A man can be cured of an STI by having sex with a girl who is a virgin. (MYTH)**

Proper treatment is the only way to cure or manage the symptoms of STIs. STIs cannot be cured by transmitting them to others. Having sex with a virgin or anyone else only increases that person's risk for infection.

**3. It is possible to get an STI from having oral sex. (FACT)**

The person performing and the person receiving oral sex are at different levels of risk. The person *receiving* oral sex is at risk only if his or her partner has an open sore or ulcer in the mouth or on the face or has an STI in the throat. The person *performing* oral sex is at high risk if he or she has an open sore or ulcer on the lips or face or has ejaculate or vaginal fluids in the mouth. To protect against STIs, an individual should always use a latex or plastic barrier, such as a male condom, female condom, or dental dam, when having oral sex.

**4. A monogamous person cannot contract an STI. (MYTH)**

Individuals who are faithful to their partner may still be at risk for contracting STIs if their partner engages in sexual activity with other people. In addition, individuals who are currently monogamous with their partner may have contracted an STI from someone else in the past; therefore, they may have an STI without knowing it and/or without telling their current partner.

**5. If you have an STI once, you become immune to it and cannot get it again. (MYTH)**

Contracting an STI does not make a person immune to future infections. If a person is treated and cured but his or her partner(s) is not treated, the cured person can get the infection again. The cured person can also get the infection from another partner. Repeat infections can put people at risk for damage to the genital tract (e.g., scarred fallopian tubes) or chronic infection (e.g., chronic pelvic inflammatory disease, or PID).

**6. You can become infected with more than one STI at a time. (FACT)**

A person can have more than one STI at the same time. For example, more and more people are now contracting chlamydia and gonorrhea together.

**7. You cannot contract AIDS by living in the same house as someone who has the disease. (FACT)**

HIV, the infection that causes AIDS, is transmitted through exposure to infected blood and other infected body secretions. Living in the same house with someone who is HIV-infected does not put those in contact with him or her at risk unless they share items that have been exposed to the infected person's blood or genital secretions (e.g., through the use of shared toothbrushes, razors, or douching equipment).

**8. You can always tell if a person has an STI by his or her appearance. (MYTH)**

Sometimes, STIs produce no symptoms or no visible symptoms. In fact, many people have STIs for long periods of time without knowing that they are infected. In addition, STIs affect all people; no type of person is immune from STIs. People of different races, sexes, religions, socioeconomic classes, and sexual orientations all contract STIs.

**9. Condoms reduce the risk for contracting STIs, including HIV. (FACT)**

After abstinence, latex condoms are the most effective way to prevent STIs, including HIV. However, latex condoms are not 100% effective. Some groups have reported inaccurate research suggesting that HIV can pass through latex condoms, but this is not true. In fact, laboratory tests show that no STI, including HIV, can penetrate latex condoms.

*(Source: Gardner, R., Blackburn, R. D., and Upadhyay, U. D. 1999. Closing the condom gap. Population Reports, series H, no. 9. Baltimore: Johns Hopkins University, Population Information Program.)*

**10. A person infected with an STI has a higher risk for transmitting and contracting HIV. (FACT)**

Both ulcerative STIs (those that cause sores) and nonulcerative STIs increase the risk for transmitting and contracting HIV. Ulcerative STIs increase the risk for HIV infection because the ulcers provide easy entry into the body for HIV. Nonulcerative STIs may enhance HIV transmission for two reasons: They increase the number of white blood cells in the genital tract, and genital inflammation may cause microscopic cuts that can allow HIV to enter the body.

**11. STIs are a new medical problem. (MYTH)**

STIs have existed since the beginning of recorded history. Evidence of medical damage caused by STIs appears in ancient writings, art, and skeletal remains.

**12. Herbal treatments are effective in curing STIs. (MYTH)**

Antibiotics are the only proven effective treatment for bacterial STIs, which include chlamydia, gonorrhea, and syphilis. Currently, there is no cure for viral STIs, which include genital warts, hepatitis, herpes, and HIV. Often, clients who receive STI care from nonmedical personnel believe that their STI has been treated, but this is not so. This misconception prevents them from getting adequate treatment, which puts their health and the health of their partner(s) at great risk.

**13. People usually know that they have an STI within two to five days of being infected. (MYTH)**

Many people never have symptoms, and others may not have symptoms for weeks or years after being infected.

**14. Abstinence is the only 100% effective safeguard against the spread of STIs. (FACT)**

Abstinence from sex is the best way to prevent the spread of STIs. However, latex condoms are the next best option. When used consistently and correctly, these condoms are very effective at preventing the transmission of STIs.

**15. It is possible to get some STIs from kissing. (FACT)**

It is rare but possible to get syphilis through kissing if the infected person has chancres (small sores) in or around the mouth. Kissing can also spread the herpes virus.

**16. Youth are particularly vulnerable to STIs. (FACT)**

STIs are disproportionately higher among young people than adults for both biological and behavioral reasons. The highest reported cases of STIs are among young people (ages 15 to 24). In developed countries, two-thirds of all reported cases of STIs occur among those under age 25.

*Source:* Bond, K. 2001. Trends in Youth Sexual and Reproductive Health. Paper presented at the NGO Networks for Health Asia Regional Capacity Seminar on Youth Sexual and Reproductive Nutrition (PHN Center), FOCUS on Young Adults Program. Retrieved from <http://www.futuresgroup.com/WhatWeDo.cfm?page=Projects>, January 10, 2002.

**17. Anal sex is the riskiest form of sexual contact. (FACT)**

Anal sex carries a higher risk for HIV transmission than other types of sexual contact. During anal sex, the penis can tear the mucous membrane of the anus, which provides the virus with an entry point into the bloodstream.

**18. Special medicines can cure HIV infection. (MYTH)**

Currently, there is no cure or vaccine for HIV infection. Some drugs can slow down the production of the virus in an infected person.

**19. HIV is a disease that affects only sex workers and homosexuals. (MYTH)**

Anyone can become infected with HIV. A person's risk for HIV is not related to the type of person he or she is, but rather to the behavior he or she engages in.

**20. HIV can be transmitted from one person to another when they share needles for drugs. (FACT)**

Sharing needles during injection drug use carries a very high risk for HIV transmission. Infected blood is easily passed from one person to another via an infected needle or other equipment used to prepare or inject drugs.



## NOTES FOR

# 6

## Men and HIV and AIDS

*These notes refer to the content provided on pages 6.1–6.19 of the text.*

### Chapter Purpose and Objectives

This chapter provides an introduction to the role that men can play in addressing HIV and AIDS. It presents information on the transmission and prevention of HIV and AIDS, on understanding levels of HIV risk, and on the constructive role that men can play in preventing transmission of HIV and care and support of their partners and children.

Upon completion of this chapter, the participants should be able to:

- Understand the basic facts about HIV and AIDS
- Be able to identify the level of HIV risk of various behaviors
- Know the correct steps for using a condom
- Consider the benefits of HIV testing
- Understand what can be done to prevent mother-to-child transmission of HIV
- Understand the health benefits of male circumcision to a man and his partner
- Identify reasons why there are gender differences in HIV risk
- Identify key roles that men can play in addressing HIV and AIDS



### Training Time

**Up to 9 hours**, depending on which training activities you use. You may use the sample agenda on the next page to help plan your activities and time for this chapter.

## Sample Agenda

Training Content	Training Session	Estimated Time	Recommended
Introduction <i>(no corresponding content in the text)</i>	Trainer presentation	5 minutes	✓
HIV and AIDS <i>(pages 6.1–6.4 of the text)</i>	HIV and AIDS: Myths and Facts	1 hour	✓
HIV Risk <i>(pages 6.5–6.6 of the text)</i>	Levels of HIV Risk	1 hour	✓
Condoms <i>(no corresponding content in Chapter 6 of the text)*</i>	Learning about Condoms	1 hour, 30 minutes	✓
Voluntary Counseling and Testing for HIV <i>(pages 6.7–6.9 of the text)</i>	Getting Tested for HIV	1 hour	✓
Prevention of HIV Transmission to Infants and Young Children <i>(pages 6.11–6.13 of the text)</i>	Prevention of HIV in Infants and Young Children	1 hour, 30 minutes	✓
HIV and Male Circumcision <i>(pages 6.15–6.16 of the text)</i>	Male Circumcision as an HIV Prevention Strategy	45 minutes	✓
Gender and HIV <i>(pages 6.17–6.18 of the text)</i>	Taking Risks and Facing Risks	1 hour	✓
Engaging Men in HIV and AIDS <i>(page 6.19 of the text)</i>	Men's Role in HIV and AIDS	1 hour	✓
Closing <i>(no corresponding content in the text)</i>	Reflection	10 minutes	

\* *Note:* Material relating to Condoms appears in Chapter 4, on pages 4.7–4.10 and 4.17–4.19.

## **Advance Preparation**

Determine which training activities will be used to present the content of this chapter, and prepare or gather any supplies needed for the activities you will be conducting (as described in the activity’s “Advance Preparation” section).

## **Introduction**

Introduce this chapter by:

- Reading aloud the purpose and objectives, which appear on page 6.1 of this trainer’s resource book.
- Explaining that while all of the participants may not use this information directly in their work, understanding about HIV and AIDS will help them communicate better with their clients and their co-workers. In addition, because everyone who works at a facility that provides men’s reproductive health services is a potential representative of that facility in the community, the participants may have informal opportunities to encourage people to get tested for HIV, and if HIV-positive, referred to care and treatment. The participants may also have chances to correct misunderstandings about HIV and AIDS, thus avoiding situations where an HIV-positive individual is not treated and the spread of HIV is furthered. In addition, the information may apply to the participants’ own lives and to the lives of their family members.





## **HIV and AIDS: Myths and Facts**

*(pages 6.1–6.3 of the text)*

### **Objective**

To help the participants understand the basic facts about HIV and AIDS

### **Time**

1 hour

### **Materials**

- Small cards
- Flipchart paper
- Participant Handout 6-1: The Facts about HIV and AIDS (page 6.9)

### **Advance Preparation**

Write out each of the following statements on a separate card.

- You can become infected with HIV from mosquito bites.
- Anal sex is the riskiest form of sexual contact.
- People can become infected with HIV if they perform oral sex on a man.
- When used correctly, condoms can protect men and women from becoming infected with HIV.
- Circumcised men do not need to use condoms.
- HIV is a disease that affects only poor people.
- If you stay with only one partner, you cannot become infected with HIV.
- People with sexually transmitted infections (STIs) are at higher risk for becoming HIV-infected than are people who do not have STIs.
- A man can transmit HIV to his partner during sex, even if he withdraws before ejaculation.
- A man can be cured of HIV by having sex with a virgin.
- HIV is transmitted more easily during dry sex than during wet sex.
- You cannot contract AIDS by living in the same house as someone who has the disease.
- You can always tell if a person has HIV by his or her appearance.
- Traditional healers can cure HIV.
- HIV can be transmitted from one person to another when they share needles while using drugs.

### **Instructions**

1. Give out the statement cards to the participants. Draw two columns on a large sheet of flipchart paper. Write “True” at the top of the left-hand column and “False” at the top of the right-hand column.

2. Ask one of the participants to read out the statement on their card. Ask them to say whether they think it is true or false. Tell them to come up and place their card in the correct column on the flipchart. Ask them to explain their reasons. Then ask the group if they agree. Discuss, using the information in key points (in the Trainer's Resource).
3. Repeat Step 2 for all of the cards. Then give out Participant Handout 6-1 and, if there is time, go through its information with the group.

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## Trainer's Resource

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### Key Points

#### What Is HIV?

HIV stands for *human immunodeficiency virus*. This virus attacks the body's immune system, which protects the body against illness. HIV infects only humans.

#### What Is AIDS?

AIDS stands for *acquired immune deficiency syndrome*. Becoming infected with HIV leads to a weakened immune system. This makes a person who has HIV vulnerable to a group of illnesses that a healthy person who does not have HIV probably would not get.

#### What Is the Difference between HIV and AIDS?

A person infected with HIV may remain healthy for several years with no physical signs or symptoms of infection. A person with the virus but with no symptoms is known as "HIV-infected" or "HIV-positive." After a person has been infected with HIV for a period of time (often many years), symptoms caused by the virus begin to develop. At this stage, people with HIV are likely to contract opportunistic infections. When an HIV-positive person gets one or more specific infections (including tuberculosis, rare cancers, and eye, skin, and nervous system conditions), she or he is defined as having "AIDS."

#### Where Does HIV Come From?

It is now generally accepted that HIV is a descendant of a simian immunodeficiency virus because certain strains of that virus bear a very close resemblance to HIV-1 and HIV-2, the two types of HIV (<http://www.avert.org/hivtypes.htm>). While we now have a much better understanding of how the virus works, there is still no cure or vaccine for it. When AIDS first appeared in each country, people blamed AIDS on certain groups. Often, people think the fault lies with people from "other places" or with those who look and behave "differently." This leads to problems of blame and prejudice. It also means that many people believe that only people in those groups are at risk for HIV infection. They think that "it cannot happen to me." Confusion about where AIDS comes from and who it affects also makes many people willing to deny that it even exists.

#### How Is HIV Transmitted?

HIV is found in an infected person's blood (including menstrual blood), breast milk, semen, and vaginal fluids. HIV can be transmitted in the following ways:

- *During unprotected vaginal, oral, or anal sex.* HIV can pass from someone's infected blood, semen, or vaginal fluids directly into another person's bloodstream, through the thin skin lining the inside of the vagina, mouth, or backside.
- *By HIV-infected blood transfusions or contaminated injecting equipment or cutting instruments.*

- *To a baby during pregnancy, delivery, or breastfeeding.*<sup>1</sup> An estimated 600,000 HIV-infected infants—at least 1,600 every day—are born in resource-constrained countries. Among women who do not breastfeed, an estimated 65% of perinatal HIV infections occur late in pregnancy and during labor and delivery (Family Health International. No date. HIV counseling and testing. Available at: [www.fhi.org/en/Topics/Voluntary+Counseling+and+Testing+topic+page.htm/](http://www.fhi.org/en/Topics/Voluntary+Counseling+and+Testing+topic+page.htm/)).

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<sup>1</sup> *Note:* A breastfeeding mother who has HIV can pass the virus to her baby through her breast milk. Studies show that one-third of babies who are breastfed by HIV-infected mothers will also become infected with HIV. However, breastfeeding is known to be good for the overall health of the baby, because the mother's milk is nutritious and protects the baby from disease. The alternative to breastfeeding for HIV-infected women is formula feeding. However, for some women, formula can be too expensive. Even when formula is affordable, clean water is needed to mix with the formula and to wash the bottles used to feed the baby. Dirty water can give a baby diarrhea, which often leads to death. Clean water is a problem in some communities, and sometimes families do not have the means to boil the water to purify it. If formula and clean water are not available, it is probably better for HIV-infected mothers to breastfeed. In these cases, the health benefits of breast milk probably outweigh the risk of HIV transmission to the baby. It is also recommended that if an HIV-positive mother is breastfeeding, she should do so exclusively (e.g., she should not use formula sometimes and breastfeed sometimes).

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## Participant Handout 6-1: Myths and Facts about HIV and AIDS

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**You can become infected with HIV from mosquito bites. FALSE.** It has been extensively researched and proven that HIV cannot be transmitted in this way. In Africa, where malaria is common (and spread from mosquito bites), the only people infected with HIV are sexually active men and women and babies born to HIV-infected mothers, and people who became infected due to blood transfusions or sharing needles.

**Anal sex is the riskiest form of sexual contact. TRUE.** Anal sex carries a higher risk of HIV transmission than other types of sexual contact. During anal sex, the penis can tear the mucous membrane of the anus, which provides the virus with an entry point into the bloodstream. Dry vaginal sex also causes tearing of the mucous membrane and therefore is a high-risk behavior for HIV transmission as well.

**People can become infected with HIV if they perform oral sex on a man. TRUE.** HIV is present in the semen of infected men. Therefore, HIV may be transmitted if semen enters the person's mouth. A man can reduce the risk of transmitting HIV by wearing a condom and ensuring that no semen enters his partner's mouth.

**When used correctly, condoms can protect men and women from becoming infected with HIV. TRUE.** Latex condoms are not 100% effective, but after abstinence, they are the most effective way of preventing sexually transmitted infections (STIs), including HIV infection. Some groups have reported inaccurate research suggesting that HIV can pass through latex condoms, but this is not true. In fact, standard tests show that water molecules, which are one-fifth the size of HIV, cannot pass through latex condoms.

**Circumcised men do not need to use condoms. FALSE.** Male circumcision does not provide 100% protection against HIV infection. Three recent studies provide evidence of a 50–60% reduction in heterosexual HIV transmission among circumcised men. But circumcised men can still become infected with the virus and, if HIV-positive, can infect their sexual partners. Male circumcision should never replace other effective prevention methods. Circumcised men still need to use condoms correctly each and every time they have intercourse.<sup>1</sup>

**HIV is a disease that affects only poor people. FALSE.** Anyone can become infected with HIV. A person's risk for HIV is not related to the type of person he or she is (e.g., how much money they have), but rather the behavior in which he or she engages.

**If you stay with only one partner, you cannot become infected with HIV. FALSE.** Individuals who are faithful to their partner may still be at risk for HIV if their partner has sex with other people. In addition, individuals who only have sex with their partner now may have been infected with HIV from someone else in the past. Therefore, they may have the disease without knowing it and/or without telling their current partner. Only a long-term, faithful relationship with someone who has not been previously infected can be considered "safe."

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<sup>1</sup> Bailey, R. C., et al. 2007. Male circumcision for HIV prevention in young men in Kisumu, Kenya: A randomised controlled trial. *Lancet* 369(9562):643–656; and Gray, R. H., et al. 2007. Male circumcision for HIV prevention in men in Rakai, Uganda: A randomised trial. *Lancet* 369(9562):657–666.

**People with STIs are at higher risk for becoming HIV-infected than are people who do not have STIs. TRUE.** Infections in the genital area provide HIV with an easy way to enter the bloodstream.

**A man can transmit HIV to his partner during sex, even if he withdraws before ejaculation. TRUE.** Withdrawal does not eliminate the risk of HIV. Preejaculatory fluid from the penis can contain the virus and can transmit HIV to another person. However, withdrawing is better than ejaculating inside the sexual partner, since it reduces the amount of exposure to semen.

**A man can be cured of HIV by having sex with a virgin. FALSE.** Some people believe this misconception, but it is not true. Virgins do not have any power to heal HIV-infected individuals. There is no way to cure HIV once a person is infected.

**HIV is transmitted more easily during dry sex than during wet sex. TRUE.** HIV can be transmitted more easily during dry sex because the lack of lubrication causes cuts and tearing on the skin and mucous membranes of the genitals of both men and women. These cuts provide the virus with an easy way to enter the bloodstream.

**You cannot acquire HIV simply by living in the same house as someone who has the disease. TRUE.** HIV is transmitted through exposure to infected blood and other infected bodily secretions. Living in the same house with someone who is HIV-positive does not put those in contact with him or her at risk unless they share items that have been exposed to the infected person's blood or genital secretions (e.g., through the use of shared toothbrushes, razors, or douching equipment).

**You can always tell if a person has HIV by his or her appearance. FALSE.** Most people who become infected with HIV do not show any signs of illness for years. However, the virus remains in their body and can be passed on to other people. People with HIV often look ill only during the later stages of HIV disease.

**Traditional healers can cure HIV. FALSE.** Over the years, many indigenous healers have claimed to be able to cure AIDS. To this day, no treatments done by traditional healers have been proven to cure HIV infection. We often hear of other people who say they have developed a cure for AIDS. People with HIV are a very vulnerable group, because they desperately want to get rid of their life-threatening illness and often will pay large amounts for even a small chance of a cure. Many people see them as a source of easy money and try to exploit them. People with AIDS often feel better and seem to recover a little after taking useless treatments just because they have the hope of a longer life. Unfortunately, there is no cure for HIV infection.

**HIV can be transmitted from one person to another when they share needles while using drugs. TRUE.** Sharing needles during injection drug use carries a very high risk of HIV transmission. Infected blood is easily passed from one person to another via an infected needle or other equipment used to prepare or inject drugs.

## **Levels of HIV Risk**

*(pages 6.5–6.6 of the text)*

### **Objectives**

1. To identify the level of HIV risk of various behaviors
2. To identify sexually pleasurable behaviors that are lower risk or no risk for HIV infection

### **Time**

1 hour

### **Materials**

- Cards or pieces of paper
- Participant Handout 6-2: Levels of HIV Risk (page 6.14)

### **Advance Preparation**

- On cards or pieces of paper, print each of the following titles in large letters, one title per card: Higher Risk; Medium Risk; Lower Risk; and No Risk.
- On cards or pieces of paper, print each of the following sexual behaviors (or other behaviors that are relevant to your area or client population) in large letters. Write one behavior per card.

Abstinence	Performing oral sex on a man— no condom
Masturbation	
Vaginal sex—no condom	Performing oral sex on a man with a condom
Vaginal sex with a condom	Performing oral sex on a woman— no protection
Hugging a person who has AIDS	Performing oral sex on a woman with protection
Fantasizing	
Kissing	
Dry sex—no condom	Infant breastfeeding from an HIV-infected mother
Massage	
Anal sex with a condom	Anal sex—no condom

### **Instructions**

1. Explain to the participants that they are going to engage in an activity about the behaviors that carry a risk of getting infected with HIV. Lay out the four Levels of Risk cards in a line on the floor. Start with No Risk, then Lower Risk, then Medium Risk, and finally Higher Risk.

2. Hand out the Sexual Behavior cards to the participants. Ask one of the participants to read out his or her card, and ask him or her to place it on the floor under the correct category for HIV transmission. Ask the participant to explain why he or she has placed it there.
3. Repeat Step 2 until all of the cards have been placed on the floor. Once all of the cards are down, ask the participants to review where the cards have been placed. Then ask whether they:
  - Disagree with the placement of any of the cards
  - Do not understand the placement of any of the cards
  - Had difficulty placing any of the cards
4. Discuss any situations in which the placement of cards was not clear-cut in terms of risk. Also, discuss the cards that were clearly in the wrong place. Use the information in the Trainer's Resource and the Participant Handout to guide you on correct placement.
5. Ask the participants to look at the behaviors in the Lower Risk and No Risk categories. Ask the group to identify other behaviors that could fit in these categories. Emphasize the idea that some pleasurable sexual behaviors involve low or no risk.
6. Finish the activity by emphasizing that risk depends on the context of the behavior as well as on other factors (see the Trainer's Resource), and then pass out Participant Handout 6-2.



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## Trainer's Resource

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### **No risk = no contact with infected body fluids**

HIV is transmitted by means of body fluids. If an uninfected person has no contact with such fluids, there is no risk of HIV's being passed from the infected person to the uninfected person.

### **Lower risk = the possibility of contact with HIV because of the failure of protection**

Using a condom still carries some risk, because no protective method is 100% effective.

### **Medium risk = high possibility of HIV transmission**

This can be because of a lack of protection in situations where there is some chance of HIV-infected fluids entering another person's body (performing oral sex while not using a condom). Or it may be because protection is used, but in situations where there is a very strong chance that HIV-infected fluids will enter another person's body (anal sex while using a condom).

### **Higher risk = high probability of HIV transmission**

This is in situations where no protection is used and where there is a very strong chance that HIV-infected fluids will enter another person's body, or if a condom breaks during vaginal or anal intercourse.

### **Many factors affect these levels of risk.**

The level of risk for many of these behaviors varies based on a range of factors. These include:

- How much HIV the infected person has in his or her body
- Whether the person is the “giver” or “receiver” of the sexual behavior
- How weak the person's immune system is
- The presence of cuts or openings of the skin where contact with HIV is likely (for example, as a result of sexually transmitted infections)
- Whether the person has mouth sores or bloody gums (during oral sex)
- How consistently and correctly condoms and other protections are used

## Participant Handout 6-2: Levels of Risk for Different Behaviors

Level	Behavior
<b>No Risk</b>	<ul style="list-style-type: none"><li>• Abstaining</li><li>• Masturbating</li><li>• Hugging a person who has HIV</li><li>• Kissing</li><li>• Fantasizing</li><li>• Giving/receiving massage</li></ul>
<b>Lower Risk</b>	<ul style="list-style-type: none"><li>• Having vaginal sex while using a condom</li><li>• Having anal sex while using a condom</li><li>• Performing oral sex on a man using a condom</li><li>• Performing oral sex on a woman using protection</li></ul>
<b>Medium Risk</b>	<ul style="list-style-type: none"><li>• Performing oral sex on a man while not using a condom</li><li>• Performing oral sex on a woman while not using protection</li><li>• Breastfeeding an infant (by an HIV-infected mother)</li></ul>
<b>Higher Risk</b>	<ul style="list-style-type: none"><li>• Having vaginal sex while not using a condom</li><li>• Having anal sex while not using a condom</li><li>• Having dry sex while not using a condom</li></ul>

## **Learning about Condoms**

### **Objectives**

1. To feel more confident with condoms
2. To know the correct steps for using a condom
3. To be able to identify the common mistakes in using condoms

### **Time**

1 hour, 30 minutes

### **Materials**

- A large supply of condoms
- Penis models
- Cards

### **Advance Preparation**

Before the activity, prepare the Condom Use Steps cards: In large letters, print each of the 17 steps that are necessary for proper condom use on cards, one step per card. (Observe that the steps are in the correct order.) These steps can be found in Chapter 4, page 4.13. (*Note:* The Condom Use Steps Exercise can be conducted either in the training related to Chapter 4 or in the training here, but should not be conducted twice. It is up to the trainer to decide when and how to incorporate this session into the overall training.)

### **Instructions**

1. Give each participant one condom in its packet. Ask the participants to check that the condom is not past its expiration date. Then ask them to open the packet and take out the condom. Encourage them to stretch and play with their condom.
2. Assign the participants into pairs. Ask one member of each pair to place a condom over his or her hand. (Tell them to beware of sharp fingernails!) Next, tell the participants with the condoms to close their eyes and to ask their partner to touch their fist with a finger. Ask the participants wearing the condoms:
  - Could you feel the other person's finger touching you?
  - How much can you feel through the condom?
  - How thick do you think the condom is now?
3. Invite the participants to stretch their condom as much as they can without breaking it. Ask them if they can pull it over their arms or feet or blow it up. Ask the participants:
  - How long did the condom get?
  - How wide did it get?
  - What happened to the condom when it was stretched? Did it break?
4. Ask the participants to summarize what they learned from playing with the condoms. Emphasize two key points: The condom is extremely strong; yet it is sensitive to touch. This makes it a good form of protection from STIs, including HIV, without taking away the pleasure of sex.

5. Explain that you now want to talk about the correct steps in using a condom. Randomly give each participant one of the Condom Use Steps cards. Then ask the participants to stand up and arrange themselves in the correct order of steps.

⇒ **Training Tip for This Session**

If the group consists of more than 17 participants and some do not have a Condom Use Steps card, they can help the others arrange themselves in the correct order. If the group consists of fewer than 17 participants, ask them to place the cards on the floor in order (from first step to last).

6. Lead a discussion using the following questions:
  - What was challenging about this activity?
  - Were you unsure of the order of any steps? Why? Could some of the steps have gone in more than one place?
  - Do you think most people who use condoms follow these steps? Why or why not?
7. Demonstrate condom use on the penis model clearly. Then use the following **key points** to sum up this information on proper condom use.
  - Condoms should always be stored in a cool, dry place.
  - Using a water-based lubricant (like K-Y jelly) will decrease the chance of condom breakage and may make intercourse more pleasurable.
  - Oil-based lubricants (like Vaseline, creams, or oils) will cause the condom to break and should never be used.
8. Give the participants new condoms and ask them to try putting their condom on the penis model themselves. If you have time after the participants have finished, ask for a volunteer to demonstrate the correct use of a condom on the penis model. Once the volunteer is done, ask the participants to comment on whether the demonstration was done correctly. Conclude the activity by discussing the questions below.

**? Discussion Questions**

- What did you learn about condoms today?
- How confident do you feel about your ability to use condoms effectively?
- How many of you plan to use condoms every time you have sex with a partner? If you do not, why not?

## **Getting Tested for HIV**

*(pages 6.7–6.9 of the text)*

### **Objectives**

1. To explore the reasons why few men test for HIV
2. To consider the benefits that exists for HIV testing

### **Time**

1 hour

### **Materials**

- Flipchart paper
- Scissors (at least three)
- Paper
- Markers
- Tape
- Participant Handout 6-3: Research Findings on Men’s Use of HIV Testing (page 6.19)

### **Advance Preparation**

Make enough copies of Participant Handout 6-3 to distribute to the participants.

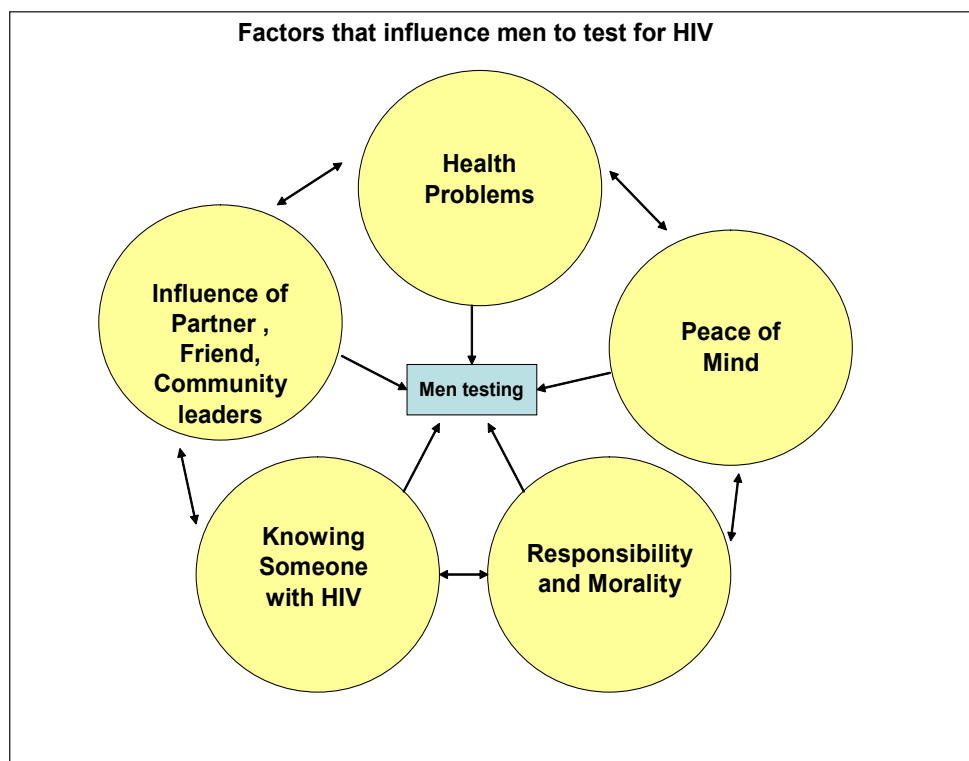
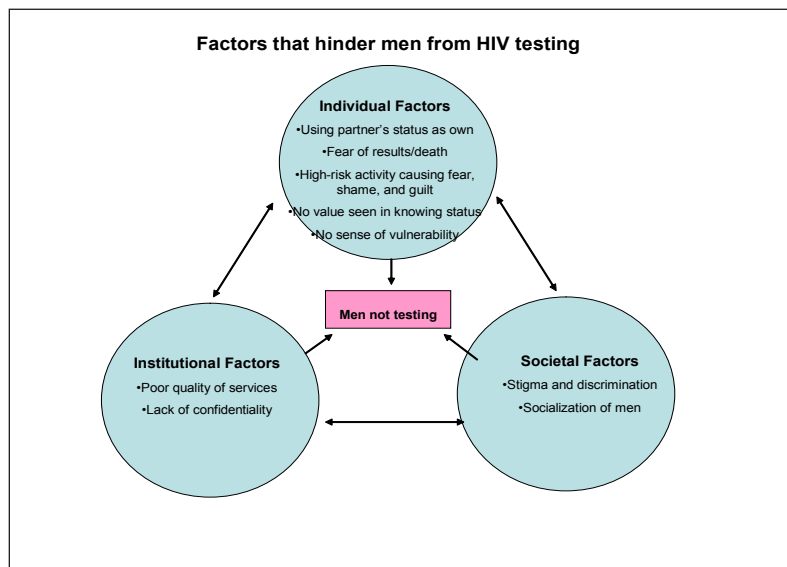
### **Instructions**

1. Explain to the participants that many studies have found that men are often much less likely than women to get tested for HIV infection.
2. Divide the participants into three groups.
3. Provide each group with paper, scissors, flipchart paper, markers, and tape.
4. Tell each group that should discuss the following issues:
  - Reasons that they think contribute to many men’s not getting tested for HIV
  - Reasons that motivate some men to get tested for HIV
  - What needs to be done to get more men to be tested
5. Explain that each group should record their answers on pieces of flipchart paper.
6. After the discussions are completed, invite a representative from each group to present their flipchart to the entire group. Discuss the lists and allow the audience to ask questions.
7. After all of the groups have presented, pass out Participant Handout 6C and explain that these are findings from a recent study in South Africa looking at factors that influence men testing for HIV (Levack, A. 2005. Understanding men’s low utilization of HIV voluntary counseling and testing in Soweto, South Africa. Seattle: Univeristy of Washington). Discuss the findings and allow time for questions. Ask the participants to reflect on whether these research findings seem similar to or different from what they find in their own communities.
8. Conclude the activity by discussing the questions on the next page.

### **? Discussion Questions**

- Was this exercise easy or difficult? Why?
- What did you learn from this activity?
- What do you think are the biggest factors that would hinder men from getting tested for HIV? Why?
- What can be done to address these factors?

## Participant Handout 6-3: Factors That Hinder Men from or Influence Men toward Getting Tested for HIV



*Adapted from:* Levack, A. 2005. Understanding men's low utilization of HIV voluntary counseling and testing in Soweto, South Africa. Seattle: University of Washington.





## **Prevention of HIV Transmission to Infants and Young Children**

(pages 6.11–6.13 of the text)

*Note:* This session is adapted from: World Health Organization (WHO). 2002. *Prevention of HIV in infants and young children: Review of evidence and WHO's activities*. Geneva; and WHO. 2003. *HIV and infant feeding*. Geneva.

### **Objectives**

1. To understand what can be done to prevent HIV transmission in infants and young children
2. To explore barriers to the effectiveness of PMTCT programs
3. To explore the consequences for women who choose to disclose or not to disclose their HIV status

### **Time**

1 hour, 30 minutes

### **Materials**

- Flipchart paper
- Pens
- Tape
- Participant Handout 6-4: Preventing HIV Transmission in Infants and Young Children (page 6.23)

### **Advance Preparation**

Make enough copies of Participant Handout 6-4 to distribute to all participants.

### **Instructions**

1. Ask the participants to identify ways in which the transmission of HIV from mother to child can be prevented. Once people have offered their suggestions, explain that a comprehensive approach to preventing HIV transmission to infants and young children involves:
  - Avoiding HIV infection in all women
  - Preventing unintended pregnancy in HIV-infected women
  - Preventing HIV transmission to infants and young children in pregnant HIV-infected women
  - Providing care and support to HIV-infected women, their infants, and their families
2. Explain to the participants that we now know many ways to reduce the risk of passing HIV from a mother to her child. Distribute copies of Participant Handout 6-4 to all participants, and clarify any questions they might have.
3. Once you have reviewed the handout, divide the participants into groups of four people. Ask each group to identify ways that men can be engaged to support each of the four strategies listed to prevent HIV in infants and young children. After 20 minutes, ask each group to share their strategies.

4. Discuss the feedback and then explore the following question with the entire group:
  - What can you or your clinic do to reach out to men, especially to carry out the four strategies?
5. Next, ask the participants to work in groups of three people. Divide the room in half and assign half of the trios to one side and half to the other. Instruct the trios on one side of the room to discuss the potential helpful and harmful consequences if a pregnant woman chooses to disclose her HIV status to her partner, her family, and her community. Tell those on the other side of the room to discuss the potential helpful and harmful consequences if a pregnant woman chooses not to disclose her HIV status.
6. After about 10 minutes, have each trio from the disclosure groups share one consequence and record their responses on a piece of flipchart paper. Work through the groups, one consequence at a time, until all of the groups have shared their entire list. Conduct the same procedure for the groups that discussed the consequences if she chose not to disclose.
7. Discuss the feedback from the trios with the following questions:
  - How can providers help women in choosing to disclose their HIV status or not?
  - What can be done to help men become more supportive and open to learning that their pregnant partner is HIV positive?
8. Conclude the activity by discussing the questions below.

#### **? Discussion Questions**

- What did you learn in this activity?
- What do you specifically plan to do in order to help prevent HIV transmission in infants and children?

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## **Participant Handout 6-4: Reducing Maternal Transmission of HIV**

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A comprehensive approach to preventing HIV infection in infants and young children includes the following:

### **1. Primary Prevention of HIV Infection**

- Avoiding infection in all women and their partners
- Addressing the needs of pregnant and lactating women, especially in high-prevalence areas (since primary HIV infection during pregnancy and breastfeeding increase the threat of mother-to-child transmission of HIV)

### **2. Prevention of Unintended Pregnancies among HIV-Infected Women**

- Ensuring that women and their partners are aware of their HIV status
- Making family planning available so that women and men can prevent unintended pregnancies

### **3. Prevention of HIV Transmission from HIV-Infected Women to Their Infants**

- There are three different times when a woman can pass HIV on to her child:
  - Antenatally, when the baby is still growing in the uterus
  - During labor and delivery
  - During breastfeeding

Interventions to prevent HIV transmission from an infected mother to her child involve the use of antiretroviral (ARV) drugs, safer delivery practices, and infant-feeding counseling and support, as follows:

- A number of ARV regimens have been shown to be effective in reducing the occurrence of mother-to-child transmission of HIV. The choice of ARVs should be made locally, based on availability, effectiveness, and cost.
- Elective caesarean section can help to reduce mother-to-child transmission of HIV. This may or may not be appropriate in resource-constrained settings, because of limited availability or the risk of complications. Invasive procedures such as episiotomy may increase the risk of transmission of HIV to the infant. Such procedures should only be carried out in cases of absolute necessity.
- Breastfeeding can increase the risk of HIV to the infant by 10–20%. Lack of breastfeeding, however, can lead to an increased risk of malnutrition or to infectious diseases other than HIV. All HIV-infected mothers and their partners should receive counseling that highlights the risks and benefits of various infant-feeding options, as well as guidance in selecting the most suitable option for their situation. When replacement feeding is acceptable, feasible, affordable, sustainable, and safe, avoidance of all breastfeeding by HIV-infected mothers is recommended.

#### **4. Provision of Care and Support to HIV-Infected Women, Their Infants and Family**

- Services for HIV-infected women, their infants, and their families can include the prevention and treatment of opportunistic infections, the use of ARVs, psychosocial and nutritional support, and reproductive health care, including family planning. Children will benefit with improvements in the mother's survival and quality of life.
- Access to HIV-related care and support services also increases community support for programs to prevent mother-to-child transmission of HIV and the uptake of critical interventions, such as HIV testing.

*Note:* This material is adapted from: World Health Organization (WHO). 2002. *Prevention of HIV in infants and young children: Review of evidence and WHO's activities*. Geneva; and WHO. 2003. *HIV and infant feeding*. Geneva.

## **Male Circumcision as an HIV Prevention Strategy**

(pages 6.15–6.16 of the text)

### **Objectives**

1. To assist participants in understanding the health benefits of male circumcision to a man and his partner
2. To discuss the means and messages in promoting male circumcision

### **Time**

45 minutes

### **Materials**

- Flipchart paper
- Markers
- Participant Handout 6-5: Health Benefits of Male Circumcision (page 6.27)

### **Advance Preparation**

- Prepare a piece of flipchart paper with the following definition:  
*The removal of the foreskin that covers the head of the penis*
- Cover the paper with a blank piece of flipchart paper when you are finished writing.
- Make enough copies of Participant Handout 6-5 to distribute to all of the participants.

### **Instructions**

1. Write the term “Male Circumcision” on the blank piece of flipchart paper and ask the participants if they know what it means. After a few responses, remove the top piece of flipchart paper to reveal the definition and review this with all of the participants.
2. Explain that there is no age limit for male circumcision: Any male can be circumcised, as an infant, a child, or a young or adult man.
3. Distribute copies of Participant Handout 6-5 and tell the participants that research has shown that removing the foreskin is associated with a variety of health benefits, including possible protection against infection with HIV or other STIs. Review the benefits outlined in the handout.
4. Explain that if a man is circumcised, he must wait 6–8 weeks before he can resume sexual activity. If he does not, he might actually increase his risk of infection with STIs, including HIV and transmitting HIV or STIs to his partner.
5. Reiterate that while male circumcision actually does reduce the risk of female-to-male heterosexual HIV transmission, it does not eliminate that risk. (It is believed that circumcision offers only a 60% protective effect against HIV transmission.) **Thus, circumcised men still need to use condoms. This is a very important message to emphasize.**

6. Additionally, in some communities, male circumcision is a part of a manhood ritual. It is often done outside of a clinical setting, in conjunction with a period of time when boys are becoming “men.” In some of these communities, if a man is not circumcised as a part of this ritual, he will never be considered a “man.” In some instances, circumcisions are performed under unhygienic conditions. When possible, it is important to promote “medical circumcision.”
7. Conclude the activity by discussing the questions below.

### **? Discussion Questions**

- Do you think it is important to promote male circumcision as an HIV prevention strategy—why or why not?
- Do you think that men will understand that just because they are circumcised, they still need to use condoms?
- Do you know where a man could go to get circumcised?
- What have you learned from this exercise?
- What can men do to encourage other men to think about circumcision?

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## Participant Handout 6-5: Health Benefits of Male Circumcision

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Research shows that removal of the foreskin from the tip of the penis (male circumcision) may protect against infection with HIV or against other sexually transmitted infections (STIs),<sup>1, 2, 3</sup> through the following mechanisms:

- Anatomic effect/keratinization (i.e., the skin on the head of the penis becomes less vulnerable to infection)
- Reduced number of HIV target cells
- Reduced exposure to genital ulcer disease

Research has also demonstrated that male circumcision is associated with a variety of other health benefits.<sup>4, 5, 6</sup>

- Rates of urinary tract infections in male infants have been shown to be lower in those who are circumcised.<sup>7</sup>
- Circumcision prevents inflammation of the glans (balanitis) and the foreskin (posthitis).
- Men who are circumcised do not suffer health problems associated with the foreskin such as phimosis (an inability to retract the foreskin) or paraphimosis (swelling of the retracted foreskin causing inability to return it to its normal position).
- Circumcised men find it easier to maintain penile hygiene. Secretions can easily accumulate in the space between the foreskin and glans making it necessary for an uncircumcised man to retract and clean the foreskin regularly.
- Female partners of circumcised men appear to have a lower risk of cancer of the cervix (which is caused by persistent infection with high-risk cancer-inducing types of human papillomavirus).<sup>8</sup>

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1 Auvert, B., Taljaard, D., Lagarde, E., et al. 2005. Randomized, controlled intervention trial of male circumcision for reduction of HIV infection risk: The ANRS 1265 Trial. *PLoS Medicine* 2(11):e298.

2 Bailey, R. C., et al. 2007. Male circumcision for HIV prevention in young men in Kisumu, Kenya: A randomised controlled trial. *Lancet* 369(9562):643–656.

3 Gray, R. H., et al. 2007. Male circumcision for HIV prevention in men in Rakai, Uganda: A randomised trial. *Lancet* 369(9562):657–666.

4 Weiss, H. A., et al. 2006. Male circumcision and risk of syphilis, chancroid, and genital herpes: A systematic review and meta-analysis. *Sexually Transmitted Infections* 82(2):101–109.

5 Singh-Grewal, D., Macdessi, J., and Craig, J. 2005. Circumcision for the prevention of urinary tract infection in boys: A systematic review of randomised trials and observational studies. *Archives of Disease in Childhood* 90(8):853–858.

6 Moses, S., Bailey, R. C., and Ronald, A. R. 1998. Male circumcision: Assessment of health benefits and risks. *Sexually Transmitted Infections* 74(5):368–373.

7 Wiswell, T. E., and Hachey, W. E. 1993. Urinary tract infections and the uncircumcised state. *Clinical Pediatrics* 32(3):130–134.

8 Agarwal, S. S., Sehgal, A., Sardana, S., et al. 1993. Role of male behaviour in cervical carcinogenesis among women with one lifetime sexual partner. *Cancer* 72(5):166–169.

- Circumcision is associated with a lower risk of penile cancer.<sup>9, 10</sup>
- Circumcised men have a lower prevalence of some sexually transmitted infections, especially ulcerative diseases like chancroid and syphilis.<sup>11, 12</sup>

*Note:* The information in this handout is adapted from: World Health Organization et al. 2007. *Information package on male circumcision and HIV prevention*. Geneva.

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9 American Academy of Pediatrics. 1989. Report of the task force on circumcision. *Pediatrics* 84(5):388–391.

10 Dodge, O. G., and Kaviti, J. N. 1965. Male circumcision among the peoples of East Africa and the incidence of genital cancer. *East African Medical Journal* 42:98–105.

11 Nasio, J. M., Nagelkerke, N. J., Mwatha, A., et al. 1996. **Genital ulcer disease among STD clinic attenders in Nairobi:** Association with HIV-1 and circumcision status. *International Journal of STD and AIDS* 7(6):410–414.

12 Cook, L. S., Koutsky, L. A., and Holmes, K. K. 1994. Circumcision and sexually transmitted diseases. *American Journal of Public Health* 84(2):197–201..



## **Taking Risks and Facing Risks**

(pages 6.17–6.18 of the text)

### **Objectives**

1. To understand the differences between women and men in the HIV risks they take and the HIV risks they face
2. To identify reasons why there are gender differences in HIV risk

### **Time**

1 hour

### **Materials**

- Flipchart paper
- Tape
- Participant Handout 6-6: Taking Risks/Facing Risks (page 6.31)

### **Advance Preparation**

Prepare two pieces of flipchart paper, as follows:

<p><b>Questions on Taking Risks</b></p> <p>Who takes more risks with HIV? Women or men? Why?</p> <p>What can we do to help men and women reduce the risks they are taking?</p>	<p><b>Questions on Facing Risks</b></p> <p>Who faces more risks of HIV? Women or men? Why?</p> <p>What can we do to help men and women reduce the risks they face?</p>
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### **Instructions**

1. Ask the participants to give some examples of situations in which people *take* a risk of becoming infected with HIV. Then ask them to give some examples of situations in which people *face* a risk of HIV. Use the following **key points** to talk about the differences:
  - Women face a greater risk of HIV infection than men, for physiological reasons.
  - Women face a greater risk of HIV infection than men because they lack power and control in their sexual lives.
  - Many women face a greater risk of HIV infection than men because they are less economically independent and may have to trade sex for money or other kinds of support.
  - Many women face gender-based violence, which increases their risk of HIV infection.
  - Men take more risks with HIV because of the way in which they have been raised.
  - Competition also plays a role in HIV risk.
  - Men seek younger partners in order to avoid infection.

2. Divide the participants into two groups. Put up the flipchart on Taking Risks and ask the first group to discuss the questions on the flipchart. Tell them that they will report back on their answers to the other group.
3. Put up the flipchart on Facing Risks and ask the second group to discuss the questions on the flipchart. Tell them that they will report back on their answers as well.
4. After about 20 minutes, bring the groups back together and ask them to present their discussions to each other. Then lead a discussion, using the following questions:
  - What is the difference between taking risks and facing risks?
  - Why do men take more risks with HIV than women?
  - Why do women face more risks of HIV than men?
  - What other factors affect the risks of HIV that people take and that people face?
  - How can these risks be reduced?
5. Next, pass out Participant Handout 6-6 and review it with the participants (having a different participant read each paragraph).

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## Participant Handout 6-6: Taking Risks/Facing Risks

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Gender norms and roles and inequalities in power have a huge impact on the HIV risks that women and men face and take. However, other factors are important too, such as age, wealth and poverty, and location (village/town). All of these can have a sizable influence on the HIV risks that people take and face.

Key points include the following:

- ✓ Women face a greater risk of HIV infection than men for physiological reasons. Semen remains in the vagina for a long time after penetrative sex, which increases women's chances of infection from any single sex act. There are also more viruses in men's semen than in women's vaginal fluid. The tissue inside of the vagina is thin, making it more vulnerable than skin to cuts or tears that can easily allow HIV to enter the body. The penis is less vulnerable because it is protected by skin. Forced sex also increases the chance that the vagina will tear or cut. Very young women are particularly vulnerable, because their vagina lining has not fully developed. Women with a sexually transmitted infection (STI) are at least four times more vulnerable to HIV infection than are those with no STI. Women often do not know that they have an STI, as they often show no signs of the disease.
- ✓ Women face greater risks of HIV than men because they lack power and control in their sexual lives. Women are not expected to discuss or make decisions about sexuality. An imbalance in power between men and women means that women cannot ask for or insist on using a condom or any other forms of protection. Poor women may rely on a male partner for their livelihood, which can also leave them unable to ask their partner or husband to use condoms. This also makes it difficult for them to refuse sex, even when they know that they risk becoming pregnant or infected with an STI, including HIV.
- ✓ Many women face a greater risk of HIV infection than men because they have to trade sex for money or other kinds of support. This includes women who work as sex workers, but it also includes women and girls who exchange sex for payment of school fees, rent, food, or other forms of status and protection.
- ✓ Violence against women increases their risk of HIV infection. The crime of rape is linked to men's power over women. Forced sex increases the risk of HIV transmission because of the bruising and cuts it may produce. Other kinds of physical and emotional violence also increase women's risk. Many women will not ask their male partners to use condoms for fear of men's violent reaction. Women who must tell their partners about being infected with HIV or some other STI may experience physical, mental, or emotional abuse or even divorce. Violence is a primary way in which men maintain control over women and take away their power.
- ✓ Men take more risks with HIV because of the way in which they have been raised. Men are encouraged to begin having sex early to prove themselves as men. A sign of manhood and success is to have as many female partners as possible. For married and unmarried men, multiple partners are culturally accepted. Men may be ridiculed if they do not show that they will take advantage of any and all sexual opportunities.

- ✓ Competition also plays a role in HIV risk. Competition is another feature of living as a man. This includes the area of sexuality. Men compete with other men to demonstrate who will be seen to be the bigger and better man. Another sign of manhood is to be sexually daring. This may mean that you do not protect yourself with a condom, as this would be a sign of vulnerability and weakness. Many men believe that condoms lead to a lack of pleasure or are a sign of unfaithfulness. Using condoms also goes against one of the most important indicators of manhood, which is having as many children as possible.
- ✓ Men seek younger partners in order to avoid infection. This behavior is based on the belief that sex with a virgin cures AIDS and other diseases. On the other hand, women are expected to have sexual relations with or marry older men, who are more likely to be infected.

## **Men's Role in Addressing HIV and AIDS**

*(page 6.19 of the text)*

### **Objective**

To identify key roles that men can play in addressing HIV and AIDS.

### **Time**

1 hour

### **Materials**

- Flipchart paper
- Markers

### **Advance Preparation**

Write on a sheet of flipchart paper the following six roles that men play in social and economic life:

- Partner/husband/boyfriend
- Father/family member
- Friend/colleague
- Manager/supervisor
- Health care provider
- Community leader

### **Instructions**

1. Explain to the participants that this activity will look at what men can do in range of social roles to address HIV and AIDS (HIV prevention, HIV counselling and testing, PMTCT, and care and treatment).
2. Divide the participants into six groups, and distribute sheets of flipchart paper to each group. Reveal the prepared flipchart, and assign each group one of the roles listed there.
3. Ask each group to discuss what men in their specific role could do to address HIV and AIDS. Allow 15 minutes for this small-group work. Ask the groups to write out the list of men's possible actions on their flipchart paper.
4. Bring everyone back together. Ask each small group to take turns in putting their flipcharts up and in reporting back on their discussion. After each report-back, allow a few minutes for the rest of the group to ask questions and make comments.
5. Discuss the actions recommended by the small groups, using the following questions and the information in the **key points** to discuss the answers:
  - How can men best use their privilege and power to address HIV and AIDS?
  - What can men do to be more involved in caring for family and friends who are living with HIV or AIDS (e.g. home-based care)?
  - How can men support efforts to prevent mother-to-child transmission of HIV (e.g. use condoms, get tested for HIV)?
  - How should men's roles in addressing HIV and AIDS be linked to gender equality?

### ⇒ Training Tips for This Session

Trainers should be sure to emphasize the following key points in the concluding discussion:

**Men can use their privilege and power in several ways to address HIV and AIDS.**

The most immediate role that men have in HIV and AIDS is in their own sexual lives. Men are privileged because their gender roles give them power over women in sexual decision making. With power comes responsibility: Men can use this responsibility to protect themselves and their sexual partners from HIV transmission. This can be done through healthy preventive behaviors and good communication. Knowing one's HIV status is another key strategy. But men also have power in the family, the community, and the workplace. They can use this power to promote HIV prevention and encourage other men to support and become actively engaged in community responses to the HIV epidemic.

**Promoting gender equality must be central to men's roles in HIV prevention.** Across their different roles in the family and community, one of the biggest contributions that men can make to HIV prevention is to promote gender equality. Women's lower levels of social, economic, and political power are the basis of their greater vulnerability to HIV. Increasingly, HIV and AIDS are becoming a women's disease in Africa. In taking action on HIV, men need to listen to women, act as allies rather than as protectors, and challenge sexist attitudes, behaviors, and policies.

## NOTES FOR

# 7

## Men and Maternal Health

*These notes refer to the content provided on pages 7.1–7.5 of the text.*

### Chapter Purpose and Objectives

This chapter provides an introduction to the role that men can play in preventing maternal mortality and morbidity. It presents information on the causes of maternal mortality and morbidity, as well as guidance on what men can do to prevent maternal mortality and morbidity and improve maternal health.

Upon completion of this chapter, the participants should be able to:

- Describe the main causes of maternal mortality and morbidity
- List the key services needed to prevent maternal mortality and morbidity
- Identify ways that men can help prevent maternal mortality and morbidity
- Identify the danger signs for mothers throughout pregnancy
- Identify the danger signs for newborns



### Training Time

**Approximately 45 minutes to 1 hour, 30 minutes**, depending on which training activities you use. You may use the sample agenda on the next page to help plan your activities and time for this chapter.

## Sample Agenda

Training Content	Training Session	Estimated Time	Recommended
Introduction <i>(no corresponding content in the text)</i>	Trainer presentation	5 minutes	✓
Maternal Mortality and Morbidity <i>and</i> Preventing Maternal Mortality <i>(pages 7.1–7.2 of the text)</i>	An Introduction to Maternal Mortality and Morbidity	10 minutes	✓
Men’s Role in Maternal Health <i>and</i> Danger Signs That Men Can Identify <i>(pages 7.3–7.5 of the text)</i>	Men’s Role in Maternal Health	30 minutes	✓
	Promoting Men’s Role in Safer Motherhood	45 minutes	

### Advance Preparation

- Determine which training activities will be used to present the content of this chapter.
- Determine the maternal mortality and morbidity rates in the participants’ locale. (The Ministry of Health, reproductive health care providers, and STI clinics may all be good sources of information.)
- Identify any current work being done to promote men’s role in safer motherhood.
- Create flipcharts, as needed.

### Introduction

Introduce this chapter by reading aloud the purpose and objectives, which appear on page 7.1 of this trainer’s resource book.



## **An Introduction to Maternal Mortality and Morbidity**

*(pages 7.1–7.2 of the text)*

### **◇ Training Activity: Maternal Mortality and Morbidity**

#### **Objective**

To provide an introduction to issues related to maternal mortality and morbidity

#### **Time**

10 minutes

#### **Materials**

No materials are needed.

#### **Advance Preparation**

No advance preparation is needed.

#### **Instructions**

Provide an overview of the problem of maternal mortality and morbidity by reviewing the information on page 7.1 of the text. Be sure to include information about the common causes of maternal death and the services that contribute to safer motherhood; include current local data, if available.

#### **( ) Training Options**

- If one of the participants is an expert on maternal health, encourage him or her to provide a brief overview of the topic.
- If there is a local organization working on maternal health issues, encourage a representative to attend the training workshop and provide a brief overview.



## **Men's Role in Maternal Health**

*(pages 7.3–7.5 of the text)*

### **◆ Training Activity: Men's Role in Maternal Health**

#### **Objectives**

To identify ways to engage men in maternal health

#### **Time**

30 minutes

#### **Materials**

Flipcharts and markers

#### **Advance Preparation**

No advance preparation is needed.

#### **Instructions**

1. Explain that during this activity, the participants will explore what men can do to help prevent maternal mortality and morbidity.
2. Explain that there are many ways that men can help promote safer motherhood. For example, men can:
  - Help women access medical care during emergencies
  - Help women access antenatal care
  - Support family planning and birth spacing
  - Address gender inequality
3. Divide the participants into four groups, and assign each group one of the four actions mentioned above. Ask the groups to discuss their topic and write on a flipchart some specific actions that men can take to address each topic. Allow 10 minutes for completion.
4. Ask one participant from each group to report their responses to the larger group.

## ◆ Training Activity: Promoting Men’s Role in Safer Motherhood

### Objective

To develop information, education, and communication (IEC) messages to engage men in safer motherhood

### Time

45 minutes

### Materials

Flipcharts, markers, and tape

### Advance Preparation

No advance preparation is needed.

### Instructions

1. Explain that in order to increase men’s awareness of their role in preventing maternal death, many programs create campaigns that reach out to male audiences. Inform the participants that they will have an opportunity to create such a campaign.
2. Divide the participants into groups of five or six participants, and give each group some flipcharts and markers. Ask the groups to develop a promotional tool for the role of men in safer motherhood. The tool could be a television commercial, a radio drama, a poster, or anything else that could be used to promote this issue. Tell them they will have 20 to 30 minutes.
3. After the groups have completed their task, ask them to present their campaigns to the larger group. Allow the participants to discuss each campaign and the messages it promotes.
4. Conclude the activity by discussing which of the campaigns would be the most appropriate for the communities served by the participants’ facilities.

## NOTES FOR

# 8

## Provision of Men's Reproductive Health Services

*These notes refer to the content provided on pages 8.1–8.16 of the text.*

### Chapter Purpose and Objectives

This chapter introduces and explores management and implementation issues related to the delivery of men's reproductive health services.

Upon completion of this chapter, the participants should be able to:

- List some issues that affect the delivery of men's reproductive health services
- Identify the management issues involved in a men's reproductive health services program and some ways to address them
- Explain the importance of the physical environment in the success of a men's reproductive health services program
- Explain the role of frontline staff in the success of a men's reproductive health services program
- Develop problem-solving plans for their facilities



### Training Time

**5 hours, 50 minutes, to 6 hours, 45 minutes**, depending on which training activities you use. You may use the sample agenda on the next page to help plan your activities and time for this chapter.

### Sample Agenda

Training Content	Training Session	Estimated Time	Recommended
Introduction <i>(no corresponding content in the text)</i>	Trainer presentation	5 minutes	✓
Management Issues <i>(pages 8.1–8.3 of the text)</i>	Maternal Mortality and Morbidity	45 minutes	✓
Cost Considerations <i>(pages 8.5–8.6 of the text)</i>	Cost Continuum	45 minutes	✓
Creating a Male-Friendly Environment <i>(pages 8.7–8.8 of the text)</i>	Facility Walk-Through	1 hour	✓
	Client Panel	45 minutes	
Role of Frontline Staff <i>(pages 8.9–8.16 of the text)</i>	Role Plays for Frontline Staff	30 minutes	✓
Visualizing the Success of Men’s Reproductive Health Services <i>(no corresponding content in the text)</i>	Visualizing the Success of Men’s Reproductive Health Services	45 minutes	✓
Action Planning <i>(no corresponding content in the text)</i>	Action Planning	2 hours	✓
Closing <i>(no corresponding content in the text)</i>	Reflection	10 minutes	

### ⇒ Training Tips for This Chapter

The more closely the training is linked to expected activities at the participants' own facilities, the easier it will be for the participants to apply what they learned in this training workshop to their work. Therefore, adapt the content of this chapter, as follows:

- *If training is conducted on-site or with participants from only one facility*, focus the training activities on the facility's specific plans and objectives and the participants' past and/or present experiences in offering men's reproductive health services. Pay attention to the possibility that different individuals, departments, and constituencies within the facility may have differing agendas. For example, the training can help the participants identify areas of agreement and conflict and see whether mutually acceptable solutions can be found. If the facility already provides men's reproductive health services, the training should address how those services came into existence, how well they are functioning, and how many clients they attract. If men's reproductive health services are not being provided, address why the participants are considering providing them now.
- *If training is conducted off-site* with participants from more than one facility, use the training activities to help the participants focus on their own facilities' circumstances.

### Advance Preparation

- Determine which training activities will be used to present the content of this chapter, and prepare or gather any supplies needed for the activities you will be conducting (as described in the activity's "Advance Preparation" section).
- Ask those participants whose facilities offer men's reproductive health services to bring to the workshop samples of any materials their facilities have developed relating to the services, such as printed materials about the services, facility schedules, procedure manuals, or data forms. If any of the participants' facilities offered men's reproductive health services in the past but have discontinued them, ask those participants to find out the circumstances surrounding the decision to discontinue the services.
- Arrange a time for the participants to walk through the reception/waiting and clinical areas of either their own facility (if training is conducted on-site) or a nearby facility (if training is conducted off-site). If the participant group does not include any men, arrange to have from two to six men join the group for about one hour for the facility walk-through, if possible. (These individuals can include staff members, advisory board members, or partners or adult children of the participants.)
- Ask the managers and those involved in making decisions about men's reproductive health services to read the management appendixes before the session, if possible.
- Create flipcharts, as needed.

### Introduction

Introduce this chapter by reading aloud the purpose and objectives, which appear on page 8.1 of this trainer's resource book.





## **Management Issues**

*(pages 8.1–8.3 of the text)*

### **◆ Training Activity: Management Case Studies**

#### **Objective**

To identify shared elements of successful men’s reproductive health services programs

#### **Time**

45 minutes

#### **Materials**

- Flipcharts, markers, and tape
- Participant Handout 8-1: Management Case Studies (pages 8.7–8.8)

#### **Advance Preparation**

- Make enough copies of Participant Handout 8-1: Management Case Studies to distribute to all participants.
- Write the following questions on a flipchart:
  - What were the main challenges facing the facility?
  - How did the facility address these challenges?
  - Was the facility successful in its efforts? If so, why?
  - What alternative solutions may have been successful?

#### **Instructions**

1. Distribute the handout to the participants, and display the flipchart on the wall where all of the participants can see it.
2. Divide the participants into small groups, and assign one case study to each group. Tell each group to read the case study and then respond to the questions written on the flipchart. Provide each group with flipcharts and markers to write their responses. Allow 20 minutes for completion.
3. Bring the groups together and ask for a volunteer from each group to summarize the case study and present the group’s responses.
4. Facilitate a discussion about the responses. Highlight the key points made by the groups, and help the participants identify what elements, across cases, appeared to contribute to the success and failure of the men’s reproductive health programs.
5. Conclude the session by referring the participants to the section “Management Issues to Consider,” provided on pages 8.2–8.3 of the text.

### **(c) Training Options**

- If time is limited or if some of the participants are low-literacy or illiterate, read the case studies aloud and ask for volunteers to respond to the questions.
- Ask the participants to read all of the case studies and write their responses in their texts or on separate pieces of paper. Ask for volunteers to read their responses aloud or ask the participants to pair with another participant to discuss them.

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## Participant Handout 8-1: Management Case Studies

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### **Case Study 1: Sex of the Staff**

#### *Issue*

An urban family planning facility was starting to offer reproductive health services to men. The managers assumed that male clients would want to see male service providers only, but the managers had difficulty finding and recruiting male providers to staff the men's clinic. As a result, the men's clinic was offered only once every other week.

#### *Action undertaken*

The manager decided to offer potential clients a choice: They could be seen either in the all-male clinic, which had male service providers, or in the general family planning clinic, which had female providers and mostly female clients. To the manager's surprise, most male clients chose an appointment time based on convenience (time of day, date) rather than on the sex of the service providers or the other clients.

### **Case Study 2: Staff Resistance to Men's Services**

#### *Issue*

The doctor at a family planning clinic obtained permission to train her female paramedics to examine and treat men for sexually transmitted infections (STIs). The paramedics, who were experienced in diagnosing and treating STIs in women, had never treated men but were interested in doing so. They received the training, and 12 male clients were scheduled to attend the first men's clinic, which was planned for a time when the physician would be away.

The first client's visit was uneventful, but when the second client went into the examination room, the paramedic assigned to his case refused to see him. She walked out, telling the clinic assistant that she was unprepared to treat a man—she did not feel she had had adequate training or that she had gone through all of her training in women's health to treat men. One of the clinic assistants then said that she, too, felt the male clinic experiment was a mistake.

#### *Action undertaken*

The evening manager realized that because so few staff members remained, it would be late in the evening before the staff could see all of the clients. So she decided to close the men's clinic for the evening and sent the clients home. The next day, when she reported what had happened to the director of the facility, the director decided that the men's program was a mistake and shut it down. The physician who had started the program was notified of this decision two weeks later, when she returned from vacation.

### **Case Study 3: Condom Variety**

#### *Issue*

A private, multiclinic facility that provides family planning and STI services in diverse communities was facing a financial crisis. Services for low-income women were being subsidized by government funding, but men's services were not being subsidized. As a result, many men were treated on a sliding-scale basis, paying whatever they could afford.

The facility purchased one brand of latex condoms for all of its clinics at low cost through a central purchasing program, and the clinics provided condoms for free to male and female clients. However, the clients complained that the condoms broke, had an unpleasant smell, and interfered with sex.

#### *Alternative actions undertaken*

1. The family planning program director, who was concerned about the cost of providing services to men, said the facility could not afford to purchase other condoms, since the program was losing money. Some of the clinics stopped distributing the condoms, which were readily available at local stores.
2. One of the local managers obtained approval to try an alternative way of providing condoms on a pilot basis, as long as he kept within his clinic's budget. The clinic surveyed a small number of men to find out the most popular brands and features of condoms. The manager and clinic health educator selected five brands of condoms and purchased them in modest quantities through a pharmacy distributor. Next, the manager and clinic health educator displayed a poster about the different brands of condoms in the clinic waiting area. The condoms were sold at the reception desk for 50% above what it cost the clinic to buy them, but this price was lower than what the same condoms would have cost at local pharmacies. The clinic continued to offer the brand of condoms that it had formerly offered for free, but charged a minimal amount for them. Condom sales increased steadily, and a number of young men who came to the clinic solely to buy condoms eventually became clients. Profits from condom sales were used to pay for services for low-income men.

### **Case Study 4: Outreach Strategies**

#### *Issue*

A rural family planning facility that was starting a men's reproductive health program wanted to train village health workers to engage in outreach activities to educate men and encourage them to attend the men's clinic. Two new outreach workers were trained: a dynamic young man in his late 20s who had completed high school (a high level of education for the district) and was outspoken about the need to extend health care for all; and a married woman in her mid-40s who had several children and had worked as a clinic assistant before she was married. The health workers were sent into the community to educate men individually and in small groups. After three months, the manager overseeing the outreach program reviewed the numbers of male clients who had used the services and found that, between them, the health workers had drawn in only five clients. The program manager was asked to make a recommendation about whether to continue the program or close the clinic.

#### *Action undertaken*

The manager decided to continue the program but to replace the health workers with two new ones: a 60-year-old midwife who had delivered most of the babies in the village during the past 35 years, and a retired man who formerly taught reading in the local school. Three months later, the number of male clients had risen to 49.

## **Cost Considerations**

*(pages 8.5–8.6 of the text)*

### **◆ Training Activity: Cost Continuum**

#### **Objective**

To identify male engagement activities that can be implemented with different level of resources

#### **Time**

45 minutes

#### **Materials**

- Index cards (or large pieces of paper)
- Markers and tape

#### **Advance Preparation**

- Write the terms “No Cost,” “Low Cost,” “Moderate Cost,” and “High Cost” on index cards or large pieces of paper, one term per card.
- Write the name of each of the men’s reproductive health services or activities listed on pages 8.5–8.6 of the text on a separate card or piece of paper.

#### **Instructions**

1. Explain that this activity will introduce a variety of male involvement activities that can be conducted at no or low cost.
2. Display the “cost” cards in a row across a blank wall in the order in which they are listed above.
3. Distribute two or three of the services/activities cards to each participant. Ask the participants to judge the cost or resource expenditure for instituting that service or activity, and then to post the cards under the appropriate cost card.
4. Ask the participants to review the placement of the cards and to move any that they think are misplaced. Read aloud each card, starting with those placed in the “No Cost” category. Ask the participants whether they agree with the placement of each card. Allow them to move the cards to another category if they choose. After each card is discussed, place a check on it so that you know it has been covered. Allow 15 minutes for completion.
5. Conclude the activity by discussing the questions on page 8.10. Afterward, remind the participants that there are many low-cost activities that a clinic can engage in to make their services more male-friendly.

### **? Discussion Questions**

- What surprised you about the placement of the cards?
- Which no-cost or low-cost services had you not previously thought of as men's reproductive health services? How likely do you think it is that your facility could incorporate these services at no or low cost?
- Did this activity generate any new ideas for how you may incorporate men's reproductive health services into your program? If so, how?

#### **⇒ Training Tip for This Session**

Participants may disagree on the level of cost for an activity. Remind the group that many activities can be implemented at varying levels of cost. To build consensus, ask the group to think of innovative ways to conduct activities at the lowest cost possible and to place the cards under that approach rather than the more expensive one. For example, a social marketing campaign could be conducted at the grassroots level with community health workers rather than by using more expensive means, such as television or radio.

## **Creating a Male-Friendly Environment**

*(pages 8.7–8.8 of the text)*

### **◆ Training Activity: Facility Walk-Through**

#### **Objective**

To identify ways to make participants' sites more male-friendly

#### **Time**

1 hour

#### **Materials**

- Pencils or pens
- Participant Handout 8-2: Facility Walk-Through Checklist (page 8.13)

#### **Advance Preparation**

Make enough copies of Participant Handout 8-2 to distribute to all participants.

#### **Instructions**

1. Explain that facilities that deliver services to men can benefit from looking at their physical environment and procedures with “fresh” eyes. This activity will examine the facility’s physical environment from the perspective of a male client.
2. Distribute the handout to the participants.
3. Divide the participants into two groups. Vary the composition of the groups, if possible, by mixing men and women, individuals of various ages, and frontline and clinical staff. Tell Group 1 that they will answer Questions 1 through 8 on the checklist, and tell Group 2 that they will answer Questions 9 through 23. Then instruct them to walk through the areas of the facility on their checklist and to look around as if they were men coming to the facility for the first time. (Group 1 is to begin on the outside of the facility and then to move to the reception/waiting area, and Group 2 is to begin in the reception/waiting area.) Using the checklist as a guide, ask them to assess how the facility would appear to them, observing the:
  - Physical environment (colors, pictures, furniture)
  - Appearance of cleanliness, efficiency, and professionalism
  - Client-education materials and condoms displayed, if any
  - Items that address the needs of men, women, or children specifically
  - Reading materials or items for clients to pass the time with while waiting for an appointment
  - Sex of the staff and the clients who are visible at the facility
  - Knowledge of the staff regarding the availability of men’s services
  - Any indications of attitudes that might be considered hostile toward men or insensitive to their needs

4. Allow 30 to 40 minutes for the walk-through. Afterward, divide the participants into small groups, and ask them to discuss their observations. Ask them to point out examples of low-cost changes that could be made easily (e.g., posters) and more expensive changes that might not be feasible to change in some settings (e.g., buying furniture).
5. Facilitate a large-group discussion to share the participants' observations about each item on the checklist.
6. Ask the participants to identify actions they may take to rectify each problem area identified.

⇒ **Training Tip**

If all of the participants are female, try to arrange to have two to six men join them during the walk-through. (These individuals can include other staff members, advisory board members, or spouses or adult children of the participants.)

**(c) Training Options**

1. If the group includes participants from more than one facility or if time is limited, recommend that the participants conduct a similar walk-through at their own facilities after the training.
2. If there are few participants, you may conduct the walk-through with all of the participants in one large group.
  - If the participants do not have access to a facility, divide the participants into four groups and ask them to imagine their “ideal” male clinic. Assign each group one section of the checklist (Identity, Services Provided, Reception/Waiting Area, and Service Areas and Examination Rooms), and ask them to describe one aspect of the ideal male clinic that fits in that section.



## Participant Handout 8-2: Facility Walk-Through Checklist

As you walk through the facility, imagine that you are a man coming to the facility for services or information for the first time. Keeping the man’s perspective in mind, assess how the facility would appear on the basis of the following criteria.

	Yes	No
<b>Identity</b>		
1. Does the name of the facility seem welcoming to men?		
2. As you approach the facility, is it obvious that it is a suitable place for a man to seek services?		
3. Does the gatekeeper or guard seem knowledgeable about the services that are available for men?		
<b>Services Provided</b>		
4. Is there a sign or poster indicating that services are provided for men?		
5. Does the sign or poster list the hours, eligibility, and no-cost or low-cost options for services?		
6. Does the sign or poster indicate the types of services offered for men?		
7. Are brochures or handouts with information about services for men readily available?		
8. Does the receptionist seem knowledgeable about the services that are available for men?		
<b>Reception/Waiting Area</b>		
9. Is the environment in the reception/waiting area comfortable for men (as opposed to seeming more intended for women or children)?		
10. Are magazines, newspapers, or other items that appeal to men readily available?		
11. Are brochures, pamphlets, posters, or other client-education materials that deal with men’s health issues readily available?		
12. Is the area clean, neat, and efficient-looking?		
13. Do you see any other male clients in the area?		
14. Do you see any male staff members?		
15. Is a men’s restroom available?		

16. Is it clear where you would go to register for services?		
17. Do the staff appear to be polite and respectful toward men?		
18. If you came in only to get some condoms and did not want an examination, is it clear where you would get them?		
19. Is illustrated literature or a diagram about how to use a condom readily available?		
<b>Service Areas and Examination Rooms</b>		
20. Is the environment comfortable for men (as opposed to seeming more intended for women or children)?		
21. Are brochures, pamphlets, posters, or other client-education materials that deal with men's health issues readily available?		
22. Are posters about male anatomy and male genital self-examination readily available?		
23. Do you think you could speak confidentially with a service provider or counselor here, without being seen or overheard?		

**Additional comments:**

## ◆ Training Activity: Client Panel

### Objective

To understand the perspectives of male clients seeking reproductive health services at facilities

### Time

45 minutes

### Materials

No materials are needed.

### Advance Preparation

- Check with supervisors or administrators from the participants' facilities to see whether you could invite four or five former clients to share their experiences in seeking reproductive health services at the facilities. (This has worked well in Ghana, for example, where a group of "satisfied clients" tour the community and tell potential clients and health professionals about their experiences with the health care system and how family planning and reproductive health services have improved their own and their family's health.) Such clients may include older men who have had vasectomies and can dispel myths about the procedure, as well as younger men who have learned to use condoms and make responsible sexual decisions. Sometimes the men volunteer their time and sometimes they are paid.
- To prepare the former clients to discuss their experiences, ask them to think about the following questions:
  - Why did you go to the facility?
  - What did you want when you went there?
  - Why did you choose to go there instead of somewhere else?
  - What were some of the concerns you had before going to the facility?
  - What do you remember most about your experience at the facility? What aspects were especially good? Was there anything you did not like?
  - What staff did you interact with? How did it go?
  - If you were going to advise the facility staff about ways they could make their services even better, what would you suggest they do?
  - Would you tell a friend to go there? For which services? Why?

### Instructions

1. Introduce the panel, and ask each panel member to present his story.
2. Afterward, invite the participants to ask questions and respond to what they heard.

#### ⇒ Training Tip

Ask the presenters to bring their partners, if they desire, so they can share their experiences as a couple. Be sure to ask clients how they feel about their partners' receiving services.



## **Role of Frontline Staff**

(pages 8.9–8.16 of the text)

### **◆ Training Activity: Role Plays for Frontline Staff**

#### **Objective**

To understand the important roles that frontline staff can play in creating male-friendly services

#### **Time**

30 minutes

#### **Materials**

Participant Handout 8-3: Frontline Staff Role Plays (page 8.17)

#### **Advance Preparation**

- Determine how many participants will be playing the roles of the “visitor/caller” and the “receptionist.” Keep in mind that the participants will be divided into groups of three, with one participant in each group playing each role.
- Make enough copies of the information for each role on Participant Handout 8-3 to enable each player to have a copy of the information appropriate to his or her role. (*Note:* To ensure that the players do not know in advance how the other players will respond during the role play, cut the copies so that each player receives only the information for his or her role.)
- Choose another facilitator or a participant to help model the first role play with you.

#### **Instructions**

1. Explain to participants that this activity will help them understand the important roles that frontline staff can play in contributing to male-friendly service provision. Begin the activity by modeling the first role play with another facilitator or a participant in front of the group.
2. After the role play, ask the group to discuss what went well during the role play and what they felt could have gone better.
3. Divide the participants into groups of three, and assign the second role play to each group.
4. Ask one participant in each group to play the “visitor/caller” and one to play the “receptionist.” Give each player a piece of paper containing the appropriate information for his or her role.
5. Tell the other participant in each group to observe the interaction by trying to understand the visitor/caller’s perspective and to identify which of the receptionist’s behaviors appear to be effective or ineffective in dealing with the visitor/caller. Allow two to five minutes for completion.

6. Reconvene the larger group, and ask the visitors/callers, receptionists, and observers to discuss what went well during the role play and what they felt could have gone better. If you observed the role play, comment on what you observed and suggest other techniques that may have been useful in dealing with the visitor/caller if needed.
7. Ask the participants to change roles, and distribute pieces of paper containing the appropriate information for each role in the third role play. Discuss the third role play as a group, with each participant responding according to his or her role.
8. If time allows, ask the participants to change roles again and continue with as many role plays as possible. Discuss each role play as a group after completion.

### **(c) Training Options**

- If time is limited, instruct the frontline staff in the group to practice the role plays after the training with their colleagues, family members, or friends.
- If time is available, ask the participants in each group to take turns playing the different roles so that each group plays out more than one interaction.

#### **⇒ Training Tips**

- Direct the participants to play their assigned roles as written, rather than trying to do the “right thing” in their particular situation.
- Scenario 5: Angry Client may provoke strong feelings. This role play may need to be enacted more than once so that the participants can try out various ways of dealing with angry confrontations. Nevertheless, the role play can be useful in helping managers understand the issues facing frontline staff and preparing them to back up their frontline staff when necessary.
- Appendix B in the text provides more comprehensive coverage of this content. It is intended for use by managers or in training frontline staff.

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## Participant Handout 8-3: Frontline Staff Role Plays

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### **Scenario 1: Reluctant Male Client**

#### **Visitor/Caller**

- You think you have a sexually transmitted infection (STI) because you have penile discharge, a burning pain when you urinate, and a sore on your genitals.
- You want information and treatment, but you are embarrassed and reluctant to say what you want, and you generally act evasive.
- You demand to speak with a man.

### **Scenario 1: Reluctant Male Client**

#### **Receptionist**

- You are a woman alone on duty.
- No one else is available to respond to the man.

### **Scenario 2: Angry Wife**

#### **Visitor/Caller**

- You suspect that your husband has been having an affair.
- You think your husband has come to the clinic to be tested and treated for a sexually transmitted infection (STI).
- You are worried that your husband may have infected you or may do so in the future. Since he does not use condoms with you, you know that if he has an infection, you will have to convince him to use condoms or risk becoming infected yourself.
- You want information about his situation.

### **Scenario 2: Angry Wife**

#### **Receptionist**

- You know that you cannot discuss a client's situation with anyone, even if it is her husband.

### **Scenario 3: What Does He Want?**

#### **Visitor/Caller**

- You are a man in your 40s who recently has had difficulty maintaining an erection.
- As a result, you have been avoiding having sex with your wife.
- You want information and help, but you do not even know whether this is a problem with which you can be helped.
- You are embarrassed and reluctant to say what you want.

### **Scenario 3: What Does He Want?**

#### **Receptionist**

- You have to stay at the reception desk.
- Other staff (service providers, counselors, and support staff) are available; you can call on them for help if you feel it is needed.

(cont.)

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## **Participant Handout 8-3: Frontline Staff Role Plays** *(cont.)*

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### **Scenario 4: Young Men**

#### **Visitor/Caller**

- You are a group of three to six young men who enter the reception/waiting area.
- You go to the clinic together for mutual support and to see what the place is like—but as a group, you are noisy and comment freely and loudly on what you see around you.
- Some of you tease the staff or make inviting remarks to the female staff.
- Despite your behavior, you are interested in getting condoms and finding out about the services available at the clinic.

### **Scenario 4: Young Men**

#### **Receptionist**

- You want to keep the clinic moving along peacefully without disrupting the other clients in the reception/waiting area.
- Other staff are present at the clinic, but they do not often come into the reception/waiting area, where you are.

### **Scenario 5: Angry Client**

#### **Visitor/Caller**

- You came to the clinic three days ago to be examined for a possible sexually transmitted infection (STI) and were told to return today for the test results. The results are not available.
- You are angry—angry about the possible STI, angry at the person who may have given it to you, and angry at the facility for not having the results available.
- You begin to scream at the receptionist.

### **Scenario 5: Angry Client**

#### **Receptionist**

- You do not know what happened to the test results.
- No one is around to help you find the test results right now.

*(cont.)*



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## **Participant Handout 8-3: Frontline Staff Role Plays** *(cont.)*

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### ***Scenario 6: Male Client Who Has Sex with Men***

#### ***Visitor/Caller***

- Because you performed oral sex on a man and have a sore throat, you tell the receptionist you would like to be checked for sexually transmitted infections (STIs) and want a throat examination.
- You become annoyed when she tells you that you do not need a throat examination and does not ask you whether you had sex with men or want to be tested for HIV.
- You tell her you are a homosexual and deserve the same treatment as anyone else.

### ***Scenario 6: Male Client Who Has Sex with Men***

#### ***Receptionist***

- The clinic's usual routine for sexually transmitted infection (STI) testing is to swab the urethra for gonorrhea and chlamydia and check for skin lesions. Your clinic does not perform throat examinations, which are considered part of general medicine.
- You do not know much about AIDS, which has not spread to your small, rural community. You think the only people in your country who have AIDS are the sex workers and homosexual tourists in the large city 80 km away.
- You are a conservative, religious person with traditional values. To your knowledge, you have never spoken with a homosexual before, and you wish to end the encounter as quickly as possible.



## **Visualizing the Success of Men’s Reproductive Health Services**

### **◆ Training Activity: Visualizing the Success of Men’s Reproductive Health Services**

#### **Objective**

To identify ways to develop a men’s reproductive health program at the participants’ sites

#### **Time**

45 minutes

#### **Materials**

Flipcharts and markers

#### **Advance Preparation**

No advance preparation is needed.

#### **Instructions**

1. Instruct the participants that you will be leading them in a visualization, or guided-imagery, activity that will require them to consider and imagine what their facility’s men’s reproductive health services program might be like after they have received training and done all they can to establish the best services possible.
2. Lead them through the activity by saying the following:

Find a comfortable position, and close your eyes. Let your body relax. Listen to your breathing, and begin to take deep breaths in and out. Relax all of the muscles in your body.

I am going to ask you to imagine a clinic that is very different from the one you are working in now. Because it is different, it requires you to stretch your imagination. Let yourself imagine as fully as you can. If you become distracted at any point, just notice it and return to the process.

Imagine that it is two years from now. You have received comprehensive training on initiating and enhancing a men’s reproductive health services program, and the program is a great success. Reporters have come to your clinic to write stories on your accomplishments. You have won awards at conferences based on the clinic’s services. Government officials from other countries come and visit your site to learn from you.

I want you to imagine the positive changes that were made by the men’s reproductive health services program. Remember that you had support from management, good teamwork, and necessary resources needed to do all of this work.

Now think about the clinical services you provide for men. What new clinical services have been established for men? Which services did you expand? Which

services did you already offer that men started to come in for?

Now think about the counseling services you provide for men. What issues do you now counsel men on? What type of couples counseling is provided? Who counsels men, and where does the counseling occur?

Now think about the physical environment of the facility. What changes did you make to improve the clinic so that it is more comfortable and appealing to men? How do men know that they are welcome to receive reproductive health services at your site?

Now think about the educational activities you conduct. Where do you provide educational talks? Who does this? What issues are discussed?

Now think about the strategies you use to bring men into the clinic. How are men's services promoted? What do you do to motivate men to come for the services?

Now, open your eyes.

3. Divide the participants into five groups, and give each group a flipchart and markers. Ask each group to discuss one of the five main strategies covered in the guided imagery:
  - Clinical services
  - Counseling
  - Changes to the facility
  - Community education
  - Promotion of services/motivation
4. Ask the group members to refer back to the ideas they had during the visualization activity and to write them on flipcharts. Allow 10 minutes for completion.
  - Reconvene the larger group, and ask for a volunteer from each group to report on their ideas.
  - Save the flipcharts for use in the next activity.

## **Action Planning**

### **◆ Training Activity: Action Planning**

#### **Objective**

To identify concrete steps to develop male-friendly services at the participants' sites

#### **Time**

2 hours

#### **Materials**

Flipcharts, markers, and tape

#### **Advance Preparation**

- Collect the flipcharts used in the previous activity.
- Prepare the three flipcharts used as examples during this activity, as described in steps 5, 7, 8, and 11.

#### **Instructions**

1. Inform the participants that they will be spending the next few hours working on action plans for improving their facility's work with male clients.
2. Divide the participants into two groups based on their job duties and expertise.

The first group will consider **clinical services, counseling, and changes to the facility**. This group should consist of the medical director, doctors, nurses, counselors, and administrative clerks.

The second group will consider **promotion of services/motivation and community education**. This group should include community health workers, community volunteers, health educators, promoters, and at least a few key managers and administrators from the facility.

Make sure that the groups are of equal size. Some participants can be assigned to a group that does not focus on their area of work, if necessary.

3. Ask each group to review the flipcharts from the previous activity. Group 1 will review the flipcharts on clinical services, counseling, and changes to the facility, and group 2 will review the flipcharts on promotion of services/motivation and community education.
4. Ask both groups to consider all of the ways that their facility might address these issues. Remind them about other exercises in this workshop that provided ideas on activities that might be conducted at a facility. These include the activities on the framework for working with male clients, case studies, cost considerations, and the facility walk-through. The flipcharts should contain some, but not all, of these ideas.

5. Based on the flipcharts and other ideas shared by the groups, ask the participants to consider all of the activities that the facility is currently doing to reach men, and all of the activities the facility could possibly do in the future to reach men. Ask the participants to write the activities in two columns on a flipchart. Display the following as an example:

#### **Clinical Services, Counseling, Changes to the Facility**

<b>Current Activities</b>	<b>Possible Improvements or Future Activities</b>
<ul style="list-style-type: none"> <li>• Vasectomy services</li> <li>• Condoms provided at low cost</li> <li>• Male counseling for family planning</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual dysfunction services</li> <li>• STI diagnosis and treatment</li> <li>• A separate waiting room for men</li> <li>• Condoms provided for free</li> <li>• Couples counseling for family planning</li> <li>• Male information, education, and communication materials in waiting rooms</li> <li>• A sign in front of the building listing the services for men</li> </ul>

Note that some of the current activities could be improved. In the example above, the facility decided that it may be able to provide condoms for free instead of charging for them. In this case, the improvement was listed under the possible future activities.

6. Allow 15 minutes for completion. When the participants are finished, explain that due to financial and human resource constraints, it will not be possible to implement all of the ideas identified. Therefore, it is necessary to select several key activities to pursue. One of the ways to do this is to use criteria to evaluate and prioritize the activities to be implemented.
7. Present the following questions to be used to define the criteria:
  - **Feasibility.** How easy will it be to implement this activity? Do staff have the skills to carry it out? If not, can they be easily trained?
  - **Cost-effectiveness.** Can this activity be carried out in a way that will not put undue financial strain on the facility? Can the costs be recovered for these activities? Is the activity worth the investment?
  - **Appeal.** Will this activity be interesting and appealing to men? Will men use this service?

8. Ask the participants to create a chart to rank the criteria. Display the following chart as an example:

Activities	Feasibility	Cost-effectiveness	Appeal	Total
Provide condoms for free	5	3	5	13

9. Ask the participants to rank each activity, from 1 to 5, on the three criteria given, with 5 representing the highest score and 1 the lowest. Allow 15 minutes for completion.
10. After each activity has been ranked, ask the participants to explain why they ranked each activity as they did. Then ask them to identify the five to seven activities with the highest scores; explain that these activities will be included on their formal action plans.
11. Ask the group to create a detailed action plan for each activity. Before the participants begin, present the chart below as an example of one action plan.

Activity	Steps	By Whom	By When
Promote services and provide health talks at workplace settings	1. Develop promotional materials	1. Ellen	1. March 31
	2. Meet with workplace management	2. Eduardo and Jane	2. April 10
	3. Develop lesson plans for the health talks	3. Jane	3. April 17
	4. Designate a time to provide the health talks and promotional materials	4. Jane and Eduardo	4. April 25
	5. Deliver the health talks	5. Jane	5. To be determined

12. In closing, explain to the participants that they will use these action plans as guidelines for what they need to do to initiate male-friendly services at their site.





## **Closing**

### **◆ Training Activity: Reflection**

#### **Objective**

To obtain participants' perspectives on the workshop

#### **Time**

10 minutes

#### **Materials**

Pencils or pens

Participant Handout 8-4: Day/Workshop Closing Activity (page **8.30**)

#### **Advance Preparation**

Make enough copies of Participant Handout 7-4 to distribute to all participants.

#### **Instructions**

1. Distribute the handout to the participants, and ask them to complete the statements, either orally or in writing.
2. Ask for volunteers to share their responses to one or more of the statements.

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## Participant Handout 8-4: Day/Workshop Closing Activity

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Reflect on the ideas and information shared today or over the course of the workshop by completing the following sentences:

1. This workshop has taught me....

2. I was surprised to find....

3. When it comes to my values, I....

4. I want to think more about....

# Appendixes



# **Appendix A**

## **Men's Reproductive Health Services Assessment Surveys**



# Assessment Survey for Facilities That Provide Men's Reproductive Health Services

1. Why did your facility begin to provide men's reproductive health services? Who was involved in the decision-making process?
2. When did your facility first begin providing men's reproductive health services?
3. How have the men's reproductive health services evolved, if at all?
4. What changes have been made in your facility's mission or policies as a result of the men's reproductive health services program?
5. What challenges has your facility faced by serving male clients? What has been rewarding or beneficial about serving male clients?
6. What is your staff's experience in working with men? What training (formal or informal) has your staff received to work with men? Specifically, have they received any gender training?

7. What efforts has your facility made to make the facility environment male friendly? (Please explain.)
8. Where in your facility do you provide reproductive health services to men (in relation to other departments in your facility)? What are the dates and times for men's reproductive health services? Are men's reproductive health services provided during specific hours? Are the services provided by appointment or on a walk-in basis? Can the clients choose to see only a male or female service provider?
9. Which services do you provide to men? (Check all that apply.)
- Full general examination
  - Sports physicals
  - Contraceptive services:
    - Condom distribution
    - Vasectomy services
    - Counseling on other methods, such as withdrawal
  - Testing for sexually transmitted infections (STIs), including HIV infection
  - STI treatment
  - Testicular cancer screening
  - Prostate cancer screening
  - Education/counseling on women's reproductive health issues
  - Education/counseling on other issues (Please explain.)
  - Referrals (Please explain for what and where.)
  - Male circumcision services
  - Other services (Please explain.)



# Assessment Survey for Facilities That Are Initiating or Considering Providing Men's Reproductive Health Services

1. Why did your facility decide to begin (or consider) providing men's reproductive health services? Who was involved in the decision-making process?
2. What possible changes do you envision being made in your facility's mission or policies as a result of providing men's reproductive health services?
3. What challenges do you foresee in beginning to work with male clients? What rewards or benefits do you envision in working with male clients?
4. What previous experience, if any, does your staff have in working with male clients? What training (formal or informal) has your staff received to work with men? Specifically, have they received any gender training?
5. What efforts do you foresee being undertaken to make your facility male friendly? (Please explain.)

6. Do you foresee designating a special space in your facility to provide reproductive health services to men? Have you thought about dates and times for men's reproductive health services; whether men's reproductive health services would be provided during specific hours; whether the services would be provided by appointment or on a walk-in basis; and whether clients would be able to choose to see only a male or female service provider?

7. Which of the following services have you considered providing for men? (Check all that apply.)

Full general examination

Sports physicals

Contraceptive services:

Condom distribution

Vasectomy services

Counseling on other methods, such as withdrawal

Testing for sexually transmitted infections (STIs), including HIV infection

STI treatment

Testicular cancer screening

Prostate cancer screening

Education/counseling on women's reproductive health issues

Education/counseling on other issues (Please explain.)

Referrals (Please explain for what and where.)

Male circumcision services

Other services (Please explain.)

# Appendix B

## End-of-Training Evaluation Form

# End-of-Training Evaluation Form

Please complete all sections of this evaluation form. Place a check mark (✓) in the blank that best describes how you feel about each element. Write any additional comments you have on the reverse side if needed. Your responses will assist the training organizers in determining what modifications, if any, should be made to this program.

## A. Overall Evaluation

Select the choice that best reflects your overall evaluation of this training:

\_\_\_\_\_ Very good    \_\_\_\_\_ Good    \_\_\_\_\_ Fair    \_\_\_\_\_ Poor    \_\_\_\_\_ Very poor

## B. Specific Aspects

1. Respond to each of the following elements of the training (circle the number of your response for each):

Element	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
<b>Content</b>					
• Information was sufficient	5	4	3	2	1
• Information was well-organized	5	4	3	2	1
<b>Materials and Visual Aids</b>					
• Were of high quality	5	4	3	2	1
• Were useful	5	4	3	2	1
<b>Instructor Presentation</b>					
• Instructor was knowledgeable on this subject					
• Instructor had a good presentation style	5	4	3	2	1
• Instructor was responsive to the participants' questions and needs	5	4	3	2	1
<b>Practice Sessions</b>					
• Were useful					
• Allowed enough time to practice procedures	5	4	3	2	1
	5	4	3	2	1

2. The length of training was: \_\_\_\_\_ Too long    \_\_\_\_\_ Just right    \_\_\_\_\_ Too short

3. The most important thing I learned in this training was:

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**C. For the Future**

Please think about this training and all of the elements (content, materials, presentation, practice sessions, etc.) that you feel should be the same if this training is repeated. Also think about what aspects you feel could be improved and what elements you feel should be eliminated from this training.

1. I suggest the following to be **SAVED** and included in future training (include reasons why):

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2. I suggest the following to be **CHANGED** for future training (include reasons why):

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3. I suggest the following to be **REMOVED** from future training (include reasons why):

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**D. Other Comments**



# Appendix C

## Knowledge and Opinions Survey

ID # \_\_\_\_\_

### Instructions

*All of your answers are confidential. The results of this survey will be used to adapt the training content and to evaluate the effectiveness of the overall training. Answer all of the questions to the best of your ability. Do not leave any questions blank. This is not a test. It is fine if you do not know the correct answers. If you have any questions about the survey, talk to the trainer.*

*Fill in the following information.*

Your name:\* \_\_\_\_\_

Facility name: \_\_\_\_\_

Country: \_\_\_\_\_

Date: \_\_\_\_\_

*\* Note: Your name is needed only so that we can give you an ID number, which will enable us to match your pretraining and posttraining surveys.*

ID # \_\_\_\_\_

*Answer the following questions about your background and your experience in the health care profession.*

A. Are you a ...? (Check one box.)

- Doctor/nurse practitioner/physician's assistant
- Nurse
- Medical assistant/paramedic/nurse's assistant
- Receptionist/clinic support staff
- Other \_\_\_\_\_ (Describe.)

B. Please mark your highest level of education. (Check one box.)

- Less than secondary-school diploma
- Completed secondary school
- Some university, but did not receive degree
- University bachelor's degree
- Graduate degree/professional degree

C. Are you ...? (Check one box.)

- Male
- Female

D. How many years have you worked at this health care facility? (If less than one year, write 0.)

\_\_\_\_\_ years

E. How many years have you worked in the health care profession? (If less than one year, write 0.)

\_\_\_\_\_ years

F. Have you ever attended a training course on the provision of men's reproductive health services? (Check one box.)

- Yes
- No
- Not sure



Read the following statements, and decide whether you *agree (A)* or *disagree (D)* with each of the following statements. Write your response (A or D) to each statement in the space provided.

1. \_\_\_\_\_ Men will not use reproductive or sexual health services if they are offered.
2. \_\_\_\_\_ A man is more of a “man” once he has fathered a child.
3. \_\_\_\_\_ Men and women can both be good parents.
4. \_\_\_\_\_ Family planning will always be a more important issue to a woman than to a man because the woman is the one who can get pregnant.
5. \_\_\_\_\_ It is possible for a man to rape his wife.
6. \_\_\_\_\_ If any health care facility staff have fears or concerns about working with male clients, the men’s reproductive health program is sure to fail.
7. \_\_\_\_\_ In order for a men’s reproductive health program to be successful, the staff must have the same values about sex and sexuality as the male clients they serve.
8. \_\_\_\_\_ A service provider or counselor can effectively provide services to a male client even if his or her values differ from the client’s.
9. \_\_\_\_\_ Women’s voices and needs must be considered when men’s reproductive health services are incorporated into existing services.
10. \_\_\_\_\_ Men are curious about the male reproductive system.
11. \_\_\_\_\_ Men have many legitimate questions about sex that require honest and factual responses.
12. \_\_\_\_\_ In order for service providers to effectively communicate with male clients, they must be familiar with all of the slang words men use to describe their sexual anatomy or behaviors.
13. \_\_\_\_\_ A service provider or counselor should never use slang words when working with a male client.
14. \_\_\_\_\_ When interacting with a male client, frontline staff (doormen, guards, receptionists) should never try to give him information about his condition.
15. \_\_\_\_\_ Masturbation is a healthy expression of one’s sexuality.
16. \_\_\_\_\_ Clients who have sex with members of their own sex have the same rights to health care that clients who have sex only with members of the opposite sex have.

17. \_\_\_\_\_ Issues of sexual pleasure should not be discussed with clients. Rather, service providers should offer only accurate medical information about how to reduce risks and prevent disease.
18. \_\_\_\_\_ Condoms break easily and therefore are not effective in preventing pregnancy.
19. \_\_\_\_\_ Service providers should not bother discussing condoms with men because men will never use them.
20. \_\_\_\_\_ Clients with sexually transmitted infections (STIs) deserve their illness because of their behavior.
21. \_\_\_\_\_ Men should be blamed for passing on STIs to their partners.
22. \_\_\_\_\_ Most men would inform their sexual partner if they learned that they had an STI.
23. \_\_\_\_\_ Birth planning should be a woman's responsibility, since she is carrying the child.
24. \_\_\_\_\_ Men cannot be involved in pregnancy, labor, and delivery because their wives will not want them to be involved.
25. \_\_\_\_\_ The behavior of frontline staff (doormen, guards, receptionists) has little impact on the success or failure of a men's reproductive health program.
26. \_\_\_\_\_ Initiating men's reproductive health services can be a challenging task because men are often not interested in receiving such services.
27. \_\_\_\_\_ Men's reproductive health services are not an appropriate use of valuable resources and, therefore, should not be provided at reproductive health clinics.

Decide whether each of the following statements is true (T) or false (F). Write your response (T or F) for each statement in the space provided.

28. \_\_\_\_\_ In order for a facility to effectively incorporate men's reproductive health services, it must provide as many services to men on-site as possible.
29. \_\_\_\_\_ Incorporating men's reproductive health services into existing women's services will always cost a lot of money.
30. \_\_\_\_\_ Incorporating men's reproductive health services into existing services may lead to decreased rates of unintended pregnancies and STIs.
31. \_\_\_\_\_ While pre-ejaculatory fluid does not contain sperm, the fluid may transmit STIs to a partner.

32. \_\_\_\_\_ The scrotum helps control the temperature for sperm production by raising and lowering the testes toward and away from the body.
33. \_\_\_\_\_ There is clear evidence that circumcision should be recommended for all boys as a preventive measure against infections.
34. \_\_\_\_\_ It is normal for a man sometimes to be unable to achieve or maintain an erection.
35. \_\_\_\_\_ Gender is one's status as being male or female based upon biological, anatomical, physiological, and genetic characteristics.
36. \_\_\_\_\_ Sexual orientation is determined by whom a person has sex with.
37. \_\_\_\_\_ The human sexual response cycle begins to function when an individual enters puberty.
38. \_\_\_\_\_ The brain is one of the most important sexual organs because it controls sexual responses and enables us to fantasize.
39. \_\_\_\_\_ Vasectomy is a safe method of family planning that does not change a man's ability to perform sexually.
40. \_\_\_\_\_ During a vasectomy, a man is given a general anesthetic that puts him to sleep.
41. \_\_\_\_\_ Aside from abstinence, the condom is the only contraceptive method that prevents both pregnancy and STIs.
42. \_\_\_\_\_ Fertility awareness methods take time to learn and can be more effective when they are practiced in consultation with a service provider.
43. \_\_\_\_\_ Using oil-based lubricants like lotions and petroleum jelly (Vaseline) prevents condoms from breaking.
44. \_\_\_\_\_ STIs caused by viruses, including herpes and genital warts, can be cured with medications.
45. \_\_\_\_\_ Women are less likely than men to show signs and symptoms of most STIs.
46. \_\_\_\_\_ Anal sex is considered a high-risk activity for STI transmission.
47. \_\_\_\_\_ Oral sex does not carry any risk for STI transmission.
48. \_\_\_\_\_ The most important factor that men usually identify when seeking health care services is that the service provider be a man.
49. \_\_\_\_\_ It is important to consider men's socialization and gender roles when developing information, education, and communication (IEC) strategies.

50. \_\_\_\_\_ Men may be willing to pay for services they perceive as high quality.
51. \_\_\_\_\_ A facility can take many no-cost or low-cost steps to make its environment more hospitable to male clients.

The following are multiple-choice questions. Please circle the letter of the correct response. Only one option may be correct for each question.

52. Much evidence around the world suggests that constructively involving men in family planning and reproductive health improves the health of:
- The man
  - The man's partner
  - The man's family
  - All of the above
53. Which of the following is *not* a men's reproductive health concern:
- Prostate cancer
  - Sexual dysfunction
  - High blood pressure
  - Infertility
54. The length of time from ejaculation and orgasm until a man can have another erection is called:
- Ejaculatory inevitability
  - Refractory period
  - Pre-ejaculatory period
  - Retrograde ejaculation
55. The following part(s) of the body may be considered an erogenous zone in women:
- The clitoris
  - The mouth
  - The ears
  - A and b only
  - A, b, and c
56. Withdrawal may not be a good method of family planning for men who:
- Have difficulty predicting when they ejaculate
  - Have repeated acts of sex within a short time
  - Are concerned about contracting an STI from their sexual partner
  - All of the above

57. Symptoms of an STI include:
- a. Discharge from the penis
  - b. Blisters or ulcers around the genitals
  - c. Blood in the urine
  - d. A and b only
  - e. All of the above
58. Ways to make men feel more comfortable at a health care facility include:
- a. Placing reading materials geared toward men in the waiting room
  - b. Designating a male rest room within the facility
  - c. Using a name for the facility/program that welcomes both men and women
  - d. All of the above
59. Men can be involved in pregnancy, labor and delivery by:
- a. Accessing medical care in emergencies
  - b. Assisting with household tasks
  - c. Helping to prevent unintended pregnancy
  - d. Learning the dangers signs of pregnancy, labor, and delivery
  - e. All of the above

# Knowledge and Opinions Survey—Answer Key

In the answer key below, the chapters from which the questions are drawn are provided to help you tailor the survey to the participants' needs.

*Attitudinal questions:*

## **Introduction**

1. Men will not use reproductive or sexual health services if they are offered. (D)
2. A man is more of a “man” once he has fathered a child. (D)
3. Men and women can both be good parents. (A)
4. Family planning will always be a more important issue to a woman than to a man because the woman is the one who can get pregnant. (D)
5. It is possible for a man to rape his wife. (A)

## **Delivering Men’s Reproductive Health Services**

6. If any health care facility staff have fears or concerns about working with male clients, the men’s reproductive health program is sure to fail. (D)
7. In order for a men’s reproductive health program to be successful, the staff must have the same values about sex and sexuality as the male clients they serve. (D)
8. A service provider or counselor can effectively provide services to a male client even if his or her values differ from the client’s. (A)
9. Women’s voices and needs must be considered when men’s reproductive health services are incorporated into existing services. (A)

## **Male Sexual and Reproductive Anatomy and Physiology**

10. Men are curious about the male reproductive system. (A)
11. Men have many legitimate questions about sex that require honest and factual responses. (A)
12. In order for service providers to effectively communicate with male clients, they must be familiar with all of the slang words men use to describe their sexual anatomy or behaviors. (D)
13. A service provider or counselor should never use slang words when working with a male client. (D)
14. When interacting with a male client, frontline staff (doormen, guards, receptionists) should never try to give him information about his condition. (D)

## **Sexuality and Gender**

15. Masturbation is a healthy expression of one's sexuality. (A)
16. Clients who have sex with members of their own sex have the same rights to health care that clients who have sex only with members of the opposite sex have. (A)
17. Issues of sexual pleasure should not be discussed with clients. Rather, service providers should offer only accurate medical information about how to reduce risks and prevent disease. (D)

## **Family Planning**

18. Condoms break easily and therefore are not effective in preventing pregnancy. (D)
19. Service providers should not bother discussing condoms with men because men will never use them. (D)

## **Sexually Transmitted Infections (STIs)**

20. Clients with sexually transmitted infections (STIs) deserve their illness because of their behavior. (D)
21. Men should be blamed for passing on STIs to their partners. (D)
22. Most men would inform their sexual partner if they learned that they had an STI. (A)

## **Men and Maternal Health**

23. Birth planning should be a woman's responsibility, since she is carrying the child. (D)
24. Men cannot be involved in pregnancy, labor, and delivery because their wives will not want them to be involved. (D)

## **Provision of Men's Reproductive Health Services**

25. The behavior of frontline staff (doormen, guards, receptionists) has little impact on the success or failure of a men's reproductive health program. (D)
26. Initiating men's reproductive health services can be a challenging task because men are often not interested in receiving such services. (D)
27. Men's reproductive health services are not an appropriate use of valuable resources and, therefore, should not be provided at reproductive health clinics. (D)

*Knowledge questions:*

## **Delivering Men's Reproductive Health Services**

28. In order for a facility to effectively incorporate men's reproductive health services, it must provide as many services to men on-site as possible. (F)
29. Incorporating men's reproductive health services into existing women's services will always cost a lot of money. (F)
30. Incorporating men's reproductive health services into existing services may lead to decreased rates of unintended pregnancies and STIs. (T)

## **Male Sexual and Reproductive Anatomy and Physiology**

31. While pre-ejaculatory fluid does not contain sperm, the fluid may transmit STIs to a partner. (T)
32. The scrotum helps control the temperature for sperm production by raising and lowering the testes toward and away from the body. (T)
33. There is clear evidence that circumcision should be recommended for all boys as a preventive measure against infections. (F)
34. It is normal for a man sometimes to be unable to achieve or maintain an erection. (T)

## **Sexuality and Gender**

35. Gender is one's status as being male or female based upon biological, anatomical, physiological, and genetic characteristics. (F)
36. Sexual orientation is determined by whom a person has sex with. (F)
37. The human sexual response cycle begins to function when an individual enters puberty. (F)
38. The brain is one of the most important sexual organs because it controls sexual responses and enables us to fantasize. (T)

## **Family Planning**

39. Vasectomy is a safe method of family planning that does not change a man's ability to perform sexually. (T)
40. During a vasectomy, a man is given a general anesthetic that puts him to sleep. (F)
41. Aside from abstinence, the condom is the only contraceptive method that prevents both pregnancy and STIs. (T)
42. Fertility awareness methods take time to learn and can be more effective when they are practiced in consultation with a service provider. (T)
43. Using oil-based lubricants like lotions and petroleum jelly (Vaseline) prevents condoms from breaking. (F)

## **Sexually Transmitted Infections (STIs)**

44. STIs caused by viruses, including herpes and genital warts, can be cured with medications. (F)
45. Women are less likely than men to show signs and symptoms of most STIs. (T)
46. Anal sex is considered a high-risk activity for STI transmission. (T)
47. Oral sex does not carry any risk for STI transmission. (F)

## **Provision of Men's Reproductive Health Services**

48. The most important factor that men usually identify when seeking health care services is that the service provider be a man. (F)
49. It is important to consider men's socialization and gender roles when developing information, education, and communication (IEC) strategies. (T)
50. Men may be willing to pay for services they perceive as high quality. (T)
51. A facility can take many no-cost or low-cost steps to make its environment more hospitable to male clients. (T)



*Multiple-choice questions:*

**Delivering Men's Reproductive Health Services**

52. Much evidence around the world suggests that constructively involving men in family planning and reproductive health improves the health of:
- a. The man
  - b. The man's partner
  - c. The man's family
  - d. All of the above (CORRECT)
53. Which of the following is *not* a men's reproductive health concern:
- a. Prostate cancer
  - b. Sexual dysfunction
  - c. High blood pressure (CORRECT)
  - d. Infertility

**Male Sexual and Reproductive Anatomy and Physiology**

54. The length of time from ejaculation and orgasm until a man can have another erection is called:
- a. Ejaculatory inevitability
  - b. Refractory period (CORRECT)
  - c. Pre-ejaculatory period
  - d. Retrograde ejaculation

**Sexuality and Gender**

55. The following part(s) of the body may be considered an erogenous zone in women:
- a. The clitoris
  - b. The mouth
  - c. The ears
  - d. A and b only
  - e. A, b, and c (CORRECT)

**Family Planning**

56. Withdrawal may not be a good method of family planning for men who:
- a. Have difficulty predicting when they ejaculate
  - b. Have repeated acts of sex within a short time
  - c. Are concerned about contracting an STI from their sexual partner
  - d. All of the above (CORRECT)

**Sexually Transmitted Infections (STIs)**

57. Symptoms of an STI include:
- a. Discharge from the penis
  - b. Blisters or ulcers around the genitals
  - c. Blood in the urine
  - d. A and b only (CORRECT)
  - e. All of the above

## **Provision of Men's Reproductive Health Services**

58. Ways to make men feel more comfortable at a health care facility include:
- a. Placing reading materials geared toward men in the waiting room
  - b. Designating a male rest room within the facility
  - c. Using a name for the facility/program that welcomes both men and women
  - d. All of the above (CORRECT)

## **Men and Maternal Health**

59. Men can be involved in pregnancy, labor and delivery by:
- a. Accessing medical care in emergencies
  - b. Assisting with household tasks
  - c. Helping to prevent unintended pregnancy
  - d. Learning the dangers signs of pregnancy, labor, and delivery
  - e. All of the above

## Appendix D

# Instructions for Administering The Knowledge and Opinions Survey

This survey is designed to help you compare the participants' range of knowledge and opinions relating to the provision of men's reproductive health services at the beginning and the end of the course to gauge how much the participants learned in the training. Ideally, you will administer this survey before and after the training.

### Privacy and Confidentiality

To ensure the most accurate response to questions that specifically relate to a participant's attitudes, confidentiality is very important. Coding surveys is the most effective way to achieve confidentiality.

The first page of the survey is a "cover page." This page contains all of the participant's identifying information. If you know the participants' names in advance, you can complete this page for each participant before the training. This enables you to provide the participants with the survey that contains their identifying information on the cover page. If you do not know the participants' names in advance, you can assign codes (ID #s) to each survey on the cover page and the first page of the survey on the line provided. If you are assigning codes, please ensure that you are assigning the same ID # for each person's pretraining and posttraining surveys.

In either case, as the participants return their surveys, you can remove the cover pages and file them separately from the surveys.

### Survey Structure

The survey is divided into several sections:

- Questions A–E:* Demographic questions
- Question F:* Training experience related to the provision of men's reproductive health services
- Questions 1–27:* Opinion questions related to the provision of men's reproductive health services
- Questions 28–59:* Knowledge questions related to the provision of men's reproductive health services

Each set of questions addresses either specific knowledge or opinions that are considered essential for providing quality men's reproductive health services.

Depending on the participants attending the training, you may have to adapt this survey to meet their educational and literacy levels. Additionally, you may need to adapt this survey to reflect the topics and sessions that you **include in the training**. For example, if you are not covering certain issues, questions related to those issues should be excluded from the Knowledge and Opinions Survey.

If you adapt the survey, you must carefully note all of the changes that are made in order to ensure that all of the same questions are used for the posttraining surveys, to modify the scoring sheets, and if you share the data with anyone, to let those individuals know what changes have been made.

## Appendix E

# Instructions for Scoring the Knowledge and Opinions Survey

Scoring the Knowledge and Opinions survey is important for several reasons. The results of the pretraining survey will help you determine how to structure the training course in order to most appropriately meet the participants' needs. The results of the posttraining survey will help you determine the impact that the training has had on the participants, as well as areas in which additional training might be necessary. When you review the scores, individual total scores and differences in total scores are not as important as the actual responses to each specific question or set of questions and the changes noted for each specific question or set of questions.

### Entering the Survey Data

Use Appendix F: Knowledge and Opinions Survey Summary Table Form to record the data from the pretraining and posttraining surveys.

**Note:** For the purposes of evaluating the impact of the training workshop, use the Knowledge and Opinions Survey Summary Table Form to tally only those pretraining surveys that have matching posttraining surveys. To determine which pretraining and posttraining surveys should be included in the Knowledge and Opinions Survey Summary Table Form, fill in the Information Sheet in Appendix F (page F.3), as follows:

- Count the number of pretraining surveys, and write this number in the appropriate box (box E).
- Count the number of posttraining surveys, and write this number in the appropriate box (box G).
- Match a participant's pretraining survey with his or her posttraining survey by using the identification number (ID #) written on each survey.
- Count the number of matched pretraining and posttraining surveys, and write this number in the appropriate box (box H).
- Count the number of pretraining surveys that do not have matching posttraining surveys, and write this number in the appropriate box (box I).
- Count the number of posttraining surveys that do not have matching pretraining surveys, and write this number in the appropriate box (box J).

The following example will help you understand how to determine which surveys to include in the Knowledge and Opinions Survey Summary Table Form:

A training course in Bolivia had a total of 23 participants. Because five participants arrived during the afternoon of the first day, only 18 participants completed the pretraining survey. Also, because one participant left early on

the last day, only 22 participants completed the posttraining survey. So, when the trainer matched the pretraining surveys with the posttraining surveys, only 17 pretraining surveys had a matching posttraining survey.

The trainer filled in the Information Sheet as follows:

E.	Number of pretraining surveys completed	18
G.	Number of posttraining surveys completed	22
H.	Number of participants who completed both the pretraining and posttraining surveys	17
I.	Number of participants who completed only the pretraining survey	1
J.	Number of participants who completed only the posttraining survey	5

To fill in the Knowledge and Opinions Survey Summary Table Form for this Bolivia training course, the trainer would use only the 17 matched pretraining and posttraining surveys. The trainer would not include the one unmatched pretraining survey and the five unmatched posttraining surveys in the Knowledge and Opinions Survey Summary Table Form.

To summarize the participants' responses, complete the following steps:

1. Review each pretraining and posttraining survey to be included in the Knowledge and Opinions Survey Summary Table Form. For all knowledge questions (multiple-choice and true/false), evaluate whether the answers are correct (using the Answer Key on p. C.8), and mark *correct* or *incorrect* next to each answer. For questions that the participant did not answer (he or she did not mark a box or did not write an answer), write **NA** (no answer/missing data) in the answer space provided on the survey.

In addition, keep in mind the following point when scoring the surveys: Questions 1–27 are opinion questions designed to gauge the participants' opinions on issues related to men's reproductive health services. The objective of these questions is to see a shift at the end of the workshop toward greater comfort with and appreciation of the delivery of men's reproductive health services. There is a desired response; however, no answers are correct or incorrect. They are the participants' personal opinions.

2. Make a copy of Appendix F: Knowledge and Opinions Survey Summary Table Form.
3. Gather all of the matched pretraining surveys. Score the first pretraining survey from beginning to end. For questions A–F, enter tally marks for each of the participant's responses to these demographic questions in the Knowledge and Opinions Survey Summary Table Form. For the remainder of the questions in the Knowledge and Opinions Survey, use the Knowledge and Opinions Survey Summary Table Form as follows:
  - If the participant answered a question correctly, place a tally mark in the "Tally Marks for Pretraining Knowledge and Opinions Surveys" column next to the "Correct" row for that question. If the participant answered a question incorrectly, place a tally mark

in the “Tally Marks for Pretraining Knowledge and Opinions Surveys” column next to the “Incorrect” box for that question. Consider a response as “No answer/missing data” if the participant:

- o Did not respond
  - o Marked more than one answer when only one answer is appropriate
4. After completely transferring the information from the first pretraining survey to the Knowledge and Opinions Survey Summary Table Form, repeat step 3 for all of the pretraining and posttraining surveys.
  5. When all of the pretraining and posttraining surveys have been scored and their information has been transferred to the Knowledge and Opinions Survey Summary Table Form, add the tally marks in each box and write that number in the “Total Pretraining Knowledge and Opinions Surveys” or “Total Posttraining Knowledge and Opinions Surveys” column as appropriate.

**Example:**

In a training course in Bolivia, 17 of the 23 participants completed both the pretraining and posttraining surveys. The trainer scored only 17 matched surveys and included the data from these surveys in the Knowledge and Opinions Survey Summary Table Form shown below. To simplify adding up the tally marks after recording the data in the Knowledge and Opinions Survey Summary Table Form, the trainer grouped the tally marks in sets of five. The trainer filled in the Knowledge and Opinions Survey Summary Table Form for questions 34 and 35, as follows:

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
<b>34. It is normal for a man sometimes to be unable to achieve or maintain an erection.</b>						
True	IIII III	8		IIII IIIII III	13	
False	IIII II	7		IIII	4	
No answer/missing data	II	2			0	
<b>35. STIs caused by viruses, such as herpes and genital warts, can be cured with medications.</b>						
True	IIII IIIII I	11		II	2	
False	IIII	4		IIII IIIII IIIII	15	
No answer/missing data	II	2			0	

In order for you to accurately represent the pretraining and posttraining survey data and to calculate the corresponding percentages of correct and incorrect answers, you must address the issue of missing data for specific questions and complete the following steps:

1. For questions that all of the participants answered (i.e., there were no tally marks next to the “No answer/missing data” row), divide the number in the “Total Pretraining Knowledge and Opinions Surveys” column by the total number of surveys summarized. (This is the number of matched pretraining and posttraining surveys.)
2. Multiply this figure by 100 to get the corresponding percentage.

3. For questions that not all of the participants answered (i.e., there were no tally marks next to the “No answer/missing data” row), subtract the number of missing answers from the total number of surveys summarized. This figure is the number of valid responses.
4. Divide the number in the “Total Pretraining Knowledge and Opinions Surveys” column by the total number of valid responses.
5. Multiply this figure by 100 to get the corresponding percentage.

**Example:**

(Total number of pretraining surveys) – (number of missing responses) = Number of valid responses

$$17 - 2 = 15 \text{ valid responses}$$

You can calculate the pretraining survey percentage for question 34 on the pretraining survey as follows:

$$(\text{Number of correct answers} \div \text{valid responses}) \times 100 = \text{Pretraining survey percentage}$$

$$\text{True: } (8 \div 15) \times 100 = 53.3\%$$

For the “No answer/missing data” row, the pretraining survey “Percentage” column is left blank (see below):

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
<b>34. It is normal for a man sometimes to be unable to achieve or maintain an erection.</b>						
True	IIII III	8	53.3	IIII IIIII III	13	
False	IIII II	7	46.7	IIII	4	
No answer/missing data	II	2			0	

Question 34 on the posttraining survey has no missing data. So the number of valid responses is equal to the number of matched pretraining and posttraining surveys. In this example (based on the training course in Bolivia described above), the number of valid responses = 17.

You can calculate the posttraining survey percentage:

$$(\text{Number of correct answers} \div \text{valid responses}) \times 100 = \text{Posttraining survey percentage}$$

$$\text{True: } (13 \div 17) \times 100 = 76.5\%$$

For the “No answer/missing data” row, the “Tally Marks for Posttraining Knowledge and Opinions Surveys,” “Total Posttraining Knowledge and Opinions Surveys,” and posttraining survey “Percentage” columns are left blank.

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
<b>34. It is normal for a man sometimes to be unable to achieve or maintain an erection.</b>						
True	IIII III	8	53.3	IIII IIIII III	13	76.5
False	IIII II	7	46.7	IIII	4	23.5
No answer/missing data	II	2			0	



You should continue calculating these figures for each question on the pretraining and posttraining surveys.

### **Analyzing the Survey Data**

It is important for you to draw conclusions based on the data collected from the pretraining and posttraining surveys. Unfortunately, because the sample size of these training courses is typically very small, it is difficult to find changes that are statistically significant. However, you can determine whether or not the changes are heading in the desired direction.

When reviewing the pretraining and posttraining survey data, look for the following scenarios:

- A greater percentage of correct than incorrect answers on the posttraining surveys
- A greater percentage of answers in the desired than the undesired direction on the posttraining surveys
- An equal or lower percentage of answers in the desired than the undesired direction on the posttraining surveys (this could indicate problems with the content of the training course or the interpretation of the question)
- A large number of “No answer/missing data” marks, which could skew the survey results

For example, with the survey results from question 34 of the Bolivia training course, you could say that more participants were able to correctly report that sometimes it is normal for a man to be unable to achieve or maintain an erection. This implies that the strategy used to convey this information was effective.



## Appendix F

# Knowledge and Opinions Survey Summary Table Form

Use the Information Sheet to determine how many pretraining and posttraining KAP Surveys will be included in the overall evaluation (as indicated in Appendix E: Instructions for Scoring the KAP Survey).

Use the KAP Survey Summary Table Form to record the participants' responses to the pretraining and posttraining KAP Surveys (as indicated in Appendix E: Instructions for Scoring the KAP Survey).

By filling in the Information Sheet and the KAP Survey Summary Table Form and comparing the results of the pretraining and posttraining KAP Surveys, you will be able to determine changes in the participants' knowledge and attitudes.

### Information Sheet

#### Information about the training course

A. Date(s)	
B. Location	
C. Number of participants	

#### Information about the pretraining KAP Survey

D. Date of administration	
E. Number of pretraining KAP Surveys completed	

#### Information about the posttraining KAP Survey

F. Date of administration	
G. Number of posttraining KAP Surveys completed	

#### Information summary

H. Number of participants who completed both the pretraining and posttraining KAP Surveys	
I. Number of participants who completed only the pretraining KAP Survey	
J. Number of participants who completed only the posttraining KAP Survey	

## Knowledge and Opinions Survey Summary Table Form

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
<b>A. Are you a ...? (check one box)</b>						
Doctor/nurse practitioner/ physician's assistant						
Nurse						
Medical assistant/ paramedic/ nurse's assistant						
Administrator						
Health educator/counselor						
Community health worker						
Receptionist/clinic support staff						
Other _____ (describe)						
No answer/missing data						
<b>B. Indicate your highest level of education. (check one box)</b>						
Less than secondary school diploma						
Completed secondary school						
Some university, but did not receive degree						
University bachelor's degree						
Graduate degree/ professional degree						
No answer/missing data						
<b>C. Are you ...? (check one box)</b>						
Male						
Female						
No answer/missing data						
<b>D. How many years have you worked at this health care facility?</b>						
Less than one year						
One to two years						
Three to five years						
Six to 10 years						
More than 10 years						
No answer/missing data						

*(continued)*

### Knowledge and Opinions Survey Summary Table Form (cont.)

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
<b>E. How many years have you worked in the health care profession?</b>						
Less than one year						
One to two years						
Three to five years						
Six to 10 years						
More than 10 years						
No answer/missing data						
<b>F. Have you ever attended a training course on the management of men's reproductive health problems or concerns?</b>						
Yes						
No						
Not sure						
No answer/missing data						
<b>Knowledge and Opinion Survey</b>						
<b>1. Men will not use reproductive or sexual health services if they are offered.</b>						
Agree						
Disagree						
No answer/missing data						
<b>2. A man is more of a "man" once he has fathered a child.</b>						
Agree						
Disagree						
No answer/missing data						
<b>3. Men and women can both be good parents.</b>						
Agree						
Disagree						
No answer/missing data						
<b>4. Family planning will always be a more important issue to a woman than to a man because the woman is the one who can get pregnant.</b>						
Agree						
Disagree						
No answer/missing data						
<b>5. It is possible for a man to rape his wife.</b>						
Agree						
Disagree						
No answer/missing data						

*(continued)*

### Knowledge and Opinions Survey Summary Table Form *(cont.)*

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
<b>6. If any health care facility staff have fears or concerns about working with male clients, the men's reproductive health program is sure to fail.</b>						
Agree						
Disagree						
No answer/missing data						
<b>7. In order for a men's reproductive health program to be successful, the staff must have the same values about sex and sexuality as the male clients they serve.</b>						
Agree						
Disagree						
No answer/missing data						
<b>8. A service provider or counselor can effectively provide services to a male client even if his or her values differ from the client's.</b>						
Agree						
Disagree						
No answer/missing data						
<b>9. Women's voices and needs must be considered when men's reproductive health services are incorporated into existing services.</b>						
Agree						
Disagree						
No answer/missing data						
<b>10. Men are curious about the male reproductive system.</b>						
Agree						
Disagree						
No answer/missing data						
<b>11. Men have many legitimate questions about sex that require honest and factual responses.</b>						
Agree						
Disagree						
No answer/missing data						
<b>12. In order for service providers to effectively communicate with male clients, they must be familiar with all of the slang words men use to describe their sexual anatomy or behaviors.</b>						
Agree						
Disagree						
No answer/missing data						
<b>13. A service provider or counselor should never use slang words when working with a male client.</b>						
Agree						
Disagree						
No answer/missing data						

*(continued)*

### Knowledge and Opinions Survey Summary Table Form *(cont.)*

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
<b>14. When interacting with a male client, frontline staff (doormen, guards, receptionists) should never try to give him information about his condition.</b>						
Agree						
Disagree						
No answer/missing data						
<b>15. Masturbation is a healthy expression of one's sexuality.</b>						
Agree						
Disagree						
No answer/missing data						
<b>16. Clients who have sex with members of their own sex have the same rights to health care that clients who have sex only with members of the opposite sex have.</b>						
Agree						
Disagree						
No answer/missing data						
<b>17. Issues of sexual pleasure should not be discussed with clients. Rather, service providers should offer only accurate medical information about how to reduce risks and prevent disease.</b>						
Agree						
Disagree						
No answer/missing data						
<b>18. Condoms break easily and therefore are not effective in preventing pregnancy.</b>						
Agree						
Disagree						
No answer/missing data						
<b>19. Service providers should not bother discussing condoms with men because men will never use them.</b>						
Agree						
Disagree						
No answer/missing data						
<b>20. Clients with sexually transmitted infections (STIs) deserve their illness because of their behavior.</b>						
Agree						
Disagree						
No answer/missing data						
<b>21. Men should be blamed for passing on STIs to their partners.</b>						
Agree						
Disagree						
No answer/missing data						

*(continued)*

### Knowledge and Opinions Survey Summary Table Form (cont.)

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
<b>22. Most men would inform their sexual partner if they learned that they had an STI.</b>						
Agree						
Disagree						
No answer/missing data						
<b>23. Birth planning should be a woman's responsibility, since she is carrying the child.</b>						
Agree						
Disagree						
No answer/missing data						
<b>24. Men cannot be involved in pregnancy, labor, and delivery because their wives will not want them to be involved.</b>						
Agree						
Disagree						
No answer/missing data						
<b>25. The behavior of frontline staff (doormen, guards, receptionists) has little impact on the success or failure of a men's reproductive health program.</b>						
Agree						
Disagree						
No answer/missing data						
<b>26. Initiating men's reproductive health services can be a challenging task because men are often not interested in receiving such services.</b>						
Agree						
Disagree						
No answer/missing data						
<b>27. Men's reproductive health services are not an appropriate use of valuable resources and, therefore, should not be provided at reproductive health clinics.</b>						
Agree						
Disagree						
No answer/missing data						
<b>28. In order for a facility to effectively incorporate men's reproductive health services, it must provide as many services to men on-site as possible.</b>						
True						
False						
No answer/missing data						
<b>29. Incorporating men's reproductive health services into existing women's services will always cost a lot of money.</b>						
True						
False						
No answer/missing data						

(continued)



### Knowledge and Opinions Survey Summary Table Form *(cont.)*

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
<b>30. Incorporating men’s reproductive health services into existing services may lead to decreased rates of unintended pregnancies and STIs.</b>						
True						
False						
No answer/missing data						
<b>31. While pre-ejaculatory fluid does not contain sperm, the fluid may transmit STIs to a partner.</b>						
True						
False						
No answer/missing data						
<b>32. The scrotum helps control the temperature for sperm production by raising and lowering the testes toward and away from the body.</b>						
True						
False						
No answer/missing data						
<b>33. There is clear evidence that circumcision should be recommended for all boys as a preventive measure against infections.</b>						
True						
False						
No answer/missing data						
<b>34. It is normal for a man sometimes to be unable to achieve or maintain an erection.</b>						
True						
False						
No answer/missing data						
<b>35. Gender is one’s status as being male or female based upon biological, anatomical, physiological, and genetic characteristics.</b>						
True						
False						
No answer/missing data						
<b>36. Sexual orientation is determined by whom a person has sex with.</b>						
True						
False						
No answer/missing data						
<b>37. The human sexual response cycle begins to function when an individual enters puberty.</b>						
True						
False						
No answer/missing data						

*(continued)*

### Knowledge and Opinions Survey Summary Table Form *(cont.)*

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
<b>38. The brain is one of the most important sexual organs because it controls sexual responses and enables us to fantasize.</b>						
True						
False						
No answer/missing data						
<b>39. Vasectomy is a safe method of family planning that does not change a man's ability to perform sexually.</b>						
True						
False						
No answer/missing data						
<b>40. During a vasectomy, a man is given a general anesthetic that puts him to sleep.</b>						
True						
False						
No answer/missing data						
<b>41. Aside from abstinence, the condom is the only contraceptive method that prevents both pregnancy and STIs.</b>						
True						
False						
No answer/missing data						
<b>42. Fertility awareness methods take time to learn and can be more effective when they are practiced in consultation with a service provider.</b>						
True						
False						
No answer/missing data						
<b>43. Using oil-based lubricants like lotions and petroleum jelly (Vaseline) prevents condoms from breaking.</b>						
True						
False						
No answer/missing data						
<b>44. STIs caused by viruses, including herpes and genital warts, can be cured with medications.</b>						
True						
False						
No answer/missing data						
<b>45. Women are less likely than men to show signs and symptoms of most STIs.</b>						
True						
False						
No answer/missing data						

*(continued)*

### Knowledge and Opinions Survey Summary Table Form (cont.)

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
<b>46. Anal sex is considered a high-risk activity for STI transmission.</b>						
True						
False						
No answer/missing data						
<b>47. Oral sex does not carry any risk for STI transmission.</b>						
True						
False						
No answer/missing data						
<b>48. The most important factor that men usually identify when seeking health care services is that the service provider be a man.</b>						
True						
False						
No answer/missing data						
<b>49. It is important to consider men's socialization and gender roles when developing information, education, and communication (IEC) strategies.</b>						
True						
False						
No answer/missing data						
<b>50. Men may be willing to pay for services they perceive as high quality.</b>						
True						
False						
No answer/missing data						
<b>51. A facility can take many no-cost or low-cost steps to make its environment more hospitable to male clients.</b>						
True						
False						
No answer/missing data						
<b>52. Much evidence around the world suggests that constructively involving men in family planning and reproductive health improves the health of:</b>						
a. The man						
b. The man's partner						
c. The man's family						
d. All of the above						

*(continued)*

### Knowledge and Opinions Survey Summary Table Form *(cont.)*

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
<b>53. Which of the following is not a men's reproductive health concern:</b>						
a. Prostate cancer						
b. Sexual dysfunction						
c. High blood pressure						
d. Infertility						
<b>54. The length of time from ejaculation and orgasm until a man can have another erection is called:</b>						
a. Ejaculatory inevitability						
b. Refractory period						
c. Pre-ejaculatory period						
d. Retrograde ejaculation						
<b>55. The following part(s) of the body may be considered an erogenous zone in women:</b>						
a. The clitoris						
b. The mouth						
c. The ears						
d. a and b only						
e. a, b, and c						
<b>56. Withdrawal may not be a good method of family planning for men who:</b>						
a. Have difficulty predicting when they ejaculate						
b. Have repeated acts of sex within a short time						
c. Are concerned about contracting an STI from their sexual partner						
d. All of the above						
<b>57. Symptoms of an STI include:</b>						
a. Discharge from the penis						
b. Blisters or ulcers around the genitals						
c. Blood in the urine						
d. a and b only						
e. All of the above						

*(continued)*

### Knowledge and Opinions Survey Summary Table Form (cont.)

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
<b>58. Ways to make men feel more comfortable at a health care facility include:</b>						
a. Placing reading materials geared toward men in the waiting room						
b. Designating a male rest room within the facility						
c. Using a name for the facility/program that welcomes both men and women						
d. All of the above						
<b>59. Men can be involved in pregnancy, labor and delivery by:</b>						
a. Accessing medical care in emergencies						
b. Assisting with household tasks						
c. Helping to prevent unintended pregnancy						
d. Learning the danger signs of pregnancy, labor, and delivery						
e. All of the above						