

Men's Reproductive Health Curriculum Men's Reproductive Health Curriculum
MEN'S REPRODUCTIVE HEALTH CURRICULUM
Men's Reproductive Health Curriculum Men's Reproductive Health Curriculum
Men's Reproductive Health Curriculum Men's Reproductive Health Curriculum
MEN'S Reproductive Health CURRICULUM
Men's Reproductive Health Curriculum
Men's Reproductive Health Curriculum
Men's Reproductive Health Curriculum
Men's Reproductive Health Curriculum
Men's Reproductive Health Curriculum Men's Reproductive Health Curriculum
MEN'S REPRODUCTIVE HEALTH CURRICULUM
Men's Reproductive Health Curriculum Men's Reproductive Health Curriculum
Men's Reproductive Health Curriculum Men's Reproductive Health Curriculum
MEN'S Reproductive Health CURRICULUM MEN'S REPRODUCTIVE HEALTH CURRICULUM
Men's Reproductive Health Curriculum Men's Reproductive Health Curriculum
Men's Reproductive Health Curriculum Men's Reproductive Health Curriculum
MEN'S Reproductive Health CURRICULUM MEN'S REPRODUCTIVE HEALTH CURRICULUM
Men's Reproductive Health Curriculum Men's Reproductive Health Curriculum
MEN'S Reproductive Health CURRICULUM
Men's Reproductive Health Curriculum

Trainer's Resource Book
to accompany

2

**Counseling and
Communicating
with Men**

Trainer's Resource Book
to accompany

2

**Counseling and
Communicating
with Men**

© 2003 EngenderHealth. All rights reserved.

440 Ninth Avenue
New York, NY 10001 U.S.A.
Telephone: 212-561-8000
Fax: 212-561-8067
e-mail: info@engenderhealth.org
www.engenderhealth.org

This publication was made possible, in part, through support provided by the Office of Population, U.S. Agency for International Development (AID), under the terms of cooperative agreement HRN-A-00-98-00042-00. The opinions expressed herein are those of the publisher and do not necessarily reflect the views of AID.

Cover design: Virginia Taddoni

ISBN 1-885063-37-7

Printed in the United States of America. Printed on recycled paper.

Library of Congress Cataloging-in-Publication Data

Trainer's resource book to accompany counseling and communicating with men : trainer's manual.
p. cm.

ISBN 1-885063-37-7

1. Men--Counseling of--Handbooks, manuals, etc. 2. Men--Mental health--Handbooks, manuals, etc. 3. Psychotherapist and patient--Handbooks, manuals, etc. I. EngenderHealth (Firm)

RC451.4.M45T736 2003
361'.06'081--dc21

2003049211

Table of Contents

Introduction for the Trainer	vii
Introduction to the Counseling and Communicating with Men Training Workshop	xxv
1 Counseling and Client-Provider-Interaction Overview	1.1
Chapter Purpose and Objectives	1.1
Advance Preparation	1.2
Introduction	1.2
Introduction of the Participants	1.3
A Framework for Working with Men	1.5
Communication Approaches	1.8
The Social Learning Theory Model of Behavior Change	1.12
The Transtheoretical Model of Behavior Change	1.15
The Rights of Clients	1.16
2 Addressing Provider Bias and Needs	2.1
Chapter Purpose and Objectives	2.1
Advance Preparation	2.3
Introduction	2.3
Values and Attitudes Assessment	2.4
Addressing Provider Comfort with Counseling Men	2.10
Understanding and Overcoming Provider Bias	2.12
Characteristics of Effective Men’s Reproductive Health Service Providers	2.19
Creating a Safe and Comfortable Environment for Counseling Men	2.21
Closing	2.27
3 Men’s Sexual and Reproductive Health Overview	3.1
Chapter Purpose and Objectives	3.1
Advance Preparation	3.5
Introduction	3.5
Key Issues to Address in Men’s Sexual and Reproductive Health Counseling	3.6
Defining Sexuality	3.8
Sexual Orientation	3.12
Men’s Sexual and Reproductive Anatomy and Physiology	3.14
Communicating with Clients about Sexual Anatomy and Behaviors	3.21
Sexual Dysfunction	3.24
Common Sexual Behaviors <i>and</i> Health Considerations of Sexual Behaviors	3.27
Sexuality Myths and Facts	3.30
Common Client Concerns	3.33
Condoms, Withdrawal, Vasectomy, and Fertility-Awareness Methods	3.35
Condom Instructions	3.38
Men’s Role in Contraception	3.41
Sexually Transmitted Infections (STIs)	3.43
Common STIs	3.46
Risk Factors for Transmitting and Contracting STIs <i>and</i> Reducing Risk	3.47
Gender and STIs	3.50
STI Myths and Facts	3.52
Cancers of the Reproductive System, Infertility, Sexual Dysfunction, and Men’s Sexual and Reproductive Anatomy and Physiology	3.58

4 Providing Effective Counseling to Men and Couples	4.1
Chapter Purpose and Objectives	4.1
Advance Preparation	4.2
Introduction	4.2
Understanding Men’s Needs and Roles	4.3
The GATHER Approach	4.11
Role Plays	4.13
Working with Couples	4.19
Key Themes for Couples Counseling	4.21
Responding to Issues That May Arise during Couples Counseling Sessions	4.28
Appendixes	
Appendix A: Counseling and Communicating with Men Assessment Survey	A.1
Appendix B: Knowledge, Attitudes, and Practices (KAP) Survey	B.1
Appendix C: Instructions for Administering the KAP Survey	C.1
Appendix D: Answers to the KAP Survey	D.1
Appendix E: Instructions for Scoring the KAP Survey	E.1
Appendix F: KAP Survey Summary Table Form	F.1
Appendix G: Role Plays for Counseling and Communicating with Men	G.1
Appendix H: Instructions for Role Plays for Counseling and Communicating with Men	H.1
Appendix I: Instructions for Rating the Role Plays	I.1
Appendix J: Observation Forms for Role Plays	J.1
Appendix K: End-of-Training Evaluation Form	K.1

Acknowledgments

A number of individuals contributed to the creation of this manual. EngenderHealth staff members Andrew Levack and Manisha Mehta and consultants Robert Becker and Michael Hayes wrote the manual. Consultant Siri Bliesner designed the evaluation instruments.

EngenderHealth would like to express its deep appreciation to Sharon Myoji Schnare, R.N., F.N.P., C.N.M., M.S.N., who is a clinician in women's, adolescent, and family health care in Washington. Ms. Schnare helped conceptualize the framework and ideas around counseling men and provided valuable resource materials that helped with the creation of this curriculum.

We also appreciate the assistance of Pamela Wilson, who offered invaluable curriculum ideas and feedback; Gardner Wisheart, who provided insight into working with couples and identifying key issues that men face when service providers approach them and their partners; and Dr. Kristine Hopkins, who reviewed much of the material on counseling couples.

We would also like to acknowledge EngenderHealth staff member Mary Nell Wegner, who initially spearheaded the efforts to develop this curriculum. In addition, we appreciate the feedback given by EngenderHealth staff Peter Twyman and Jill Tabbutt-Henry and medical associate Lemuel Marasigan, who reviewed the manual, and Dr. Francis Floresca, who field-tested the manual in the Philippines. We thank Liz Harvey, Anna Kurica, Karen Landovitz, Margaret Scanlon, and Virginia Taddoni for their efforts in the editing, design, and production of the manual.

We gratefully acknowledge the materials that the following resources provided:

Advocates for Youth (*Life Planning Education*)

AVSC International* (*Family Planning Counseling: A Curriculum Prototype*)

Bell, Ruth (*Changing Bodies, Changing Lives*)

EngenderHealth and PPASA (*Men As Partners: A Program for Supplementing the Training of Life Skills Educators*)

Hedgepeth, Evonne, and Helmich, Joan (*Teaching about Sexuality and HIV*)

www.rho.org (*Men and Reproductive Health* section)

We also want to acknowledge the following presentations, which were made at the American Public Health Association (APHA) Annual Meeting, October 21–25, 2001, in Atlanta, Georgia:

Kim, Y., Putjuk, F., Basuki, E., and Lewis, G. Operations research: “Smart patient” coaching in Indonesia as a strategy to improve client and provider communication.

Ringheim, K. Interacting with male clients: Special considerations for providers.

Rudy, S. Learning to communicate effectively with clients.

For more information, contact:

Manisha Mehta

Program Manager, Men As Partners

EngenderHealth

440 Ninth Avenue

New York, NY 10001 U.S.A.

212-561-8394

e-mail: mmehta@engenderhealth.org

***Publisher's note:** AVSC International became EngenderHealth in March 2001.

Introduction for the Trainer

Course Overview

Course Purpose

This trainer's resource book is designed to accompany the text *Counseling and Communicating with Men* for use in a training workshop aimed at helping service providers interact with, communicate with, and counsel men—with or without their partners—on reproductive health issues. The course emphasizes the information required to achieve these goals, including counseling and communication approaches, provider biases *toward* and *against* men that may need to be addressed, and effective techniques for interacting with, communicating with, and counseling men.

Course Participants

This trainer's resource book contains instructions for training all levels of staff who may counsel men. This includes doctors, medical officers, nurses, nurses' aides, midwives, medical or surgical assistants, counselors, and health educators. Therefore, this trainer's resource book contains instructions for training all levels of staff who may counsel men 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 xiv.)

All course participants should bring to this training the desire to learn about or update their knowledge regarding interacting with, communicating with, and counseling men and couples. No minimum qualifications must be met. It is important for the trainer to keep in mind that low-literate 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 participants, and make every effort to ensure their understanding of that content.

Throughout this text, the term *service providers* will be used to refer to the staff at a health care facility who provide counseling services. The term *health care workers* will be used to refer to anyone who is associated with a service site. Health care workers may include receptionists, cleaners, drivers, medical staff, paramedical staff, and outreach 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 Package

The training package consists of:

- Trainer’s resource book
- *Counseling and Communicating with Men* (the participant’s handbook, 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
- A sample agenda
- 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 .

- **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:

Counseling and Communicating with Men 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 counseling 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 counseling 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 key points.

Knowledge, Attitudes, and Practices (KAP) Survey. This survey, which appears in Appendix B 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 the handouts, he or she may write the content of selected handouts on flipcharts or the chalkboard. 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.

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.

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 (doctors, nurses, etc.), different levels of participant experience, an on-site or off-site training location (see page xiv), 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 (doctors, nurses, etc.), their role in counseling men—either with or without their partners—and their prior experience with counseling and training.
- The KAP 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.

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 counseling 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 position 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 training to counsel and communicate with men. 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 in order 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 counseling and communication training course. However, they may observe some counseling 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 train-

ing observe or assist with any aspect of client care. A client who refuses to grant permission about having participants present when counseling is given should not be denied counseling, nor should the counseling 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 training in counseling men 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, however, needed, including an evaluation of the trainer and the course itself. Because this course covers knowledge-, attitude-, and practice-based material, the participants' progress will be measured in large part by assessing changes in their knowledge, attitudes, and practices.

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 KAP 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 and skills taught during the training. If the site management allows it and clients give permission, the trainer can also observe counseling sessions conducted by staff.

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 K of this trainer's resource book.

Certification

EngenderHealth believes that the participants' competency should be evaluated after they return to their facilities and use the knowledge gained during this counseling training. 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 counseling for men—and the management hierarchy at their facilities in order to cater the training content to the participants' needs. In addition, the trainer should try to find out the participants' facilities' plans regarding counseling services for men. For example, if no counseling program for men 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 counseling services for men will be made
- What role the participants will have in providing counseling for men

If a counseling program for men currently exists, the trainer should find out:

- Why the facility requested the training
- Which counseling services for men are provided
- Which additional counseling services, if any, are planned

Many ways to obtain this information exist. EngenderHealth recommends either interviewing top-level administrators at the participants' facilities or sending the facilities the Counseling and Communicating with Men 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 KAP Survey as a written or oral pretest.
- Observe the participants at work, and note the current status of counseling services for men (applies to on-site training only).
- Find out about the participants' experience with counseling services for men 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 and skills 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 and skills gained during the course. It often involves participants from multiple facilities, cities, or even different countries.

On-Site Training

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

- The trainer can assess the staff's knowledge, attitudes, and skills 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 counseling services for men, can be addressed.
- Depending on the facility, many/most/all of the facility's staff who provide counseling for men can receive training, which is crucial to improving counseling services for men.
- The training is conducted in the setting in which the knowledge and skills will be applied. This increases the likelihood that the participants will begin to use them 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 counseling services for men, 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 skills 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 most effective ways to deliver counseling services for men.

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 that are specific to the participant's facility. In addition, the trainer should include a combination of staff in the discussions.

The trainer may experience some resistance to the idea of training service providers at different levels together. This may be because of the different levels of knowledge, experience, and status of the members, 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 counseling services for men requires that all staff work together.
- Training all staff together enables service providers at higher levels to see that other staff often know and understand more than they had thought and may have good, practical ideas for improving the facility's counseling practices.

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 also 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. 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 limited trainers are available, 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 counseling services for men 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 counseling services for men 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 counseling services for men, which will allow him or her to tailor the training accordingly. (See "Obtaining Background Information" on page xiii.)

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, Chapter 1: Counseling and Client-Provider-Interaction Overview should always be first, and Chapter 4: Effective Techniques for Counseling Men and Couples 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 counseling services for men, 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 the material and use of most of the training activities, as well as time for discussion or facility visits, as appropriate. (A sample four-day agenda is provided in this trainer's resource book; see page xvii.) 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 counseling services for men.

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

Sample Four-Day Agenda

Day 1

Time	Training Content	Training Method
9:00–9:15	Course Introduction	Trainer presentation
9:15–10:15	Introduction of the Participants	Large-group activity: Find Someone Who . . . Large-group activity: Individual Introductions and Expectations Large-group activity: Workshop Norms Large-group activity: How to Get the Most from This Workshop
10:15–10:45	Knowledge, Attitudes, and Practices (KAP) Survey	Individual activity: Knowledge, Attitudes, and Practices (KAP) Survey
10:45–11:00	Break	
11:00–11:30	Counseling and Communicating with Men Assessment Survey	Individual activity: Counseling and Communicating with Men Assessment Survey
11:30–12:15	A Framework for Working with Men	Matching exercise
12:15–1:00	Communication Approaches	Multiple-choice table
1:00–2:00	Lunch	
2:00–2:30	The Social Learning Theory Model of Behavior Change	Brief lecture with small-group discussion
2:30–3:15	The Transtheoretical Model of Behavior Change	Small-group work with role plays
3:15–3:30	Break	
3:30–4:15	The Rights of Client	Index card: continuum of rights
4:15–4:30	Closing	Individual activity: Reflection Group feedback: “Plus/delta” exercise on aspects of the workshop that went well and ways it could be improved in the future

(continued)

Sample Four-Day Agenda (*continued*)

Day 2

Time	Training Content	Training Method
9:00–9:15	Review of Day 1	Group discussion
9:15–10:00	Values and Attitudes Assessment	Large-group activity: Men as Partners Circle
10:00–10:45	Addressing Provider Comfort with Counseling Men	Large-group activity: Confidential Surveys on Comfort with Counseling Men
10:45–11:00	Break	
11:00–11:30	Understanding and Overcoming Provider Bias	Small-group activity: Case Studies
11:30–12:15	Characteristics of Effective Men's Reproductive Health Services Providers	Small-group activity: Create an Effective Service Provider
12:15–1:15	Lunch	
1:15–2:15	Creating a Safe and Comfortable Environment for Counseling Men	Large-group activity: Counseling Area Walk-Through
2:15–2:30	Key Issues to Address in Men's Sexual and Reproductive Health Counseling	Large-group activity: "Top 10 Men's Reproductive Health Issues" Game Show
2:30–2:45	Break	
2:45–3:30	Defining Sexuality	Large-group activity: Understanding Sexuality
3:30–4:00	Closing	Individual activity: Reflection Group feedback: "Plus/delta" exercise on aspects of the workshop that went well and ways it could be improved in the future

(continued)

Sample Four-Day Agenda (*continued*)

Day 3

Time	Training Content	Training Method
9:00–9:15	Review of Day 2	Group discussion
9:15–10:00	Men’s Sexual and Reproductive Anatomy and Physiology	Small-group activity: Body Mapping
10:00–10:30	Sexual Dysfunction	Small group-activity: Sexual Dysfunction Case Studies
10:30–11:00	Common Client Concerns	Small-group activity: Common Questions Cards
11:00–11:15	Break	
11:15–11:45	Men’s Role in Contraception	Small-group activity: Supporting and Hindering Contraceptive Use
11:45–12:15	Condom Instructions	Large-group activity: Condom Steps
12:15–1:15	Lunch	
1:15–2:15	Cancers of the Reproductive System, Infertility, Sexual Dysfunction, and Men’s Sexual and Reproductive Anatomy and Physiology	Large-group activity: Sexual Jeopardy
2:15–2:30	Break	
2:45–4:00	Understanding Men’s Needs and Roles	Large-group activity: Gender Roles: Act Like a Man Small-group activity: Responding to Issues That May Arise during Individual Counseling Sessions
4:00–4:15	Closing	Individual activity: Reflection Group feedback: “Plus/delta” exercise on aspects of the workshop that went well and ways it could be improved in the future

(continued)

Sample Four-Day Agenda (*continued*)

Day 4

Time	Training Content	Training Method
9:00–9:15	Review of Day 4	Group discussion
9:15–10:15	The GATHER Approach	Large-group activity: Review of the GATHER Approach
10:15–12:30	Role Plays	Small-group activity: Role Plays for Counseling Individual Male Clients (Coffee break included in session)
12:30–1:30	Lunch	
1:30–2:00	Key Themes for Couples Counseling	Small-group activity: Key Issues for Counseling Couples
2:00–3:15	Responding to Issues That May Arise during Couples Counseling Sessions	Small-group activity: Role Plays for Counseling Couples
3:15–3:30	Break	
3:30–3:45	Applying the training to your work	Brief discussion of applicability of training to participants' work settings
3:45–4:15	Knowledge, Attitudes, and Practices (KAP) Survey	Individual activity: Knowledge, Attitudes, and Practices (KAP) Survey
4:15–4:45	Counseling and Communicating with Men Assessment Survey	Individual activity: Counseling and Communicating with Men Assessment Survey
4:45–5:00	End-of-Training Evaluation	Individual activity: End-of-Training Evaluation Form
5:00–5:30	Closing remarks/Adjourn	Large-group activity

- 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!" "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 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 top-

ics 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, split the groups up by sex or type of service provider, 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 on page xxiii.

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 xxiv).

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 them in the left-hand column of a piece of flipchart paper, entitled “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, entitled “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 encouraging the 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 KAP 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.

The trainer also may choose to use the role plays as a posttraining evaluation tool. By comparing the pre- and posttraining role plays, he or she can determine changes in the participants’ skills in the delivery of sexual and reproductive health counseling services to men and couples.

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 xii).

After the Training Course

Follow-Up

Learning about counseling and communicating with men does not end at 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 counseling services for men 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 counseling services to male clients.

Some participants may encounter difficulties in initiating or expanding a counseling services program for men at their facility. (This is discussed on page xi.) 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 counseling services for men. 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 counseling services for men. This enables the participants to observe and obtain helpful advice from health care workers who have successfully implemented counseling services for men.
- Requesting a quarterly letter from the participants in which they describe the steps they have taken to initiate or improve counseling services for men. Based on the responses, 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 (and, if possible, preparing a list of others in the participants' geographic area who have received the men's counseling training). 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 counseling services for men.

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.

Introduction to the Counseling and Communicating with Men 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.


Objectives of This Training Course

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

- Understand the relationship between counseling and other components of men's sexual and reproductive health services
- Distinguish among various communication approaches including client-provider interaction (CPI), information giving, counseling, and informed choice
- Understand the concept of behavior change and how to apply it to counseling
- Identify the characteristics of an effective men's reproductive health service provider
- List at least three examples of provider and health care facility bias against men and three examples of provider and health care facility bias toward (in favor of) men
- Identify some of their own potential bias both against and toward counseling men
- Describe three changes that their facilities can make in order to create a safer, more comfortable, and more welcoming environment for counseling men
- Identify sexual and reproductive health issues that men may be concerned about during counseling sessions
- Understand sexuality and its relation to reproductive health
- Demonstrate an understanding of the different types of sexual orientation
- Describe the range of sexual behaviors and their implications regarding men's health
- Demonstrate familiarity with sexual and reproductive health terms
- Describe the basic anatomy and physiology of the male reproductive system
- Address common questions and concerns about male sexual dysfunction
- Provide comprehensive information about each contraceptive method that requires men's active participation
- Describe how to use a condom correctly
- Describe some basic symptoms of common sexually transmitted infections (STIs) in men and women and how they can be transmitted
- List ways to reduce the risk for transmitting or contracting STIs
- Understand the basic causes of infertility and what couples can do to improve their chances of having children

- Provide basic information to clients about prostate and testicular cancer
- Identify the impact of gender and gender roles on men’s sexual health and communication styles
- Respond to difficult issues that may arise when counseling men
- Examine how to use the GATHER framework when counseling men on a variety of sexual and reproductive health issues
- Practice how to use the GATHER framework when counseling men on a variety of sexual and reproductive health issues
- Identify key opportunities and themes for involving men with their partners in sexual and reproductive health counseling and services
- Respond to difficult issues that may arise when counseling couples on a variety of sexual and reproductive health issues
- Practice how to use the GATHER framework when counseling couples on a variety of sexual and reproductive health issues

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

 **Training Time**

1 hour, 50 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 Method	Estimated Time	Recommended
Course Introduction	Trainer presentation	15 minutes	✓
Introduction of the Participants	Large-group activity: Find Someone Who . . .	30 to 45 minutes	
	Large-group activity: Individual Introductions and Expectations	25 minutes	✓
	Large-group activity: Workshop Norms	5 minutes	✓
	Large-group activity: How to Get the Most from This Workshop	5 minutes	
Knowledge, Attitudes, and Practices (KAP) Survey	Individual activity: Knowledge, Attitudes, and Practices (KAP) Survey	30 minutes	✓

* This content does not correspond with any content in the text.

Course Introduction

1. Welcome the participants to the men’s counseling and communication training workshop, and introduce all 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 skills and attitudes needed to effectively counsel male clients and/or their partners on a variety of sexual and reproductive health issues.
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, location 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: Individual Introductions and Expectations

Objectives

1. To enable the participants to introduce themselves
2. To give the participants an opportunity to learn about others in the group so they can better understand each other
3. To allow the participants to discuss their expectations of the training

Time

25 minutes

Materials

- Flipchart paper
- Markers

Advance Preparation

No advance preparation is needed.

Instructions

1. Ask 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. Record each workshop expectation on a flipchart.
2. After all the 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 sexual and 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 ground rules or group norms for the training

Time

5 minutes

Materials

- Flipchart paper
- Markers
- 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 (speak 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 the 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

Objective

To identify ways to make the workshop effective for all participants

Time

5 minutes

Materials

Participant Handout I-1: How to Get the Most from This Workshop (page xxxii)

Advance Preparation

Make enough copies of Participant Handout I-1: How to Get the Most from This Workshop to distribute to all the 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-1

How to Get the Most from This Workshop

This workshop is a unique opportunity to obtain the skills and understand the attitudes needed to effectively counsel men and/or their partners on a variety of sexual and reproductive health issues. 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, Attitudes, and Practices (KAP) Survey

This survey is designed to help you compare the participants' range of knowledge and attitudes about issues relating to men's sexual and 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, Attitudes, and Practices (KAP) Survey

Objective

To compare the participants' range of knowledge and attitudes about issues relating to counseling and communicating with men about sexual and 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

Time

30 minutes

Materials

- Pencils or pens
- Appendix B: Knowledge, Attitudes, and Practices (KAP) Survey (page B.1)

Advance Preparation

Make enough copies of Appendix B: Knowledge, Attitudes, and Practices (KAP) Survey to distribute to all the participants.

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 end of the workshop.
2. Distribute the survey 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 surveys, 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 D. Then record the results on a copy of the KAP Survey Summary Table Form provided 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 form can be reused during subsequent men's sexual and reproductive health trainings.

() Training Option

- 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 form 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 survey.

NOTES FOR

1

Counseling and Client-Provider-Interaction Overview

These notes refer to the content provided on pages 1.1–1.12 of the text.

Chapter Purpose and Objectives

This chapter provides a basic understanding of the various counseling approaches and elements of client-provider interaction that service providers can use with men.

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

- Understand the relationship between counseling and other components of men's sexual and reproductive health services
- Distinguish among various elements of client-provider interaction, including information giving, counseling, and informed choice
- Understand the concept of behavior change and how to apply it to counseling
- Identify the characteristics of an effective men's reproductive health service provider



Training Time

4 hours to 4 hours, 15 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 Method	Estimated Time	Recommended
A Framework for Working with Men <i>(pages 1.1–1.3 of the text)</i>	Matching exercise	45 minutes	✓
Communication Approaches <i>(pages 1.1–1.3 of the text)</i>	Multiple-choice table	45 minutes	✓
The Social Learning Theory Model of Behavior Change <i>(pages 1.7–1.8 of the text)</i>	Brief lecture with small-group discussion	30 minutes	
The Transtheoretical Model of Behavior Change <i>(pages 1.9–1.10 of the text)</i>	Small-group work with role plays	45 minutes	✓
The Rights of Clients <i>(pages 1.11–1.12 of the text)</i>	Index card: continuum of rights	45 minutes	✓
Create an Effective Service Provider <i>(no corresponding content in the text)</i>	Small-group activity: visualizing an effective counselor	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.)
- Create flipcharts, as needed.

Introduction

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

Introduction of the Participants

(no corresponding content in the text)

◇ Training Activity: Find Someone Who . . .

Objectives

1. To get to know the other workshop participants
2. To begin discussing men's sexual and reproductive health counseling issues

Time

30 to 45 minutes

Materials

- Pencils or pens
- Participant Handout 1-1: Find Someone Who . . . (page 1.4)

Advance Preparation

Make enough copies of Participant Handout 1-1: Find Someone Who . . . to distribute to all the participants.

Instructions

1. Distribute the handout to the participants.
2. Ask the participants to walk around the room, introduce themselves to the other participants, and sign their names next to one of the statements that they agree with on the other participants' handouts. Explain that each person may sign his or her name next to only one statement on each handout, but he or she can sign either the same statement or a different statement on other participants' handouts. The goal is for the participants to have a different signature next to each statement 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.
4. As each statement is reviewed, ask the participants to voluntarily raise their hands if they agree with the statement. Then explain to the participants that they will be learning more about the issue in each statement on the signature sheet during this training workshop.
5. Allow the participants to continue introducing themselves even after all the statements have been processed. Allow 15 minutes for completion.

Participant Handout 1-1

Find Someone Who . . .

Find a person who agrees with one of the statements below, and ask that person to sign his or her name in the space provided. Continue until all of the statements have been signed.

Note: Each person can sign only one statement on this page.

Find someone who . . .

- _____ 1. Believes that service providers counsel men and women differently
- _____ 2. Looks forward to learning more about how to communicate with male clients
- _____ 3. Is comfortable talking about sexual behaviors with their clients
- _____ 4. Is comfortable talking to their children about sexuality issues
- _____ 5. Is comfortable talking to men about sexual dysfunction
- _____ 6. Has counseled a female client along with her male partner
- _____ 7. Thinks he or she can name all the parts of the male sexual and reproductive system
- _____ 8. Has shown a male client how to put on a condom correctly
- _____ 9. Has talked to men about the importance of antenatal care
- _____ 10. Hopes his or her health care facility can do more to make men more comfortable about receiving counseling services

A Framework for Working with Men

(pages 1.1–1.3 of the text)

◆ Training Activity: A Framework for Working with Men

Objective

To understand how counseling is an integral component of a comprehensive effort to meet men’s reproductive health needs and one of the many approaches reproductive health programs use to involve men

Time

45 minutes

Materials

- Flipchart paper
- Paper
- Tape
- Trainer’s Resource: Male-Involvement Activities (page 1.7)

Advance Preparation

1. Write the following terms on flipchart paper, one term per flipchart: “Social Marketing/Persuasion/Motivation,” “Community Education/Information Giving,” “Counseling,” and “Clinical Services.” Display the flipcharts across a blank wall in a row, leaving enough space under each flipchart so the participants can post the sheets of paper under each flipchart.
2. Write the “Male-Involvement Activities” listed in the Trainer’s Resource: Male-Involvement Activities (page 1.7) on sheets of paper, one activity per sheet of paper. Make sure you have enough sheets of paper to give one or more to each participant.
3. Prepare strips of tape for posting the “Male-Involvement Activities” sheets of paper on the wall.

Instructions

1. Introduce the activity by explaining that since men are often unaccustomed to seeking services at a health care facility, it is important to reach men outside the facility walls.
2. Review the corresponding material in the text (pages 1.1–1.3). Make sure that all the participants understand the differences among the various approaches discussed in the framework.
3. Explain that the four approaches can overlap, and provide one or two examples of overlapping: When satisfied clients promote vasectomy in the community, social marketing/persuasion/motivation and community education/information giving overlap; and when a service provider conducts group counseling for vasectomy, community education/information giving and counseling overlap.

4. Shuffle the “Male-Involvement Activities” sheets of paper to make sure that the activities for each approach are not grouped together. Randomly distribute one or more “Male-Involvement Activities” sheets of paper to the participants. Explain that each participant’s task is to place the activity listed on the sheet along the continuum between social marketing/persuasion/motivation, community education/information giving, counseling, and clinical services.
5. Ask the participants to take several pieces of tape, walk up to the wall, and post the sheet of paper where they think it belongs. Allow five minutes for completion.
6. Once all the sheets are posted on the wall, review the sheets with the participants and move any that the group feels should be changed to a different spot on the continuum.
7. Close the activity by discussing the questions below.

? Discussion Questions

- Is your facility currently involved in any social marketing/persuasion/motivation, community education/information giving, or counseling activities for men? If yes, what types of activities are these?
- Did this training activity provide you with new ideas for male-involvement activities? Which new activities might be possible at your facility?

Trainer's Resource: Male-Involvement Activities

Key: **SM** = Social marketing/persuasion/motivation
CE = Community education/information giving
CO = Counseling
CL = Clinical services

- A television advertisement urges men to use condoms. **(SM)**
- A sign or poster shows a photograph of a couple 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 care 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 signs and symptoms of 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 care 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 develop a labor and delivery plan. **(CO)**
- A service provider helps a couple assess their risk for HIV. **(CO)**
- A couple talk with a nurse about what 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 exam for prostate cancer screening. **(CL)**
- A lab does a fertility workup on a male client. **(CL)**
- A doctor performs a vasectomy. **(CL)**

Communication Approaches

(pages 1.1–1.3 of the text)



Training Activity: Types of Communication Approaches

Objectives

1. To define various communication approaches that service providers use when working with men
2. To identify effective and ineffective communication approaches that service providers use when working with men

Time

45 minutes

Materials

- Pencils or pens
- Participant Handout 1-2: Types of Communication Approaches (page 1.9)

Advance Preparation

Make enough copies of Participant Handout 1-2: Types of Communication Approaches to distribute to all the participants.

Instructions

1. Review the definitions of the four main communication approaches provided on pages 1.1–1.3 of the text.
2. Distribute the handout to the participants.
3. Ask the participants to complete the handout by deciding which communication approach was used in the scenarios. Remind the group that the scenarios may illustrate more than one, or none, of the communication approaches, so they should check all the approaches that apply. Participants must also identify if the approaches are effective or ineffective. Allow 10 to 15 minutes for completion.
4. Review the answers by calling on volunteers. Ask them to tell which communication approach was used in each scenario, indicate whether it was effective, and explain why. Participants may give different responses according to their interpretation of the situation. Emphasize that the different communication approaches sometimes overlap considerably and that more than one answer may be right.
5. Summarize the main points of client-provider interaction, information giving, counseling, and informed choice provided on pages 1.3–1.4 of the text.

Participant Handout 1-2

Types of Communication Approaches

Read each scenario, and decide which of the following communication approaches is used: client-provider interaction (CPI), information giving, counseling, and/or informed choice. Also, determine whether these interactions were effectively or ineffectively carried out. Complete the activity by placing an *X* or *NA* in the corresponding box.

Note: Some scenarios may use more than one communication approach (indicated by *X*) or none (indicated by *NA*, for *Not Applicable*).

Scenario 1

A childless young man wants to have a vasectomy. The service provider greets him, explains what the procedure involves, talks to him about other contraception options, and discusses his decision not to have children.

	Information giving	Counseling	CPI	Informed choice
Effectively carried out				
Not effectively carried out				

Scenario 2

A client is interested in finding out where the antenatal services in the facility are located. She asks the receptionist, who points to a sign.

	Information giving	Counseling	CPI	Informed choice
Effectively carried out				
Not effectively carried out				

continued

Participant Handout 1-2 (*continued*)

Scenario 3

While reviewing the correct steps for putting on a condom, an educator checks to make sure that all the participants understand the procedure by asking some participants to do a condom demonstration in front of the entire group.

	Information giving	Counseling	CPI	Informed choice
Effectively carried out				
Not effectively carried out				

Scenario 4

A clinician supports a young man's struggle to use condoms by helping him feel good about avoiding an STI in the future.

	Information giving	Counseling	CPI	Informed choice
Effectively carried out				
Not effectively carried out				

Scenario 5

A service provider meets with a man who expresses concern about a rash he has developed in his genital area. The provider asks the client a series of questions about his sexual behaviors and then tells the man that the symptoms may indicate that he has an STI.

	Information giving	Counseling	CPI	Informed choice
Effectively carried out				
Not effectively carried out				

continued

Participant Handout 1-2 (continued)

Scenario 6

A worried client comes in searching for the emergency room because his wife is bleeding. The guard on call reassures him and takes him to the emergency room.

	Information giving	Counseling	CPI	Informed choice
Effectively carried out				
Not effectively carried out				

Scenario 7

An educator tells a couple that they should not use natural family planning and gives them a pack of pills to use.

	Information giving	Counseling	CPI	Informed choice
Effectively carried out				
Not effectively carried out				

Scenario 8

An educator discusses the risks of perpetrating domestic violence, the benefits of gender equitable relationships, and the advantages of developing skills to improve couple communication with a group of men in a workplace environment.

	Information giving	Counseling	CPI	Informed choice
Effectively carried out				
Not effectively carried out				

The Social Learning Theory Model of Behavior Change

(pages 1.7–1.8 of the text)



Training Activity: The Social Learning Theory Model of Behavior Change

Objectives

1. To recognize the importance of addressing the multiple factors that contribute to behavior change during counseling sessions
2. To identify ways that service providers can help clients address the six components of social learning theory during counseling sessions

Time

30 minutes

Materials

Participant Handout 1-3: Worksheet for Small Groups on the Social Learning Theory of Behavior Change (page 1.13)

Advance Preparation

Make enough copies of Participant Handout 1-3: Worksheet for Small Groups on the Social Learning Theory of Behavior Change to distribute to all the participants.

Instructions

1. Introduce the Social Learning Theory Model of Behavior by reviewing the information provided on pages 1.7–1.8 of the text.
2. After reviewing the six components of the Social Learning Theory Model of Behavior, divide the participants into six groups. Distribute the handout to the participants, and explain that it asks them to think about how a service provider could address each component of the Social Learning Theory Model of Behavior when discussing HIV prevention with a male client. Assign one of the six questions on the handout to each group. Ask each group to choose a reporter who will explain their findings to the larger group. Allow each group five minutes to discuss their answers.
3. Reconvene the group, and ask the reporter from each group to present their findings to the larger group. Encourage the other participants to share any additional thoughts. Allow 20 minutes for completion.

Participant Handout 1-3

Worksheet for Small Groups on the Social Learning Theory Model of Behavior Change

In order to help change men's behavior regarding HIV/AIDS prevention, a service provider will need to address all six components of the Social Learning Theory Model of Behavior. Review each component below, and identify ways that a provider could address these issues with a male client.

Group 1

Knowledge

People need to receive consistent factual messages about health issues. Individuals also need to identify myths and misconceptions that may exist about a particular health issue. Through knowledge, an individual should feel that they know how to effectively avoid a health problem.

What key pieces of knowledge does a man need to have about HIV prevention?

Group 2

Skills

People must be able to apply knowledge to their own personal lives. This requires skills. Individuals require communication skills to express their health concerns and needs to a partner. Individuals also require practical skills, such as the ability to correctly use a condom.

What types of skills does a man need to have in order to prevent HIV infection and the transmission of HIV to his partner(s)?

Group 3

Benefits

People must understand and believe that there are benefits to a particular behavior. The behavior has to be worth doing. People are often more influenced by the benefits they receive from a particular behavior rather than the negative consequences the behavior might cause.

What are all the benefits of a man using condoms? What are all the benefits of a man remaining faithful to his partner(s)? What are all the benefits of a man preventing HIV? What are all the benefits of a man preventing the transmission of HIV to his partner(s)?

continued

Participant Handout 1-3 (*continued*)

Group 4

Modeling

Social norms or “rules” influence behavior. People are more likely to perform a certain behavior if others whom they associate with also perform that behavior. Therefore, modeling can either support healthy behavior change or hinder it. For example, a person will be more likely to use drugs if his friends use them. A person will be less likely to use drugs if his friends are opposed to drug use.

What types of healthy behaviors can male peers model that would help men prevent HIV infection?

Group 5

Self-efficacy

People need to believe that they can actually control their behavior and effectively perform their desired behavior. For example, a young man needs to know that he has the knowledge to effectively and correctly use a condom.

How could a service provider help a man’s sense of self-efficacy in preventing HIV infection?

Group 6

Support

People need help, support, or encouragement to maintain their health. Services must be provided so that people can prevent health problems from occurring. Families can also help an individual via emotional, physical, or economic support.

What type of support and services are needed to help men address this reproductive health issue?

The Transtheoretical Model of Behavior Change

(pages 1.9–1.10 of the text)

◇ Training Activity: Identifying the Six Stages of Behavior Change

Objectives

1. To define the six stages of behavior change
2. To identify which stage of behavior change a male client is in so that a service provider can provide effective counseling to help him move toward the next stage

Time

45 minutes

Materials

- Paper
- Pencils or pens

Advance Preparation

No advance preparation is needed.

Instructions

1. Introduce the six stages of behavior change by reviewing the information provided on pages 1.9–1.10 of the text.
2. After reviewing each of the six stages, ask the participants if they can provide examples of individuals who have moved through this process when trying to change a particular behavior. Examples may include a person trying to stop smoking, manage his or her tuberculosis, or eat a healthier diet.
3. Divide the participants into six groups. Explain that each group will be assigned one stage of change. The groups will need to create a 2-minute role play of a young man talking about condom use with a service provider, based on the stage that he is in. Allow 10 minutes for completion.
4. When each group presents their role play, the other groups will not know which stage is being acted out. After each group completes their role play, ask the other groups to identify the stage that was portrayed in the role play. Continue until all six stages have been portrayed and identified.
5. Close the activity by discussing the question below.

? Discussion Question

- How can service providers benefit from understanding the six stages of behavior change when working with male clients?

The Rights of Clients

(pages 1.11–1.12 of the text)

◆ Training Activity: The Rights of Clients

Objectives

1. To understand that all men and women have a right to quality sexual and reproductive health services
2. To understand that counseling must always be provided in a manner that ensures the client's rights

Time

45 minutes

Materials

- Seven large index cards (“The Rights of Clients”)
- Paper
- Markers
- Pencils or pens
- Tape

Advance Preparation

1. Write each of the seven “Rights of Clients,” provided on pages 1.11–1.12 of the text, on large index cards, one right per card.
2. Display the cards across a blank wall in a row, leaving enough space under each card so the participants can post the sheets of paper under each card. Cover the cards so the participants cannot see the rights at the beginning of the activity.
3. Prepare strips of tape for posting the “Rights of Clients” sheets of paper on the wall.

Instructions

1. Randomly distribute two or three sheets of paper to each participant.
2. Ask the participants to imagine that they are male clients and to consider what would be important to them when accessing sexual and reproductive health services. Point out that they should consider all aspects of receiving services. Ask the participants to write a separate response on each sheet of paper they have. Allow five to 10 minutes for completion.
3. As the participants write their responses, reveal the seven “Rights of Clients” cards on the wall.
4. Ask for a volunteer to read aloud “The Rights of Clients” provided on pages 1.11–1.12 of the text.

5. Ask the participants to take several pieces of tape, walk up to the wall, and post their sheets of paper under the card that they think corresponds with what they have written on the sheets. Allow five to 10 minutes for completion.
6. Review each of the seven “Rights of Clients” and the responses underneath each card. Ask the participants to elaborate on their responses, and allow them to move the sheets of paper to different rights. Allow five to 10 minutes for completion.
7. Explain to the participants that it is important for all service providers working with men to keep these rights in mind. Point out that their responses illustrate a broad view of what male clients deserve and what will make their counseling experiences most comfortable.

NOTES FOR

2

Addressing Provider Bias and Needs

These notes refer to the content provided on pages 2.1–2.9 of the text.

Chapter Purpose and Objectives

This chapter reviews the anxieties and/or negative feelings that health care workers may have about providing services to men, which can affect how staff interact with male clients, in order to help understand and address these feelings. The chapter also addresses health care facility bias against or in favor of men and the way in which these biases may affect the counseling process.

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

- List at least three examples of provider and health care facility bias against men and three examples of provider and health care facility bias toward (in favor of) men
- Identify some of their own potential bias both against and toward counseling men
- Describe three changes that their facilities can make in order to create a safer, more comfortable, and more welcoming environment for counseling men

→ Training Tips for This Chapter

A discussion of values and attitudes about provider and health care facility bias against and toward men can bring up many different feelings for the participants. It is a good idea to prepare them by warning them that some of the issues discussed in this chapter may make them feel scared, anxious, confused, frustrated, or angry. Ask the participants to be sure to recognize that they have these emotions during the training and to review the workshop norms for making the training atmosphere safe and comfortable for everyone.

🕒 Training Time

4 hours to 4 hours, 15 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 Method	Estimated Time	Recommended
Introduction <i>(no corresponding content in the text)</i>	Trainer presentation	5 minutes	✓
Values and Attitudes Assessment <i>(no corresponding content in the text)</i>	Large-group activity: Values and Attitudes Assessment OR Large-group activity: Men as Partners Circles	45 minutes 45 minutes	✓ Choose one of these activities.
Addressing Provider Comfort with Counseling Men <i>(no corresponding content in the text)</i>	Large-group activity: Confidential Surveys on Comfort with Counseling Men	45 minutes	✓
Understanding and Overcoming Provider Bias <i>(pages 2.1–2.5 of the text)</i>	Small-group activity: Provider and Facility Bias Case Studies OR Large-group activity: Bias Brainstorm	45 minutes 45 minutes	✓ Choose one of these activities.
Characteristics of Effective Men's Reproductive Health Services Providers <i>(pages 2.6–2.9 of the text)</i>	Small-group activity: Create an Effective Service Provider	45 minutes	✓
Creating a Safe and Comfortable Environment for Counseling Men <i>(no corresponding content in the text)</i>	Large-group activity: Counseling Area Walk-Through OR Small-group activity: Creating a Safe and Comfortable Environment for Counseling Men	1 hour 45 minutes	✓ Choose one of these activities.
Closing <i>(no corresponding content in the text)</i>	Individual activity: Reflection	10 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).
- Arrange a time for the participants to walk through the reception/waiting and counseling areas of either their own facility (if the training is conducted on-site) or a nearby facility, preferably while clients are not present in order to avoid disrupting the facility’s activities. If the participant group does not include any men, arrange to have from two to six men who are facility staff join the group for the facility walk-through, if possible.

Introduction

Introduce this chapter by reading aloud the purpose and objectives, which appear on page 2.1 of this trainer’s resource book.

Values and Attitudes Assessment

(no corresponding content in the text)

(i) Training Option

The two activities presented below facilitate values and attitudes assessment. The first activity, “Values and Attitudes Assessment,” is a traditional, forced-choices, values-clarification activity that allows the participants to visually see where the group stands on many issues and allows them to express their views aloud. The second activity, “Men as Partners Circles,” allows the participants to discuss their values and attitudes in dyads (rotating pairs of twos). Both activities encourage discussion about provider bias. Select one of these activities based on your perception of how comfortable and ready the group is to openly share their own values and attitudes. If the group seems comfortable and willing to express their views, choose the first activity. If the group appears uncomfortable and reluctant to share their views, choose the second activity.



Training Activity: Values and Attitudes Assessment

Objectives

1. To examine the participants’ attitudes and beliefs about working with male clients and men’s role in reproductive health
2. To create a forum to discuss issues related to working with male clients and men’s role in reproductive health

Time

45 minutes

Materials

- Paper
- Markers
- Tape

Advance Preparation

1. Write the following terms on sheets of paper, one term per sheet: “Agree” and “Disagree.” Display the sheets of paper on blank walls on opposite sides of the room. Choose sides of the room that will allow a group of participants to move back and forth and stand near each other.
2. Review the statements provided below, and choose five or six that you think will generate the most discussion.

Statements

- Reproductive health care facilities should be for women only, since women have traditionally been responsible for family planning; these facilities offer women a safe space to receive care.
- Within the reproductive health field, service providers' training and mission involve working with women only.
- Providing reproductive health services to men will take away resources from women.
- The presence of men in the health care facility makes female clients feel uncomfortable.
- The presence of men in the health care facility jeopardizes the safety of female clients' and/or of the facility itself.
- Male clients will become disruptive, angry, or threatening toward their partners, other female clients, or health care facility staff.
- Men are not interested in reproductive health services, including family planning.
- Men who engage in same-sex sexual activity are immoral or sick and do not deserve to receive sexual and reproductive health services at a facility.
- Men are a part of the “problem,” not the solution, when it comes to reproductive health issues.
- Men will control the communication and decision-making process during their partner's counseling or examination session.
- Men will flirt with or make sexual remarks to female clients or staff members.
- Men will not want to receive health care from female service providers.
- Men will criticize the services they receive or will accuse staff members of being ignorant or incompetent.

Instructions

1. Explain to the participants that this activity is designed to give them a general understanding of their own and each others' values, attitudes, and bias about working with male clients and men's role in 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.
2. Read aloud the first statement you selected, and ask the participants to stand near the sheet of paper that more closely represents their opinion. Try to have the participants make a clear “Agree” or “Disagree” choice. 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.
3. Facilitate a discussion by asking the questions on page 2.6.

? 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 service providers' values, attitudes, and bias about some of the statements might affect their interactions with male clients or their ability to provide professional and respectful reproductive health services to men?
- What did you learn from this activity?

→ Training Tip

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

◆ Training Activity: Men as Partners Circles

Objectives

1. To examine the participants' attitudes and beliefs about working with male clients and men's role in reproductive health
2. To create a forum to discuss issues related to working with male clients and men's role in reproductive health

Time

45 minutes

Materials

- A watch or clock with a second hand
- Trainer's Resource: Men as Partners Circles (page 2.9)

Advance Preparation

1. Arrange the room so that there is enough floor space for the group to stand in two circles—one inside the other, with each participant in the outer circle facing another participant in the inner circle.
2. Make sure that you have a watch or a clock with a second hand in order to time the participants' movement around the circles.

Instructions

1. Explain to the participants that this activity is designed to give them a general understanding of their own and each others' values, attitudes, and bias about working with male clients and men's role in reproductive health. Explain that they will be asked to share their opinions. Remind them that everyone has a right to his or her opinion, and no response is right or wrong.
2. Ask the participants to form two circles, one inside the other, and to face the participant across from them in the other circle.
3. Explain to the participants that you are going to ask them a series of questions. You will invite a participant in one circle to quickly answer a question while the participant he or she is facing in the other circle listens. Provide the following example: You will ask the question "How do you feel about providing reproductive health services to men?" and will ask a participant in the inner circle to give an answer within one minute. Then you will call out "Switch," and the participant in the outer circle directly opposite the first participant will answer the same question in the same amount of time. After you provide this example, begin the activity.
4. Ask a participant in the inner circle to answer the first question in the Trainer's Resource: Men as Partners Circles "How do you feel about providing reproductive health services to men?" in one minute, wait one minute, call out "Switch," and ask the

participant in the outer circle directly opposite the first participant to answer the same question in the same amount of time.

5. Ask the participants in the inner circle to move over one person to their right, so everyone is facing someone new. Ask the next question in the trainer's resource, following the format used for the first question. Continue in this manner for all the questions in the trainer's resource on page 2.9.
6. Facilitate a discussion by asking the questions below. If appropriate, repeat the first question ("How do you feel about providing reproductive health services to men?") and ask the participants whether their values, attitudes, or bias changed as a result of this activity.

? Discussion Questions

- How did you feel about having only one minute to answer these questions?
- How did it feel to express an opinion that was different from that of some of the other participants?
- Which comments, if any, made by the other participants did you find interesting?
- Did you encounter any reservations about working with men? If so, what were some of these? Why is it important to explore them?
- How do you think service providers' values, attitudes, and bias about some of these statements might affect their interactions with male clients or their ability to provide professional and respectful reproductive health services to men?
- What did you learn from this activity?

? Discussion Questions

1. How do you feel about providing reproductive health services to men?
2. What do you think will be the benefit(s) of providing men's reproductive health services?
3. Which men's reproductive health topics or issues do you think you will have the *easiest* time addressing or handling?
4. Which men's reproductive health topics or issues do you think you will have the *hardest* time addressing or handling?
5. How do you think providing men's reproductive health services at your facility will affect the female clients you serve and future female clients?
6. What changes do you think will need to be made at your facility to successfully provide professional and respectful reproductive health services to men?
7. How do you think men in your community will respond to your facility providing reproductive health services to male clients?
8. What role do you see men playing in the health of their partners and children?
9. How can your facility help male clients be more supportive of their partners' and children's health?
10. What will you personally find to be the hardest part about your facility providing reproductive health services to male clients?

Addressing Provider Comfort with Counseling Men

(no corresponding content in the text)

◆ Training Activity: Confidential Surveys on Comfort with Counseling Men

Objectives

1. To examine the participants' comfort level with counseling and communicating with men
2. To create a forum to discuss service providers' comfort level with and concerns about communicating with men

Time

45 minutes

Materials

- Pencils or pens
- Participant Handout 2-1: Provider Comfort with Counseling Men (page 2.11)

Advance Preparation

Make enough copies of Participant Handout 2-1: Provider Comfort with Counseling Men to distribute to all the participants.

Instructions

1. Distribute the handout to the participants. Explain to the participants that this will help them to examine how comfortable they feel about counseling and communicating with men.
2. Ask the participants to read each statement, and check the box that corresponds to their opinion about it. Explain that they should not 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. Close the activity by discussing the questions below.

? Discussion Questions

- How did it feel to express your opinion about these statements?
- Which statements, if any, were easier or harder to express an opinion about? Why?
- How do you think your values, attitudes, and bias about men might affect your ability to provide professional and respectful reproductive health services to male clients?
- What fears, if any, do you have about working with male clients?

Participant Handout 2-1

Provider Comfort with Counseling Men

Read each statement, and check the box that more closely matches your opinion about the statement.

	Agree	Disagree
1. I feel more comfortable with the idea of providing reproductive health services to women than men.		
2. I believe men would rather receive reproductive health services from male service providers than female service providers.		
3. I would feel comfortable listening to a male client discuss his sexual behaviors, concerns, or problems.		
4. I would feel comfortable professionally addressing a male client's flirting with or making sexual remarks to me.		
5. I would feel comfortable listening to a male client discuss his same-sex relationships or same-sex sexual activity.		
6. I would feel uncomfortable listening to a male client discuss his extramarital sexual activity.		
7. I would feel comfortable bringing up male methods of contraception during a couples counseling session.		
8. I would feel comfortable bringing up the topic of using condoms to prevent sexually transmitted infections (STIs) and HIV with married couples.		
9. I would feel comfortable making sure that women assert their voices, needs, and concerns during a couples counseling session.		
10. I look forward to including men in couples counseling for family planning and other reproductive health issues.		

Understanding and Overcoming Provider Bias

(pages 2.1–2.5 of the text)

◇ Training Activity: Provider and Facility Bias Case Studies

Objectives

1. To understand service providers' bias about working with men and how this may affect their interaction with clients
2. To understand health care facility bias about providing services to men and how this may affect clients
3. To identify ways to address provider and health care facility bias

Time

45 minutes

Materials

- Participant Handout 2-2: Provider and Facility Bias Case Studies (page 2.13)
- Trainer's Resource: Important Messages to Convey to Participants after Each Case Study (page 2.15)

Advance Preparation

Make enough copies of Participant Handout 2-2: Provider and Facility Bias Case Studies to distribute to all the participants.

Instructions

1. Distribute the handout to the participants.
2. Divide the participants into groups of three to five. Assign one of the four case studies to each group. Ask each group to read their case study and then respond to the discussion questions about it. Ask each group to choose a reporter who will summarize the case study and present their findings to the larger group. Allow each group 20 minutes to discuss their answers.
3. Bring the groups together, and ask the reporters of each group to summarize the case study and present their findings to the larger group. Encourage the other participants to share any additional thoughts. Allow 20 minutes for completion.
4. After the reporters present each case study, review the important messages for each case study provided in the trainer's resource on page 2.13.
5. Ask the participants to take note of how these examples of provider bias were addressed, and encourage the participants to apply the same problem-solving ideas to their own situations and facilities.

Participant Handout 2-2

Provider Bias Case Studies

Case Study 1: Recognizing the Client

A rural health care facility employs many local residents as receptionists and clinical assistants. One day, one of the receptionists recognizes a man who has come to the facility to pick up free condoms. The receptionist greets the man, gives him some condoms, and comments, “You look familiar. Do I know your wife?” The man, feeling embarrassed, leaves the facility without saying anything.

The receptionist checks to see if the man has a medical record at the facility and then asks another staff member about him. The two staff remember that the man is married to a woman they know in the community. They carry on a conversation about the man and wonder aloud, “Why is he coming here to get condoms when he is married? Wonder what is going on?”

? Discussion Questions

- How do you feel about what took place in this case study?
- What privacy and confidentiality issues are present in this case study?
- What can a health care facility do to address what happened in this case study and avoid this in the future?

Case Study 2: Assumptions about Sexuality

A man comes to a health care facility to get information about preventing HIV infection and other STIs. He meets with a service provider, who first explains that she needs to ask the following screening questions for his medical records.

- Are you married?
- What form(s) of contraception have you used?
- How many women have you had sexual intercourse with?

When the man tells the provider that he is not married, has never used any form of contraception, and has not had sexual intercourse with any women, the provider acts confused and wonders aloud, “So you are a virgin. I wonder what it is I can help you with today.”

? Discussion Questions

- How do you feel about what took place in this case study?
- What assumptions does this service provider make about the client’s sexuality, sexual orientation, sexual relationships, and sexual behavior?
- What can a health care facility do to address what happened in this case study and avoid this in the future?

continued

Participant Handout 2-2 (*continued*)

Case Study 3: *The Protective Male Partner*

A married couple comes to a health care facility to get information about their family planning options. The facility's protocol is to first conduct an examination with the female partner, followed by a counseling session with her alone, and then to invite the male partner to join in couples counseling. When the service provider tells the male client that he needs to meet with the woman privately to discuss her examination and medical history, the man gets angry and suspicious and states, "No man is going to talk to my wife alone about this!"

The service provider, who is also married, explains to the male client that he will get an opportunity to speak with the provider and his partner after the examination. "Nonsense!" exclaims the male client. "What man would allow his wife to be examined alone by another man?" The provider decides to allow the male partner to stay in the room during the examination and the counseling session. The female client never meets with any staff members alone.

? Discussion Questions

- How do you feel about what took place in this case study?
- What bias issues are present in this case study?
- What can a health care facility do to address what happened in this case study and avoid this in the future?

Case Study 4: *The One-Sided Love Story*

A service provider meets with a young couple to discuss safer-sex practices. The provider asks the couple about their relationship and sexual activity. The male client tells the provider that he loves his girlfriend, they were virgins before they met, and he has never had sex with anyone but her. The provider is genuinely touched by the male client's declaration of love and tells the female client, "You are very lucky to have such a nice man in your life. Good ones like him are hard to find!"

The male client also tells the service provider, "I intend to marry her! But we do not want to have children until we are ready. So we want to get the best form of contraception available." The provider responds, "Wow! The two of you have made a good decision to come here today. Let me tell you about the hormonal contraceptive methods you can use that will offer the best protection against pregnancy." The female client nods in agreement and begins to listen to the provider talk about contraceptive methods.

? Discussion Questions

- How do you feel about what took place in this case study?
- What bias issues are present in this case study?
- What can a health care facility do to address what happened in this case study and avoid this in the future?

Trainer's Resource:

Important Messages to Convey to Participants after Each Case Study

Case Study 1: Recognizing the Client

- All clients should be greeted and treated in a confidential manner, especially when they come for reproductive health services.
- Drawing attention to male clients may make them feel embarrassed, ashamed, uncomfortable, or angry, making it less likely that they will return for care or tell other men to use the services at your facility.
- All medical information about clients should remain confidential. It is inappropriate, unprofessional, and, in some instances, illegal to view clients' medical information out of curiosity. Gossiping about clients should never be tolerated.

Case Study 2: Assumptions about Sexuality

- Reproductive health care facilities need to be sensitive to the diverse populations they serve, including providing services to clients who engage in same-sex relationships or same-sex sexual activity.
- Service providers need to use sensitive and inclusive language when asking screening questions. Providers cannot assume that all their clients are heterosexual or engage in heterosexual relationships and heterosexual sexual activity only. They also cannot assume that their male clients are married, use contraception, or have sex with only women.
- Service providers who make assumptions about sexual orientation and sexual behaviors may miss opportunities to discuss, diagnose, and/or treat certain types of reproductive health problems. These providers may also make clients feel embarrassed, ashamed, uncomfortable, or angry, making it less likely that they will return for care or tell other men to use services at your facility.

Case Study 3: The Protective Male Partner

- In some cultures, it may be considered improper for a male service provider to meet privately with a female client to discuss health-related issues. Having the woman meet with a female service provider might lessen her partner's concern.
- A health care facility may have a protocol for service providers to meet privately with female clients before a couples counseling session. This will give married female clients the opportunity to raise issues or ask questions that they might not feel comfortable bringing up in front of their partners. There may be times when a male partner's power and decision-making role within the relationship could jeopardize the female partner's ability to receive the reproductive health services she needs.
- Service providers need to check their own biases toward men to make sure they are not reinforcing a cultural norm of directing information to men or a traditional notion that men are decision makers.
- Providers need to make sure that male clients do not exert power in the relationship.

continued

**Trainer's Resource:
Important Messages to Convey to Participants after Each
Case Study (*continued*)**

Case Study 4: The One-Sided Love Story

- Service providers need to allow both partners to discuss both what is going on in the relationship and their needs.
- Providers need to make sure that they do not pay more attention to the male client during counseling sessions.
- Sometimes a couple who comes for counseling may wish to discuss more issues than they initially share. It is quite possible that the male client has other sexual partners or that the female client does not want to use a hormonal contraceptive method.
- Providers need to discuss all contraceptive methods during couples counseling and to help clients make informed choices about contraceptive methods.

Understanding and Overcoming Provider Bias

(pages 2.1–2.5 of the text)

◆ Training Activity: Provider Bias Brainstorm

Objective

To understand ways in which provider and health care facility bias can be directed toward and against men

Time

45 minutes

Materials

- Flipchart paper
- Markers

Advance Preparation

Write the titles “Provider Bias against Men” and “Provider Bias toward Men” on blank sheets of flipchart paper, one title per sheet. Display the sheets of newsprint across a blank wall.

Instructions

1. Introduce the activity by explaining to the participants that they have seen some examples of provider and health care facility bias. Explain that during this activity, the participants will continue to brainstorm ways in which provider and health care facility bias can be directed toward and against men.
2. Explain to the participants that provider bias *against* men involves service providers’ values or attitudes that might lead to men receiving poor treatment at a health care facility. Ask the participants the following questions to begin the brainstorming process:
 - What are some beliefs that service providers have about men that may adversely affect how they interact with or provide professional and respectful reproductive health services to male clients?
 - What are some specific examples of ways that staff at a health care facility give poor treatment to male clients?
 - What are some specific examples of ways that a health care facility’s protocols or environment may lead to male clients receiving poor treatment?

Allow 15 minutes for completion.

3. Once you have a satisfactory list of provider and health care facility bias against men, continue with provider and health care facility bias toward men. Explain to the participants that provider bias *toward* men involves service providers tending to favor men, giving preferential treatment to men, or treating male clients better than female clients. Ask the participants the following questions to begin the brainstorming process:

- What are some beliefs that service providers have about men that may lead them to give preferential treatment to male clients?
- What are some specific examples of ways that staff at a health care facility give preferential treatment to male clients?
- What are some specific examples of ways that a health care facility's protocols or environment may lead to male clients receiving preferential treatment?

Allow 15 minutes for completion.

4. Close the activity by discussing the questions below.

➔ Training Tip

If the participants have difficulty answering the questions, remind them of the questions they discussed during the previous activity.

? Discussion Questions

- How did it feel to discuss bias issues about male clients with other staff members?
- After reviewing the list of provider and health care facility bias *against* men, would you like to add any other values, attitudes, or examples to this list?
- After reviewing the list of provider and health care facility bias *toward* men, would you like to add any other values, attitudes, or examples to this list?

Characteristics of Effective Men’s Reproductive Health Service Providers

(pages 2.6–2.9 of the text)

◆ Training Activity: Create an Effective Service Provider

Objective

To help the participants identify the knowledge, attitudes, and skills necessary to be an effective sexual and reproductive health counselor for men

Time

45 minutes

Materials

- Flipchart paper
- Markers

Advance Preparation

1. Write the title “Create an Effective Service Provider” on a blank sheet of flipchart paper. Write the following questions under the title:
 - What are the characteristics of an effective service provider for men?
 - What knowledge, attitudes, and skills does this person have?
 - How does this person relate to men?
2. Draw an outline of a person under the questions.

Instructions

1. Introduce the activity by explaining that many people are unsure about what makes a person an effective counselor for men’s sexual and reproductive services. Explain that during this activity, the participants will work in small groups to “grow,” or create, a visual depiction, or drawing, of an effective service provider.
2. Point out that this activity is called “Create an Effective Service Provider.” Give the following directions to the participants:
 - You will work in small groups. Each group will get a blank sheet of flipchart paper and colorful markers.
 - As a group, your task is to create an effective service provider for men’s sexual and reproductive health services. To create this provider, you will create a visual depiction, or drawing, of a person. You will begin with an outline of a person.
 - Next, you will discuss what characteristics this person has or needs. Then you will include this information on your drawing of an effective service provider. You can

be creative, and use pictures, words, and/or symbols. You can let your imagination run wild. You do not have to worry about your artistic talent. Ask the following questions:

- What is this person like?
 - What knowledge does this person have?
 - What attitudes toward men does this person have?
 - What skills that apply to working with men does this person have?
 - What training that applies to working with men has this person had?
- You will choose a reporter who will explain your group’s drawing to the larger group.
3. Divide the participants into groups of four or five people, and give each group a blank sheet of flipchart paper and a variety of colorful markers.
 4. After about 15 minutes, reconvene the larger group. Ask the reporters of each group to post their drawings and present them to the larger group. Allow 10 minutes for completion.
 5. Close the activity by discussing the questions below.

? Discussion Questions

- What similarities or themes do you see in the drawings?
- When you think about yourself as a service provider working with men, how do you feel when you look at the drawings? Is it easy to measure up to what you have created? (Explain that what the small groups have created is the “ideal” service provider and that no one can live up to this vision 100%.)
- As you look at the drawings, which one characteristic do you feel describes you well? Which one characteristic do you feel you need to improve?
- What steps can you take to move toward becoming more like the service providers shown in the drawings?

Creating a Safe and Comfortable Environment for Counseling Men

(no corresponding content in the text)

➔ Training Tips for This Session

- Mention to the participants that even programs that currently provide reproductive health services to men can benefit from looking at their counseling areas and procedures with “fresh” eyes.
- Emphasize that the client’s perspective can easily be forgotten but needs to be a central consideration when service providers and health care facilities try to create a safe and comfortable environment for counseling men, as well as to minimize or eliminate bias.

() Training Option

If it is not possible to schedule a visit to a health care facility to conduct a walk-through, conduct the activity “Creating a Safe and Comfortable Environment for Counseling Men” (page 2.25).

◆ Training Activity: Counseling Area Walk-Through

Objective

To identify ways to make the health care facility environment safer and more comfortable for counseling men

Time

1 hour

Materials

- Pencils or pens
- Participant Handout 2-3: Counseling Area Walk-Through Checklist (page 2.23)

Advance Preparation

Make enough copies of Participant Handout 2-3: Counseling Area Walk-Through Checklist to distribute to all the participants.

Instructions

1. Distribute the handout to the participants.
2. Lead the participants on a walk through the reception/waiting and counseling areas of the facility. Instruct them to look around as if they were men coming to the facility for

the first time and, using the checklist as a guide, to assess how the facility would appear to them, observing items or issues that might affect a male client's privacy, confidentiality, or comfort in the reception/waiting and counseling areas.

3. Ask the participants to point out examples of low-cost changes that could easily be made (e.g., posters) and more expensive changes that might not be feasible to change in some settings (e.g., furniture or putting up walls).
4. Allow 15 to 20 minutes for the walk-through. Afterward, ask the participants to discuss their observations, encouraging any men in the group to express their opinions candidly.
5. Facilitate a discussion to elicit observations of 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 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 partners or adult children of the participants.)

() 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. You may conduct the walk-through with all the participants in one large group, or you can break the participants into groups of five to 10 people. If using small groups, vary their composition, if possible, by mixing men and women, individuals of different ages, and frontline and clinical staff.

Participant Handout 2-3

Counseling Area Walk-Through Checklist

As you walk through the health care facility, imagine that you are a man coming to the facility to speak to a service provider about a sexual or reproductive health issue. Keeping the man's perspective in mind, assess how the facility would appear on the basis of the following criteria.

	Yes	No
Privacy	_____	_____
1. When you first enter the facility, is there an area where men can discuss the reason for their visit without being overheard by other clients or by other staff besides the receptionist?	_____	_____
2. Are there separate rooms or counseling areas where men can talk with a service provider without anyone else overhearing them?	_____	_____
3. Are there separate rooms or counseling areas where men can talk with a service provider without being seen by other clients?	_____	_____
Confidentiality		
4. Are male clients given their own medical records?	_____	_____
5. Does the facility protect male clients' medical records so that only staff who need to see the records have access to them?	_____	_____
6. Does the facility have a protocol in place to ensure that staff do not inappropriately discuss client issues, even if they know a client from the community?	_____	_____
7. Do the staff appear to assure clients of their confidentiality?	_____	_____
Comfort		
8. What steps do staff take to make men feel welcome?	_____	_____
9. Do the staff appear to be polite and respectful toward men?	_____	_____
10. Are the colors and décor in the reception/waiting and counseling areas comfortable for men (as opposed to seeming more intended for women and children)?	_____	_____

continued

Participant Handout 2-3 (continued)

Counseling Area Walk-Through Checklist

Comfort (continued)

	Yes	No
11. Does the facility allow men to be involved in couples counseling?	_____	_____
12. Does the facility allow men to meet and talk with service providers alone even if they have come with their partners?	_____	_____
13. Do men have the option of speaking to male service providers?	_____	_____
14. Are chairs provided for men to sit in while waiting and during counseling?	_____	_____
15. Are chairs provided for both partners to sit in during couples counseling?	_____	_____
16. Are brochures, pamphlets, posters, or other client-education materials that deal with men's reproductive health issues readily available in the reception/ waiting and counseling areas?	_____	_____
17. Are the brochures, pamphlets, posters, and other client-education materials male-friendly?	_____	_____
18. Are the brochures, pamphlets, posters, and other client-education materials written at a literacy level that most male clients will be able to understand?	_____	_____



Training Activity: Creating a Safe and Comfortable Environment for Counseling Men

Objective

To identify ways to create a safe and comfortable counseling environment for men

Time

45 minutes

Materials

- Flipchart paper
- Markers
- Tape
- Participant Handout 2-4: Creating a Safe and Comfortable Environment for Counseling Men (page 2.26)

Advance Preparation

Make enough copies of Participant Handout 2-4: Creating a Safe and Comfortable Environment for Counseling Men to distribute to all the participants.

Instructions

1. Introduce the activity by explaining to the participants that as an alternative to conducting a facility walk-through, they will get the opportunity to “build” a counseling area for men, taking into consideration privacy, confidentiality, and comfort issues.
2. Distribute the handout to the participants. Read aloud each category (privacy, confidentiality, and comfort) and the corresponding questions.
3. Divide the participants into three groups, and assign one of the three categories to each group. Give each group a blank sheet of flipchart paper and a marker.
4. Ask the groups to address their assigned category by discussing how they could improve the services for men while still taking into account women’s needs.
5. Ask each group to write on flipchart paper their responses to the questions in their category. Ask each group to choose a reporter who will present their findings to the larger group.
6. After about 15 minutes, reconvene the larger group. Ask the reporters of each group to present their findings to the larger group. Allow the participants to clarify, respond to, or ask questions about what is presented. Allow 15 to 20 minutes for completion.
7. Close the activity by directing the participants to Participant Handout 2-3: Counseling Area Walk-Through Checklist (page 2.23). Explain that they can evaluate their own facility when they return and conduct the walk-through by having staff members and/or male clients use the checklist to evaluate the facility.

Participant Handout 2-4

Creating a Safe and Comfortable Environment for Counseling Men

Keeping the male clients' perspective in mind, use the following questions to identify the criteria for a safe and comfortable environment for counseling men.

Privacy

- When a male client first enters the facility, where does he go to discuss the reason for his visit? What steps does the facility take to make sure that the client can discuss the reason for his visit without being overheard by other clients or by other staff besides the receptionist?
- What steps does the facility take to make sure that the client can talk with a service provider in the counseling area without anyone else overhearing him?
- What steps does the facility take to make sure that the client can talk with a service provider in the counseling area without being seen by other clients?

Confidentiality

- Is the client given his own medical record?
- What steps does the facility take to protect the client's medical record so that only staff who need to see his record have access to it?
- What steps does the facility take to put a protocol in place to ensure that staff do not inappropriately discuss client issues, even if they know a client from the community?
- Do the staff appear to assure clients of their confidentiality?

Comfort

- What steps do staff take to make men feel welcome?
- Do the staff appear to be polite and respectful toward men?
- Are the colors and décor in the reception/waiting and counseling areas comfortable for men (as opposed to seeming more intended for women and children)?
- What steps does the facility take to allow men to talk with a service provider alone? As part of a couple?
- What makes the counseling room seem comfortable for men as individual clients or as partners?
- What brochures, pamphlets, posters, or other client-education materials that deal with men's reproductive health issues are readily available in the counseling area?
- Are the brochures, pamphlets, posters, and other client-education materials male-friendly?
- Are the brochures, pamphlets, posters, and other client-education materials written at a literacy level that most male clients will be able to understand?

Closing

(no corresponding content in the text)

Training Activity: Reflection

Objective

To reflect on the ideas and information shared in this chapter

Time

10 minutes

Materials

- Pencils or pens
- Participant Handout 2-5: Addressing Provider Bias Closing Activity (page 2.27)

Advance Preparation

Make enough copies of Participant Handout 2-5: Addressing Provider Bias Closing Activity to distribute to all the participants.

Instructions

1. Distribute the participant handout to the participants, and ask them to complete the statements, either orally or in writing.
2. Ask the participants to share their responses to one or more of the statements.

NOTES FOR

3

Men's Sexual and Reproductive Health Overview

These notes refer to the content provided on pages 3.1–3.48 of the text.

Chapter Purpose and Objectives

This chapter provides basic information about men's sexual and reproductive health issues, including:

- Sexuality
- Men's sexual and reproductive anatomy and physiology
- Sexual dysfunction
- Sexual behaviors
- Sexual orientation
- Contraceptive methods
- Condoms
- Common sexually transmitted infections (STIs)
- Cancers of the reproductive system
- Infertility

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

- Identify sexual and reproductive health issues that men may be concerned about during counseling sessions
- Understand sexuality and its relation to reproductive health
- Demonstrate an understanding of the different types of sexual orientation
- Describe the range of sexual behaviors and their implications regarding men's health
- Demonstrate familiarity with sexual and reproductive health terms
- Describe the basic anatomy and physiology of the male reproductive system
- Address common questions and concerns about male sexual dysfunction
- Provide comprehensive information about each contraceptive method that requires men's active participation
- Describe how to use a condom correctly
- Describe some basic symptoms of common STIs in men and women and how they can be transmitted
- List ways to reduce the risk for transmitting or contracting STIs
- Understand the basic causes of infertility and what couples can do to improve their chances of having children
- Provide basic information to clients about prostate and testicular cancer

➔ **Training Tips for This Chapter**

When counseling men, service providers should be very familiar with all the issues covered in this chapter. Therefore, before selecting the training activities for this chapter, assess the participants' knowledge of and previous training in men's sexual and reproductive health issues, and choose only those activities that cover significant gaps in their knowledge and training.

Training Time

10 hours, 5 minutes to 12 hours, 30 minutes, depending on the amount of time available and the participants' knowledge and previous training. 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 Method	Estimated Time	Recommended
Introduction <i>(no corresponding content in the text)</i>	Trainer presentation	5 minutes	✓
Key Issues to Address in Men's Sexual and Reproductive Health Counseling <i>(no corresponding content in the text)</i>	Large-group activity: "Top 10 Men's Reproductive Health Issues" Game Show	15 minutes	✓
Defining Sexuality <i>(pages 3.1–3.5 of the text)</i>	Large-group activity: Understanding Sexuality	45 minutes	✓
Sexual Orientation <i>(pages 3.4 and 3.16–3.17 of the text)</i>	Brief lecture with discussion: Sexual Orientation	20 minutes	✓
Men's Sexual and Reproductive Anatomy and Physiology <i>(pages 3.5–3.13 of the text)</i>	Small-group activity: Body Mapping OR Large-group activity: Penis Size OR Individual activity: Men's Sexual and Reproductive Anatomy and Physiology Myths and Facts	45 minutes 5 minutes 30 minutes	Choose one of these activities.
Communicating with Clients about Sexual Anatomy and Behaviors <i>(page 3.5 of the text)</i>	Large-group activity: Brainstorming Sexual Terms	20 minutes	
Sexual Dysfunction <i>(pages 3.9–3.11 of the text)</i>	Small-group activity: Sexual Dysfunction Case Studies	30 minutes	✓
Common Sexual Behaviors <i>(pages 3.13–3.15 of the text)</i> and Health Considerations of Sexual Behaviors <i>(pages 3.15–3.16 of the text)</i>	Large-group activity: Values about Sexual Behaviors	45 minutes	

(continued)

Sample Agenda *(continued)*

Training Content	Training Method	Estimated Time	Recommended
Sexuality Myths and Facts <i>(pages 3.17–3.18 of the text)</i>	Individual activity: Sexuality Myths and Facts	30 minutes	
Common Client Concerns <i>(pages 3.18–3.20 of the text)</i>	Small-group activity: Common Questions Cards	30 minutes	✓
Condoms <i>(pages 3.21–3.27 of the text)</i> , Withdrawal <i>(page 3.26 of the text)</i> , Vasectomy <i>(pages 3.27–3.29 of the text)</i> , and Fertility-Awareness Methods <i>(pages 3.29–3.30 of the text)</i>	Small-group activity: Discussion of Male Methods	50 minutes	
Condom Instructions <i>(pages 3.23–3.25 of the text)</i>	Large-group activity: Condom Steps OR Small-group activity: Practice Putting on a Condom Correctly	25 minutes 25 minutes	✓ Choose one of these activities.
Men's Role in Contraception <i>(pages 3.30–3.31 of the text)</i>	Small-group activity: Supporting and Hindering Contraceptive Use	30 minutes	✓
Sexually Transmitted Infections (STIs) <i>(pages 3.33–3.40 of the text)</i>	Large-group activity: The STI Handshake	30 minutes	
Common STIs <i>(pages 3.33–3.35 of the text)</i>	Small-group activity: Matching Game	45 minutes	
Risk Factors for Transmitting and Contracting STIs <i>(pages 3.36–3.38 of the text)</i> and Reducing Risk <i>(pages 3.37–3.41 of the text)</i>	Large-group activity: Levels of Risk	30 minutes	
Gender and STIs <i>(pages 3.40–3.41 of the text)</i>	Large-group activity: Discussion Topics	30 minutes	

(continued)

Sample Agenda (continued)

Training Content	Training Method	Estimated Time	Recommended
STI Myths and Facts <i>(pages 3.41–3.44 of the text)</i>	Individual activity: STI Myths and Facts	45 minutes	
Cancers of the Reproductive System <i>(pages 3.44–3.47 of the text)</i> , Infertility <i>(pages 3.47–3.48 of the text)</i> , Sexual Dysfunction <i>(pages 3.9–3.11 of the text)</i> , and Men's Sexual and Reproductive Anatomy and Physiology <i>(pages 3.5–3.13 of the text)</i>	Large-group activity: Sexual Jeopardy	1 hour	✓

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).
- Create flipcharts, as needed.

Introduction

Introduce this chapter by reading aloud the purpose and objectives provided on page 3.1 of this trainer's resource book.

Key Issues to Address in Men’s Sexual and Reproductive Health Counseling

(no corresponding content in the text)

◇ Training Activity: “Top 10 Men’s Reproductive Health Issues” Game Show

Objectives

1. To review the range of sexual and reproductive health issues that men may want to discuss during sexual and reproductive health counseling sessions
2. To help the participants identify the men’s sexual and reproductive health issues necessary to be an effective sexual and reproductive health counselor for men

Time

15 minutes

Materials

- 10 large index cards (or sheets of paper)
- Flipchart paper (or a chalkboard)
- Markers (or chalk and an eraser)
- Easel
- Tape

Advance Preparation

1. Develop a game-show board using a flipchart, an easel, and 10 large cards (or sheets of paper) with tape *or* using a chalkboard, chalk, and an eraser. Write each of the following top 10 men’s sexual and reproductive health issues on large index cards, 1 issue per index card:

Basic anatomy and physiology

Cancers of the reproductive system

Family planning

Genital hygiene

Infertility

Nocturnal emissions

Premature ejaculation

Sexual dysfunction

Sexual practices/sexuality

Sexually transmitted infections (STIs)/HIV/AIDS

2. Display the cards across a flipchart in one row. Cover the cards so the participants cannot see the issues at the beginning of the activity. Number the cards from 1 to 10.

Instructions

1. Divide the participants into three teams. Explain that the cards on the flipchart contain the top 10 issues that men may want to discuss during sexual and reproductive health counseling sessions. Point out that the ranking of these issues is not based on scientific evidence, but rather on anecdotal feedback from service providers who work with men.
2. Allow each team to take turns guessing which issues are among the top 10. Each team receives one point for a correct answer and a strike if the issue was not on the flipchart. Determine whether or not a team correctly identifies one of the top 10 issues by checking the teams' answers against the list you used to prepare the index cards. After each team provides a guess, move on to the next team, whether or not the guess is correct. Continue playing the game until all the top 10 issues have been identified and all the index cards have been turned over. If a team gets three strikes, it is disqualified. The winner is either the team that correctly identifies all the top 10 issues or the team that correctly identifies the most issues.
3. After all the top 10 issues have been revealed, ask the participants to identify the issues that they think they need more information about in order to feel confident during counseling sessions. Try to ensure that the key issues that the participants identify are covered during the subsequent training activities in this chapter.

Defining Sexuality

(pages 3.1–3.5 of the text)

◆ **Training Activity: Understanding 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

- Flipchart paper
- Markers
- Tape
- Trainer’s Resource: The Four Components of Sexuality (page 3.9)

Advance Preparation

1. Write “Sex” and “Sexuality” in separate columns on a flipchart.
2. Draw the four components of sexuality (sensuality, intimacy and relationships, sexual identity, sexual health) provided on page 3.3 of the text on a flipchart. 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 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 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 Figure 3-1, “The Four Components of Sexuality,” provided on page 3.3 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 on page 3.10.
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 below.

? 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 males and females? Do men and women experience sensuality the same way? Do men and women view relationships the same way? Do men and women have the same sexual health needs?

Trainer's Resource: The Four Components of Sexuality

Sensuality. This is how our bodies derive pleasure. It is the part of our body that deals with the five senses: touch, smell, sight, hearing, and taste. When enjoyed, any of these senses can be sensual:

- **Touch:** Our entire bodies are sensitive to touch and pressure.
- **Smell:** Some species of animals emit *pheromones*, which are chemical substances that attract sexual partners. We may find some aromas, scents, or smells pleasurable and sexually arousing, too.
- **Sight:** This can play a role in our attraction to another individual. Our preferences for specific visual sights or erotic stimuli may vary by sex and from person to person.
- **Hearing:** Some people report that certain types of poetry, music, or other kinds of sounds can raise their level of sexual arousal. Sometimes, hearing specific phrases or the sound of someone's voice may be arousing.
- **Taste:** Some people believe that certain foods may stimulate sexual arousal. For example, chocolate contains endorphins. These proteins can create a sense of calm and good feeling, thereby potentially making a person feel more relaxed for sexual activity.

The sexual-response cycle is also part of our sensuality because it is the mechanism that enables us to enjoy and respond to sexual pleasure.

Our body image is another part of our sensuality. Whether or not we feel attractive and proud of our bodies influences many aspects of our lives.

Our sensuality also involves our need to be touched and held by others in loving and caring ways. This is called "skin hunger."

Fantasy is part of our sensuality, too. Our brain gives us the capacity to fantasize about sexual behaviors and experiences without having to act upon them.

Intimacy and Relationships. This is the part of sexuality that deals with relationships. Our ability to love, trust, and care for others is based on our levels of intimacy. We learn about intimacy from those relationships around us, particularly those within our families.

Emotional risk-taking is part of intimacy. In order to have true intimacy with others, a person must open up and share feelings and personal information. We take a risk when we do this, but intimacy is not possible otherwise.

Sexual Identity. Every individual has his or her own personal sexual identity. This can be divided into four main elements:

- **Biological sex** is based on our physical status of being either male or female.
- **Gender identity** is how we feel about being male or female. Gender identity starts to form around age 2, when a little boy or girl realizes that he or she is different from the opposite sex.

continued

Trainer's Resource: The Four Components of Sexuality (*continued*)

Our gender identity is at the core of how we feel about who we are. Some people are biologically male but internally female, and vice versa—these people may never feel comfortable living as defined by the sex they were born with.

If a person feels like he or she identifies with the opposite biological sex, he or she often consider himself or herself to be transgender. In the most extreme cases, a transgender person may have an operation to change his or her biological sex so that it can correspond to his or her gender identity.

- **Gender roles** are society's expectations of how individuals should act based on their biological sex. Society has clear expectations about how males and females should behave. From the moment we are born, we are treated and expected to behave differently based on our biological sex.
- **Sexual orientation** is the final element of sexual identity. Sexual orientation refers to the biological sex that we are attracted to romantically. Our orientation can be *heterosexual* (attracted to the opposite sex), *bisexual* (attracted to both sexes), or *homosexual* (attracted to the same sex). People often confuse sexual orientation and gender roles. For example, if a man is very feminine or a woman is very masculine, people often assume that these individuals are homosexual. Actually, however, the man and woman are expressing different gender roles. Their feminine or masculine behavior, respectively, has nothing to do with their sexual orientation. Homosexual men may be very feminine, very masculine, or neither. The same applies to heterosexual men. Also, a person may engage in same-sex sexual behavior and not consider him- or herself homosexual. For example, men in prison may have sex with other men but may think of themselves as heterosexual.

The range of sexual orientation, from heterosexuality to homosexuality, is a continuum. Most individuals' sexual orientation falls somewhere along that continuum. While scientific studies have shown that individuals cannot change their sexual orientation at will, sexual orientation may change over time. Scientific research has also shown that individuals who have sex with members of their own sex can be just as emotionally healthy as those who have sex exclusively with members of the opposite sex.

Sexual Health. This involves our behavior related to producing children, enjoying sexual behaviors, and maintaining our sexual and reproductive organs. Issues like sexual intercourse, pregnancy, and sexually transmitted infections (STIs) are part of our sexual health.

Sexual Orientation

(pages 3.4 and 3.16– 3.17 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

- Flipchart paper
- Markers
- 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 that we are attracted to romantically. Our orientation can be heterosexual (attracted to the opposite sex), bisexual (attracted to both sexes), or 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 sheet of flipchart paper. 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. For example, some adolescent boys who experiment sexually with other boys (for example, 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 might not be exclusively attracted to members of their own sex and might not wish to engage in sex only with members of their own sex. 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 might consider themselves to be bisexual, homosexual, or heterosexual.

6. Conclude this 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 emotionally healthy 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 might change over time.
 - *Homosexuality is different from transsexuality.* A person who feels that he or she was born into the body of the wrong sex is a 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 children of heterosexual parents are.* 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.

Men's Sexual and Reproductive Anatomy and Physiology

(pages 3.5–3.13 of the text)

◆ Training Activity: Body Mapping

Objective

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

Time

45 minutes

Materials

- Flipchart paper
- Markers
- 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 vesicle
- Testes
- Urethra
- Vas deferens

Instructions

1. Tell the participants that during this activity they will review the male sexual and reproductive system. Explain that they will find out how much they know about male anatomy.
2. Explain that they will be working in small groups to draw the male sexual and reproductive system. Display the names of the body parts that are listed on the flipchart and should be included in the drawings.
3. Divide the participants into groups of four or five. Distribute the flipchart paper and markers to each group. Give the groups 20 minutes to complete their drawings.
4. When the groups are finished, ask them to display their drawings on the wall. Ask the participants to walk around the room and take a close look at all the drawings.

5. After 10 minutes, reconvene the group and review Figure 3-2, which shows the external male genitals, provided on page 3.6 of the text, and Figure 3-3, which shows the internal male genitals, provided on page 3.7 of the text. Ask the participants to look at their drawings and discuss discrepancies.
6. After all the parts of the male sexual and reproductive system have been reviewed, facilitate a discussion by asking the questions below.

? Discussion Questions

- What was the group's reaction as you drew the male sexual and reproductive system?
- Were there major discrepancies between your drawing and the diagrams in the text?
- What did you learn from drawing the male sexual and 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 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).



Training Activity: Men's Sexual and Reproductive Anatomy and Physiology Myths and Facts

Objective

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

Time

30 minutes

Materials

- Pencils or pens
- Participant Handout 3-1: Men's Sexual and Reproductive Anatomy and Physiology Myths and Facts (page 3.18)
- Trainer's Resource: Men's Sexual and Reproductive Anatomy and Physiology Myths and Facts Answer Sheet (page 3.19)

Advance Preparation

Make enough copies of Participant Handout 3-1: Men's Sexual and Reproductive Anatomy and Physiology Myths and Facts to distribute to all the participants.

Instructions

1. Distribute the handout to the participants.
2. Ask the participants to complete the handout by reading each statement to themselves and writing the letter *M* (for *myth*) or *F* (for *fact*) in the space provided. 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. Review the answers by calling on volunteers. Ask them 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, and clarify any responses by referring to the text.

() 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.

Participant Handout 3-1

Men's Sexual and Reproductive Anatomy and Physiology Myths and Facts

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. Just like women, most men are capable of having multiple orgasms.
- _____ 8. Having sex too frequently can be harmful to a man.
- _____ 9. A man can still reproduce into older age.
- _____ 10. In men, ejaculation and orgasm are the same process.
- _____ 11. Once a man has an erection, it is physically harmful to him if he does not ejaculate.
- _____ 12. A man cannot impregnate a woman while she is menstruating (has her period).
- _____ 13. You can tell how long a man's penis is by looking at the size of his hands, feet, or nose.
- _____ 14. The penis is a muscle.
- _____ 15. A man's penis grows longer with frequent use.

**Trainer's Resource:
Men's Sexual and Reproductive Anatomy and
Physiology Myths and Facts Answer Sheet**

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 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 automatically becomes 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 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 contraception. 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. 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.

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

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

9. 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, men's hormone levels and the amount of ejaculate they produce might decline as they get older.

continued

Trainer's Resource:
Men's Sexual and Reproductive Anatomy and Physiology
Myths and Facts Answer Sheet (continued)

10. 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.

11. 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.

12. 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.

13. 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.

14. 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.

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

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

Communicating with Clients about Sexual Anatomy and Behaviors

(page 3.5 of the text)

→ Training Tips for This Session

During this session:

- 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 non-medical 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 come to 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 to 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.

◇ Training Activity: Brainstorming Sexual Terms

Objectives

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

Time

20 minutes

Materials

- Flipchart paper
- Markers
- Pencils or pens
- Tape
- Participant Handout 3-2: Brainstorming Sexual Terms (page 3.23)

Advance Preparation

1. 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.
2. Make enough copies of Participant Handout 3-2: Brainstorming Sexual Terms to distribute to all 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 the common or slang terms they know for each medical 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 them 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. Close the activity by discussing the questions below.

? 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 Options

- 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. Reconvene the group when all the participants are done, and ask a 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, close the activity by asking the discussion questions.

Participant Handout 3-2

Brainstorming Sexual Terms

Write some of the common or slang terms for the body parts and sexual behaviors that are discussed during the brainstorming 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 for which you may not know either the medical or common or slang terms. 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)	

Sexual Dysfunction

(pages 3.9–3.11 of the text)

◆ Training Activity: Sexual Dysfunction Case Studies

Objectives

1. To understand the common causes of sexual dysfunction
2. To identify some key messages to provide to clients about sexual dysfunction

Time

30 minutes

Materials

Participant Handout 3-3: Sexual Dysfunction Case Studies (page 3.25)

Advance Preparation

Make enough copies of Participant Handout 3-3: Sexual Dysfunction Case Studies to distribute to all the participants.

Instructions

1. Distribute the handout to the participants.
2. Divide the participants into six groups. Assign one of the four case studies to each group. Ask each group to read the case study and then respond to the discussion questions about their case study. Ask each group to choose a reporter who will summarize the case study and present their findings to the larger group. Allow each group 10 minutes to discuss their answers.
3. Reconvene the group, and ask the reporters of each group to summarize the case study and present their findings to the larger group. Encourage the other participants to share any additional thoughts. Allow 25 minutes for completion.
4. Ask the participants to take note of how these examples of sexual dysfunction were addressed, and encourage the participants to apply the same problem-solving ideas to their own situations and facilities.

Participant Handout 3-3

Sexual Dysfunction Case Studies

Case Study 1: Excessive Drinking

Stephen is 35 years old. He has come to the clinic complaining of problems with achieving an erection. He reports that he has had this problem on and off for many years, and it seems to have happened with most of his sexual partners at one time or another. He also says that recently, he has been having more trouble achieving an erection. Stephen spends a lot of his free time drinking alcohol and has been going to bars on weekends more often because he is upset about his “sexual weakness.” When asked, he tells the service provider that he drinks heavily at the bars. He usually returns home drunk, at which time he cannot achieve an erection.

? Discussion Questions

- What could be causing Stephen’s sexual dysfunction?
- What would you ask or say to Stephen in order to help him with his problem?

Case Study 2: Anticipation

Tshepo is 65 years old. He has come to the clinic complaining of problems with achieving an erection. He reports that he has had this problem the last few years. He does not drink or take any medications, and he does not have any major medical problems. Tshepo says that when he cannot achieve an erection with his partner, he cannot think about other matters. Sexual encounters with his partner are now sources of stress, and he always worries whether or not he will achieve an erection. He is not always successful.

? Discussion Questions

- What could be causing Tshepo’s sexual dysfunction?
- What would you ask or say to Tshepo in order to help him with his problem?

Case Study 3: Self-Imposed Stress

Javier is 19 years old. He has come to the clinic complaining of problems with having sexual intercourse with his partner. He reports that they have had frequent physical contact, that his partner has often performed oral sex on him, and that he has no trouble achieving an erection or ejaculating during oral sex. Sometimes, however, Javier achieves an erection but then loses it immediately before he inserts his penis. He also sometimes loses his erection while putting on a condom. These experiences have been a great source of stress for Javier. Now, he becomes very nervous before trying to have sex with his partner.

? Discussion Questions

- What could be causing Javier’s sexual dysfunction?
- What would you ask or say to Javier in order to help him with his problem?

continued

Participant Handout 3-3 (*continued*)

Case Study 4: Anxiety

Ram is 28 years old. He has come to the clinic complaining of problems with premature ejaculation. He reports that he has had this problem in the past, but it seems particularly troublesome in his current relationship. When having sex with his partner, he usually engages in sexual intercourse for less than a minute before he achieves an orgasm. Ram feels bad about this and is upset that his partner is not sexually satisfied. Now, he experiences high levels of anxiety about achieving an orgasm too early when he has sex. This seems to make the situation worse. He is looking for advice about what he can do to prevent premature ejaculation when he has sexual intercourse.

? Discussion Questions

- What could be causing Ram's premature ejaculation?
- What would you ask or say to Ram in order to help him with his problem?

Common Sexual Behaviors and Health Considerations of Sexual Behaviors

(pages 3.13–3.15 and 3.15–3.16 of the text)

→ Training Tips for This Session

During this session:

- Highlight that “sex” is often thought to refer to penile-vaginal sex only, and sexual behaviors can be defined much more broadly.
- Stop often and allow the participants to ask questions and raise concerns. Tell them that if a sexual behavior that is common in their community is not addressed, they should bring it to your attention so that the group can discuss its health implications.

◇ 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

- Large index cards (or sheets of paper)
- Paper
- Markers
- Pencils or pens
- Tape

Advance Preparation

1. Write the following statements on large index cards (or sheets 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 the sheets of paper under each card.

2. Write each of the following sexual behaviors on a sheet of paper, one behavior per sheet:
 - Kissing
 - Masturbating
 - Manually stimulating your partner
 - Having penile-vaginal sex
 - Having oral sex
 - Having anal sex
 - Having oral-anal sex (rimming)
 - 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
3. Prepare strips of tape for posting the sheets of paper on the wall.

Instructions

1. Randomly distribute the sexual behavior sheets of paper to the participants, and ask the participants to write their personal responses—“OK for me,” “OK for others,” or “Not OK”—on the sheets. Tell them *not* to write their names on the sheets. Then ask them to place the sheets face down in a pile. Mix up the sheets. Allow five minutes for completion.
2. Ask the participants to pick up a sheet, take a piece of tape, walk up to the wall, and post the sheet under the appropriate category (“OK for me,” “OK for others,” or “Not OK”), according to what is written on it. Remind them to post the sheet in the category that is written on it even if they personally do not agree with it.
3. When the participants have posted all the sheets on the wall, ask them to look at the categories in which the different sheets were posted. Facilitate a discussion by asking the questions below.
4. Review each of the practices in “Safer Sex” provided on page 3.15 of the text. Allow time for any questions or discussion.
5. Ask the participants to consider the health implications of the range of sexual behaviors, making sure to focus the participants’ attention on the possibly harmful sexual behaviors, which have different levels of risk, provided on page 3.16 of the text.

? Discussion Questions

- Are you surprised by the categories in which some of the sheets were posted?
- 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 male client’s health? Why?

() Training Option

If time is limited, read aloud the sexual behaviors provided on pages 3.13–3.16 of the text, and ask the participants to share the possible health implications of each one.

Sexuality Myths and Facts

(pages 3.17–3.18 of the text)

◇ Training Activity: Sexuality Myths and Facts

Objective

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 3.31)
- Trainer’s Resource: Sexuality Myths and Facts Answer Sheet (page 3.32)

Advance Preparation

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

Instructions

1. Distribute the handout to the participants.
2. Ask the participants to complete the handout by reading each statement to themselves and writing the letter *M* (for *myth*) or *F* (for *fact*) in the space provided. 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 statement. Allow 10 minutes for completion.
3. Review the answers by calling on volunteers. Ask them 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, and clarify any responses by referring to the text.

() 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.

Participant Handout 3-4

Sexuality Myths and Facts

Review the statements below, and write the letter *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 man who has had sex with another man is a homosexual.

- _____ 3. A man can sexually assault his wife.

- _____ 4. Having sex too frequently can be harmful to a man.

- _____ 5. Only men masturbate.

- _____ 6. Masturbation is harmless.

- _____ 7. A man's sex drive (need to have sex) is stronger than a woman's.

- _____ 8. Men need to have sex in order to maintain good health.

- _____ 9. Alcohol makes it easier for men to become aroused.

- _____ 10. In a same-sex sexual relationship, one person usually takes the male role and the other takes the female role.

Trainer's Resource: Sexuality Myths and Facts Answer Sheet

1. A man's nipples are sensitive to sexual arousal. (FACT)

Although men's breasts and nipples are not often considered sexual, they are, in fact, sensitive to touch and sexual arousal. There is variation in nipple sensitivity among men, and nipple stimulation may or may not be perceived as enjoyable by a particular individual.

2. A man who has had sex with another man is a homosexual. (MYTH)

Having a same-sex sexual experience does not mean a person is homosexual. Many people have sex with members of their own sex as a way of exploring their sexuality. What determines whether or not a man is homosexual are his feelings, not his sexual behaviors. Homosexual men feel primarily attracted to other men. Therefore, even if a man does engage in sexual activity with another man, that does not necessarily make him a homosexual or mean that he is necessarily or exclusively attracted to other men.

3. A man can sexually assault his wife. (FACT)

Any time a man engages in sexual contact with his wife without her consent should be considered a sexual assault.

4. 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.

5. Only men masturbate. (MYTH)

Both men and women masturbate.

6. Masturbation is harmless. (FACT)

Masturbation does not cause harm to anyone of any age, unless an object is inserted into the vagina or anus in a harmful way.

7. A man's sex drive (need to have sex) is stronger than a woman's. (MYTH)

Although it is often believed that men have a stronger sex drive than women, this is not the case. Sex drives vary from person to person, and both men and women can experience different levels of sex drive at different times.

8. Men need to have sex in order to maintain good health. (MYTH)

It is normal and healthy for both men and women to have sexual feelings and a desire to express them, but neither men nor women need to have sex in order to be healthy.

9. Alcohol makes it easier for men to become aroused. (MYTH)

Actually, alcohol has the opposite effect. Alcohol is a depressant. It decreases the flow of blood to the genital area, making it more difficult to have an erection and experience orgasm.

10. In a same-sex sexual relationship, one person usually takes the male role and the other takes the female role. (MYTH)

In a same-sex sexual relationship, just as in an opposite-sex sexual relationship, both partners have the freedom to choose their gender roles and the roles they may play during sexual activity. There is no need for one person to always take the male role and the other to always take the female role.

Common Client Concerns

(pages 3.18–3.20 of the text)



Training Activity: Common Questions Cards

Objective

To practice answering common questions about men’s sexual and reproductive anatomy and physiology and sexual dysfunction

Time

30 minutes

Materials

Small index cards (or sheets of paper)

Advance Preparation

1. Choose five or more of the questions on pages 3.19–3.20 of the text.
2. Write the questions 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 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. Close the activity by discussing the questions below.

? Discussion Questions

- How did you feel about answering some of these questions?
- What are some common themes of men’s concerns?
- How much information does a service provider need to give a male client about these concerns?
- What can a service provider do if he or she is not sure how to respond to a male client who has these concerns?

() Training Options

- If time permits, you may wish to allow each group to come up with some of their own questions that male clients may have about sexual and reproductive anatomy and physiology and sexual dysfunction. Distribute blank index cards to each group, and ask each group 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 to respond to them.

Condoms, Withdrawal, Vasectomy, and Fertility-Awareness Methods

(pages 3.21–3.27, 3.26, 3.27–3.29, and 3.29–3.30 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 direct 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 Tips for These Sessions

Note: In the text, the section “Condom Instructions” (pages 3.23–3.25) directly follows the section “Condoms” (pages 3.21–3.23). However, you may find it more useful to present the content about all four male methods first and then present the condom instructions, rather than following the order of content presented in the text.

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

Condoms

- Use Figures 3-4 and 3-5, provided on pages 3.22 and 3.24–3.25 of the text, when describing how condoms work and their features.
- Tell the participants that during this activity they will be discussing and practicing the correct use of condoms after all four male methods have been described.

Withdrawal

- Use Figure 3-2, provided on page 3.6 of the text, when describing how withdrawal works.
- 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 for new sexual partners.
- Describe the options a couple has to reduce the risk of 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

- Use Figures 3-2 and 3-3, provided on pages 3.6 and 3.7 of the text, when describing how vasectomy works.
- Describe the differences between incisional and no-scalpel vasectomy.
- Remind the participants that vasectomy does not affect sexual functioning.

continued

→ Training Tips for These Sessions (*continued*)

Fertility-Awareness Methods

- Use Figure 3-3 on page 3.7 of the text when describing how fertility-awareness methods work.
- 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; clients should not try to use this method on their own.

◆ Training Activity: Discussion of Male Methods

Objective

To help the participants review basic information needed to counsel men about male methods of contraception

Time

50 minutes

Materials

No materials are needed.

Advance Preparation

No advance preparation is needed.

Instructions

1. Divide the participants into four groups. Assign one of the male methods of contraception—condoms, withdrawal, vasectomy, and fertility-awareness methods—to each group.
2. Ask each group to discuss the method by answering the following questions:
 - How does this method work?
 - What are the advantages and disadvantages of this method?
 - What might make couples *want* to use this method?
 - What might make couples *not want* to use this method?

Allow 10 minutes for discussion.

3. Reconvene the group, and ask a participant from each group to report on their method to the larger group. Encourage the other participants to add any further information about the method if they desire. Allow 30 minutes for completion.
4. After each group finishes discussing their method, add any further information that the groups may have left out.

Condom Instructions

(pages 3.23–3.25 of the text)

→ Training Tips for This Session

During this session:

- 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 correctly.
- 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 3.27 of the text. Explain that “unsafe” means 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.

◇ Training Activity: Condom Steps

Objectives

1. To examine the correct steps for using a condom
2. To identify places where people make mistakes using condoms

Time

25 minutes

Materials

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

Advance Preparation

On large index cards (or sheets of paper), write each of the steps below, which partners need to follow to use a condom correctly. (*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 it faces the correct direction over the penis.
- Place the condom on the tip of the penis.
- Squeeze the air out while leaving room at the tip of the condom.
- Roll the condom onto the base of the penis as you hold the tip of the condom.
- The man inserts his penis.
- The man ejaculates.
- After ejaculation, hold the condom at the base of the penis while still erect.
- The man removes his penis from his partner.
- Take the condom off, and tie it to prevent spills.
- Throw the condom away.

Instructions

1. Randomly distribute the index cards (or sheets of paper) to the participants.
2. Ask the participants to hold up their cards so that others can see them. Ask the participants to 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 18 participants, ask the participants to place the cards on the floor in the order of first step to last.)
3. Close 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 most people who use condoms follow these steps? Why or why not?

◇ Training Activity: Practice Putting on a Condom Correctly

Objective

To demonstrate the correct use of 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 put a condom on a penis model correctly, using the instructions in Figure 3-5. 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. Reconvene the group when all the participants are done.
3. Close 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 correct 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 activity to desensitize the issue, ask the participants to inflate (blow up) unlubricated condoms, and then ask a participant 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 activity also shows the participants that condoms can accommodate a large-sized penis.

Men's Role in Contraception

(pages 3.30–3.31 of the text)

◇ Training Activity: Supporting and Hindering Contraceptive Use

Objectives

1. To identify ways that men can support and hinder contraceptive use
2. To identify ways that service providers can help men play a supportive role in family planning

Time

30 minutes

Materials

- Flipchart paper
- Markers

Advance Preparation

Write the headings “Ways to Support Partner’s Contraceptive Use” and “Ways to Hinder Partner’s Contraceptive Use” on flipcharts, one heading per flipchart.

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 of contraception. 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 of contraception.
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. Reconvene the group, and facilitate a discussion by asking the questions below.
5. Refer to pages 3.30–3.31 of the text, and mention any points that the groups did not discuss.

? Discussion Questions

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

→ Training Tip

Make sure 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.

Sexually Transmitted Infections (STIs)

(pages 3.33–3.40 of the text)

◇ Training Activity: The STI Handshake

Objectives

1. To help the participants understand the ways that sexually transmitted infections (STIs) are spread from one person to another
2. To help the participants understand how STIs can spread rapidly in a community through sexual partners

Time

30 minutes

Materials

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

Advance Preparation

1. Prepare enough small index cards (or sheets of paper) to distribute to all the participants.
2. 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. Ask the participants to write their names on 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. (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. After the participants have completed their task, ask them to return to their seats.
4. Inform the group that this is an activity to demonstrate how quickly STIs can spread within a community. Review the definition of STIs and the information about how they are transmitted that are provided on page 3.33 of the text.

Sexually transmitted infections (STIs) are infections that can be passed from one person to another person by sexual contact, although in some cases some STIs can be transmitted by other means as well.

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 person with the *X* card to stand up. Inform the person standing that for the purposes of the 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 the person. 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 an STI 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 the people who are standing may now be infected with the 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 the participants are standing. If a person's name has been called more than once, remind the participants that this person has put him- or herself at risk multiple times.
10. Now that all 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 they had sex, and, therefore, were 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 is just a game and that STIs are not transmitted by shaking hands or signing someone's card. Tell all the participants to be seated.
13. Facilitate a discussion by asking the following questions.

? Discussion Questions

- How many people were infected with an STI at the beginning of the activity? (Remind the group again 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 other 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?
14. Briefly review the section “Risk Factors for Transmitting and Contracting STIs,” provided on page 3.36 of the text.

Common STIs

(pages 3.33–3.35 of the text)



Training Activity: Matching Game

Objective

To help the participants understand the signs and symptoms of common sexually transmitted infections (STIs)

Time

45 minutes

Materials

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

Advance Preparation

1. Prepare three sets of differently colored small index cards (or sheets of paper) as follows:
 - Write on 10 cards of one color the name of each common STI listed in the chart provided on pages 3.34–3.35 of the text, one STI per card.
 - Write on 10 cards of another color the term “Signs and Symptoms” and list the signs and symptoms of each common STI listed in the chart provided on pages 3.34–3.35 of the text, one STI per card.
 - Write on 10 cards of a third color the term “Curable” on six cards and the term “Incurable” on four cards.
2. Prepare strips of tape for posting the cards on the wall.

Instructions

1. Display the index cards (or sheets of paper) with the names of the common STIs across a blank wall in a row.
2. Divide the participants into pairs. (If the group has more than 20 participants, divide the participants into groups of three.)
3. Randomly distribute the “Signs and Symptoms,” “Curable,” and “Incurable” cards to the pairs. Tell the participants that during this activity they will 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.
4. Ask the participants to look at the wall and call out if they do not agree with the placement of any cards. Allow them to move the cards around, even cards they did not post, and ask them to explain their reason for moving the cards. When the participants are done, move the cards around, if needed, so that all the cards are placed correctly.
5. Review the correct answers by referring the participants to the chart provided on pages 3.34–3.35 of the text.

Risk Factors for Transmitting and Contracting STIs and Reducing Risk

(pages 3.36–3.38 and 3.37–3.41 of the text)

→ Training Tips for This Session

During this session:

- Review the risk factors provided on page 3.36 of the text. Explain that having multiple partners or having partners who have other partners can greatly increase the risk for STIs.
- Explain that sexual behaviors carry different levels of risk and that people can take precautions in order to reduce their level of risk.
- Describe the principle underlying the harm-reduction approach: to reduce risk as much as possible when avoiding high-risk behaviors will not or cannot be achieved.
- Describe the various safer-sex behaviors.



Training Activity: Levels of Risk

Objectives

1. To identify the level of HIV risk of 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 sheets of paper)
- Markers
- Tape

Advance Preparation

1. Write each of the following terms on colored large index cards (or sheets of paper), one term per card: “High Risk,” “Medium Risk,” “Low Risk,” “Very Low Risk,” and “No Risk.”
2. 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 not using a condom, and having ejaculate in the mouth

- Performing oral sex on a woman not using a barrier
 - Having penile-vaginal sex not using a condom
 - Having penile-vaginal sex using a condom
 - Hugging a person who has HIV infection/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 not using a condom, and not having ejaculate in the mouth
 - Performing oral sex on a man using a condom
 - Having anal sex using a condom
 - Having anal sex not using a condom
 - Performing anal-oral sex (rimming)
 - Performing oral sex on a woman using a barrier
 - Fantasizing
3. Prepare strips of tape for posting the cards on the wall.

Instructions

1. Display the level-of-risk cards (or sheets of paper) (“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 STIs, which is important for clients and service providers to understand.
2. 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 STIs.
3. Once the participants have posted all the sexual-behavior cards on the wall, ask the participants 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 cards
 - Do not understand the placement of any cards
 - Had difficulty placing any cards
4. Discuss the placement of select 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.
5. 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.

6. 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 when they know the risks involved, it is important to provide all clients with information about how to reduce their risk for STIs while engaging in these behaviors.
7. 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 “receiver” of the sexual behavior; and the difficulty of knowing whether or not one’s partner is infected

Gender and STIs

(pages 3.40–3.41 of the text)

◇ Training Activity: Discussion Topics

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

Facilitate a discussion by asking the participants the questions below. Consult the text to correct any misinformation about each question if needed.

- **Physical 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?

(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 each group 10 minutes to discuss the topic. Reconvene the group, and ask a participant from each group to read aloud the discussion topic and report their responses to the larger group. Encourage the other participants to share any additional thoughts.

STI Myths and Facts

(pages 3.41–3.44 of the text)

Training Activity: STI Myths and Facts

Objective

To help the participants review the myths and facts about sexually transmitted infections (STIs) and correct any misinformation

Time

45 minutes

Materials

- Pencils or pens
- Participant Handout 3-5: STI Myths and Facts (page 3.54)
- Trainer’s Resource: STI Myths and Facts Answer Sheet (page 3.55)

Advance Preparation

Make enough copies of Participant Handout 3-5: STI Myths and Facts to distribute to all the participants.

Instructions

1. Distribute the handout to the participants.
2. Ask the participants to complete the handout by reading each statement to themselves and writing the letter *M* (for *myth*) or *F* (for *fact*) in the space provided. 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 statement. Allow 10 minutes for completion.
3. Review the answers by calling on volunteers. Ask them 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, and clarify any responses by referring to the text.

() 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 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.

Participant Handout 3-5

STI Myths and Facts

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

Trainer's Resource: STI Myths and Facts Answer Sheet

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

Withdrawal does not eliminate the risk of 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. 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. 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 if he or she 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.

3. A monogamous person cannot contract an STI. (MYTH)

Individuals who are faithful to their partner may still be at risk for 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.

4. 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 [PID]).

5. 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.

6. 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).

7. 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, no type of person is immune from STIs. People of different races, sexes, religions, socioeconomic classes, and sexual orientations all contract STIs.

continued

**Trainer's Resource:
STI Myths and Facts Answer Sheet (continued)**

8. Condoms reduce the risk of contracting STIs, including HIV. (FACT)

After abstinence, latex condoms are the most effective way to prevent STIs, including HIV infection. 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: Closing the condom gap. 1999. Baltimore: Johns Hopkins University. *Population Reports*, series H, no. 9, April.

9. A person infected with an STI has a higher risk of 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 via the HIV virus. 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 the HIV virus to enter the body.

10. 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.

11. 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, no cure exists 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.

12. 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.

13. 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 prevent the transmission of STIs very effectively.

14. 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.

15. 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

continued

**Trainer's Resource:
STI Myths and Facts Answer Sheet (continued)**

(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 Health Programming, August 26; Futures Group. 2000. Center for Population, Health and Nutrition (PHN Center) FOCUS on Young Adults project. Retrieved from <http://www.futuregroup.com/WhatWeDo.cfm?page=Projects>, January 10, 2002.

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

Anal intercourse 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.

17. 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, but these drugs are expensive and difficult to access.

18. 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.

19. HIV can be transmitted from one person to another when sharing needles for drugs. (FACT)

Sharing needles during injectable 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.

20. A man can be cured of HIV by having sex with a girl who is a virgin. (MYTH)

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.

Cancers of the Reproductive System, Infertility, Sexual Dysfunction, and Men’s Sexual and Reproductive Anatomy and Physiology

(pages 3.44–3.47, 3.47–3.48, 3.9–3.11, and 3.5–3.13 of the text)



Training Activity: Sexual Jeopardy

Objective

To offer the participants a fun, nontraditional format in which to learn about men’s sexual and reproductive health

Time

1 hour per game

Materials

- Flipchart paper (or a chalkboard)
- Markers (or chalk and an eraser)
- Easel
- Tape
- Trainer’s Resource: “Sexual Jeopardy” Game Questions and Answers (page 3.60)

Advance Preparation

1. Create a “Sexual Jeopardy” board using flipchart paper, an easel, and markers *or* using a chalkboard, chalk, and an eraser. See the diagram below for an example of the “Sexual Jeopardy” board.

Example of a “Sexual Jeopardy” Board

Men’s Sexual and Reproductive Anatomy and Physiology	Sexual Dysfunction	Infertility	Cancers of the Reproductive System
100	100	100	100
200	200	200	200
300	300	300	300
400	400	400	400
500	500	500	500

2. Decide which four categories will be included in the “Sexual Jeopardy” game. Six categories that cover information that is addressed in the text have been developed for this manual: “Men’s Sexual and Reproductive Anatomy and Physiology,” “Sexual Dysfunction,” “Infertility,” “Cancers of the Reproductive System,” “STIs,” and “Contraception.” You can develop other categories and questions as you see fit.

3. Write the four categories that you have decided to include from the six categories listed in the Trainer’s Resource: “Sexual Jeopardy” Game Questions and Answers (pages 3.60–3.63).

Instructions

1. Explain to the participants that during this activity they will play a game called “Sexual Jeopardy,” which is based on a popular television game show in the United States called “Jeopardy.” Unlike the television game show, this game discusses issues around sexual and reproductive health.
2. Explain that each category has a list of five questions. The easier questions are worth fewer points (the easiest is worth 100 points), and the more difficult ones are worth more (the hardest is worth 500 points).
3. Divide the participants into two teams. Explain that the team members should discuss their answer together, and then have a spokesperson present it. Any other answers that other team members shout out will not be accepted. Ask each team to designate a spokesperson for the team.
4. Take turns giving each team an opportunity to select from the board. Allow the team to select categories and question values from the board, by consensus—for example, “I’ll take ‘Sexual Dysfunction’ for 300, please.” Ask the question. If the team answers correctly, it is credited with the points. If the team answers incorrectly, it loses half the points. For example, if a team answers a 300-point question incorrectly, it will lose 150 points.
5. Continue until all the questions are answered. The winner is the team with the most points.
6. After all the questions have been answered, you can opt to provide a “Final Jeopardy” question. Present this question to both teams. Each team develops its own answer quietly, so the other team cannot hear it. Both teams also decide how many points they want to risk on their answer. The team can bet as little or as much as it wishes. Remind the teams that if their answer is incorrect, they will lose all the points they bet, not just half of them! The winner is the team with the most points after the “Final Jeopardy” question.
7. After finishing the game, remind the participants that everybody ends up winning because they are all having fun and learning important information at the same time.

**Trainer's Resource:
"Sexual Jeopardy" Game Questions and Answers**

"Sexual Jeopardy" Game Questions and Answers

Men's Sexual and Reproductive Anatomy and Physiology

- 100 Name the male organs that produce sperm. . . . *Testes/testicles*
- 200 On average, do males or females take longer to move through the sexual-response cycle (from excitement to orgasm)? . . . *Females*
- 300 True or false: Is it normal for young men, especially teenagers, to have spontaneous erections that occur for no reason at inconvenient times of the day? . . . *True*

Note to the Facilitator

This is a common occurrence during puberty and will occur less often as teenagers get older.

- 400 What percentage of a man's ejaculation is actually sperm? (a) 1%; (b) 10%; (c) 50%; (d) 75%? . . . *(a) 1%. The remainder is fluid produced by the seminal vesicle, the Cowper's gland, and the prostate gland.*
- 500 The average number of sperm in an ejaculation is: (a) 1,000; (b) 100,000; (c) 1 million; (d) 200 million. . . . *(d) 200 million*

Sexual Dysfunction

- 100 True or false: Excessive alcohol use can cause a man to have difficulties with sustaining an erection. . . . *True*

Note to the Facilitator

Alcohol is a depressant drug and chemically acts to slow down, reduce, or stop the physical processes necessary for sexual arousal and orgasm. In men, alcohol can inhibit arousal, reduce erectile capacity, and slow or eliminate ejaculation and orgasm.

- 200 Premature ejaculation is: (a) having an orgasm before you are age 12; (b) a man having an orgasm before he wishes to ejaculate; (c) a man not being able to ejaculate; (d) arriving for a date before the partner is ready to go out. . . . *(b) a man having an orgasm before he wishes to ejaculate*
- 300 Name two steps a man can take to help prevent premature ejaculation. . . .
Wear a condom; masturbate before intercourse; change to a less stimulating position during intercourse; use the start/stop technique: stop sexual stimulation when near the brink of orgasm, then start again after the ejaculatory feeling subsides, use the "squeeze" technique: gently squeeze the tip of the penis and hold for several seconds

continued

Trainer's Resource:

“Sexual Jeopardy” Game Questions and Answers (*continued*)

- 400 Erectile failure is the inability to sustain or maintain an erection. Name three possible causes of erectile failure. . . . *Stress, fatigue, short-term illness, alcohol consumption, psychological factors (such as anxiety), old age (decreased sex drive), medication, injury*
- 500 Name two treatments that a man can receive for erectile failure. . . .
Viagra (a recently approved drug that helps men achieve an erection by increasing blood flow to the penis); penile injections (a drug is injected into the penis, which causes a temporary erection; a penile pump implant (a pump is placed inside the man's penis along his urethra); a vacuum pump that is placed over the penis

Infertility

- 100 True or false: Infertility problems are always caused by a problem with the woman's reproductive system. . . . *False. Approximately 30% of infertility cases are caused by a problem in the man's reproductive system, and another 20% of the cases are caused by a problem in the functioning of both the man's and the woman's reproductive system.*
- 200 True or false: Failure to properly treat some sexually transmitted infections (STIs) may lead to infertility in both men and women. . . . *True. Infertility can be caused by some STIs that, if left untreated, can cause damage to the fallopian tubes and vas deferens; chlamydia and gonorrhea are the STIs most likely to cause infertility.*
- 300 Name three possible causes of infertility in men. . . . *Illness (such as the flu or the mumps) can decrease the production of sperm; STIs; environmental toxins; alcohol and drug use; smoking; varicoceles (damaged or enlarged veins near the spermatic cord); congenital problems; chromosomal defects; hormonal insufficiency*
- 400 Name three steps a man can take to help prevent infertility. . . . *Avoid stress; avoid alcohol, drugs, and smoking; check medications that may affect fertility; wear loose-fitting undergarments; take zinc; get antioxidants (from fruits, vegetables, and grains); avoid environmental toxins; use condoms to prevent STIs*
- 500 Name three ways a doctor can diagnose male infertility. . . . *Sperm analysis, blood tests to check for hormonal imbalances, X-rays to look for damage and blockage of the vas deferens, postcoital tests to check the compatibility of the man's sperm with the woman's cervical mucus*

Cancers of the Reproductive System

- 100 Name the two most common types of cancers of the reproductive system among men. . . . *Prostate cancer, testicular cancer*
- 200 What age group is at highest risk for testicular cancer: (a) men age 20 to 34; (b) men age 35 to 50; (c) men age 51 to 70? . . . *(a) men age 20 to 34*

continued

Trainer's Resource:
“Sexual Jeopardy” Game Questions and Answers (continued)

- 300 Name the two screening mechanisms for prostate cancer. . . . *Digital rectal exam, prostate specific antigen (PSA) test*
- 400 How often should a man conduct a testicular self-exam? . . . *Once a month*
- 500 Name three symptoms of prostate cancer. . . . *Frequent trips to urinate, especially at night; urgent need to urinate; difficulty beginning and stopping the flow of urine; dribbling; hesitant and thin stream of urine; sensation that bladder is not emptied; inability to urinate; involuntary loss of urine (incontinence); lower back pain; blood in the urine (rare)*

STIs

- 100 Name two signs that a man has gonorrhea or chlamydia. . . . *A burning sensation when the man urinates, discharge from the penis*
- 200 True or false: Women are more likely than men to acquire an STI from any single act of unprotected penile-vaginal sex. . . . *True. Semen remains in the vagina for an extended amount of time after sex; this increases the opportunity for infection. In addition, the interior wall of the vagina is more vulnerable to cuts or tears that could easily transmit STIs than the penis, which is less vulnerable because it is protected by skin.*
- 300 Identify four parts of a man's body that can be infected with an STI. . . . *Genitals, mouth, anus, eye*
- 400 How long must people wait after possible infection until a blood test will tell them if they were infected? . . . *Three months; this is how long it takes for blood to develop antibodies to the HIV infection, which is what an HIV test looks for to determine whether someone is HIV-infected.*
- 500 Name three STIs with no known cure. . . . *HIV/AIDS, genital herpes, genital warts (warts can be removed but might grow back), hepatitis B*

Note to the Facilitator

Any STI that is a virus cannot be cured. Viruses continue to live in a person's body throughout his or her life.

Contraception

- 100 Name two methods of family planning that men can use. . . . *Condoms, vasectomy, not having sex, periodic abstinence, withdrawal*
- 200 Name the only method of family planning aside from abstinence that can prevent most STIs. . . . *Condoms*
- 300 Name four methods of family planning that are designed for women to use. . . . *The pill, Depo-Provera, Norplant implants, diaphragm, IUD, female condoms*

continued

Trainer's Resource:

“Sexual Jeopardy” Game Questions and Answers (*continued*)

- 400 What type of material should a condom be made of so that it does not allow HIV to pass through it? . . . *Latex or polyurethane (plastic)*

Note to the Facilitator

Animal-skin condoms have small openings in the material that a virus can pass through.

- 500 Name three advantages of a man using vasectomy as his choice of family planning. . . . *It is something a man can use; it is a simpler operation than a tubal ligation (female sterilization); it is very effective; it is permanent; there are no side effects; it is inexpensive; it is a fairly short procedure*

Final Sexual Jeopardy Question

Name three body fluids that can transmit HIV from one person to another. . . . *Blood, semen, vaginal fluid, breast milk*

NOTES FOR

4

Providing Effective Counseling to Men and Couples

These notes refer to the content provided on pages 4.1–4.32 of the text.

Chapter Purpose and Objectives

This chapter begins with an overview of the gender issues that service providers face when providing counseling services to male clients. It also describes effective techniques for communicating with individual men and with couples in a counseling setting.

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

- Identify the impact of gender and gender roles on men's sexual health and communication styles
- Respond to difficult issues that may arise when counseling men
- Examine how to use the GATHER approach when counseling men on a variety of sexual and reproductive health issues
- Practice how to use the GATHER approach when counseling men on a variety of sexual and reproductive health issues
- Identify key opportunities and themes for involving men with their partners in sexual and reproductive health counseling and services
- Respond to difficult issues that may arise when counseling couples on a variety of sexual and reproductive health issues
- Practice how to use the GATHER approach when counseling couples on a variety of sexual and reproductive health issues

Training Time

5 hours, 40 minutes to 5 hours, 55 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 Method	Estimated Time	Recommended
Understanding Men's Needs and Roles (pages 4.1–4.5 of the text)	Large-group activity: Gender Roles: Act Like a Man OR Small-group activity: Responding to Issues That May Arise during Individual Counseling Sessions	45 minutes 30 minutes	✓ Choose one of these activities.
The GATHER Approach (pages 4.8–4.12 and pages 4.18–4.24 of the text)	Large-group activity: Review of the GATHER Approach	1 hour	✓
Role Plays (pages 4.12–4.18 of the text)	Small-group activity: Role Plays for Counseling Individual Male Clients	2 hours	✓
Working with Couples (pages 4.25–4.26 of the text)	Large-group activity: Brainstorming	40 minutes	✓
Key Themes for Couples Counseling (pages 4.26–4.28 of the text)	Small-group activity: Key Issues for Counseling Couples	30 minutes	✓
Responding to Issues That May Arise during Couples Counseling Sessions (pages 4.29–4.32 of the text)	Small-group activity: Role Plays for Counseling Couples	1 hour	✓

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).
- Create flipcharts, as needed.

Introduction

Introduce this chapter by reading aloud the purpose and objectives provided on page 4.1 of this trainer's resource book.

Understanding Men's Needs and Roles

(pages 4.1–4.5 of the text)

◇ Training Activity: Gender Roles: Act Like a Man

Objectives

1. To recognize that it can be difficult for both men and women to fulfill the gender roles that society establishes
2. To examine how the messages about gender can affect human behavior

Time

45 minutes

Materials

- Flipchart paper
- Markers
- Tape

Advance Preparation

No advance preparation is needed.

Instructions

1. Ask the male participants if they have ever been told to “act like a man” based on their gender. Ask them to share some experiences in which someone has said this or something similar to them. Why did the individual say this? How did it make the participant feel?
2. Tell the participants that we are going to look more closely at this phrase. By looking at it, we can begin to see how society’s expectations of male behavior can be potentially harmful.
3. In large letters, print on a piece of flipchart paper the phrase “Act like a man.” Ask the participants to share their ideas about what this means. These are society’s expectations of who men should be, how men should act, and what men should feel and say. Draw a box on the paper, and write the meanings of “Act like a man” inside this box. Some responses might include the following:
 - Be tough.
 - Do not cry.
 - Be brave.
 - Show no emotions.
 - Take care of other people.
 - Do not back down.

4. Once the participants have shared their ideas, initiate a discussion by asking the following questions in order to fill in the box completely:
 - What messages are given to men about engaging in sexual activity?
 - What messages are given to men about taking risks?
 - What messages are given to men about what to do when they are in pain or need help?
 - What messages are given to men about violence?
5. Once you have filled in the box completely, initiate a discussion by asking the following questions:
 - How are men treated when they try to act “outside the box”?
 - What names are men called when they act “outside the box” by abstaining from sex, avoiding risks, showing their emotions, acting scared, and not acting tough?
6. Write some of these names, such as “sissy,” “wimp,” and “mama’s boy,” outside the box.
7. Explain that society uses such names to keep men inside this limiting box.
8. Once you have brainstormed your list, initiate a discussion by asking the following questions:
 - Can it be limiting for a man to be expected to behave in this manner? 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 impact on a man’s sexual and reproductive health?
 - Can men actually live “outside the box”? Is it possible for men to challenge and change existing gender roles?
9. Close the activity by reviewing the section “Understanding Men’s Needs and Roles” provided on pages 4.1–4.5 of the text. Ask the participants to review the four characteristics of men that are provided in the text. Discuss how the message to “act like a man” contributes to each of these characteristics. Also review the sample phrases that service providers can use to address men’s roles and needs provided on page 4.4 of the text.



Training Activity: Responding to Issues That May Arise during Individual Counseling Sessions

(pages 4.5–4.8 of the text)

Objective

To effectively respond to issues that may present themselves during a counseling session with men

Time

30 minutes

Materials

- Pencils or pens
- Participant Handout 4-1: Group 1 (page 4.6)
- Participant Handout 4-2: Group 2 (page 4.7)
- Participant Handout 4-3: Group 3 (page 4.8)
- Participant Handout 4-4: Group 4 (page 4.9)
- Participant Handout 4-5: Group 5 (page 4.10)

Advance Preparation

Make enough copies of the five Participant Handouts (handouts 4-1 through 4-5) to distribute to the participants.

Instructions

1. Ask the participants if they have any concerns about counseling male clients. If so, ask the participants to share their concerns with the group and discuss them.
2. Explain that many providers are often reluctant to initiate counseling services for men. Some service providers fear that men may say inappropriate comments or behave in an offensive manner. While this behavior is rarely seen, it is important to discuss potential problems that a provider may experience when working with men and identify ways to deal with these.
3. Divide the participants into five groups. Distribute the handouts to the participants. Give the participants in each group copies of the handout with the corresponding number. For example, distribute a copy of Participant Handout 4-1: Group 1 to each of the participants in Group 1. Ask each group to read the scenario and then think of a strategy, a possible response, and a gender consideration for their scenario. Ask each group to choose a reporter who will summarize the scenario and present their findings to the larger group. Allow each group 10 minutes to discuss their answers.
4. Reconvene the group, and ask the reporters of each group to summarize the scenario and present their findings to the larger group. Encourage the other participants to share any additional thoughts. Allow 20 minutes for completion.
5. Close the activity by asking the group if they can think of any other scenarios that might occur when counseling men. If so, discuss these scenarios with the group. Refer to the completed versions of the handouts provided on pages 4.5–4.8 of the text, and mention any points that the groups did not discuss.

Participant Handout 4-1

Group 1

ISSUE

A male client questions a service provider on his or her knowledge about or ability to relate to male sexuality or sexual and reproductive health.

Cause

- The client may be addressing his feelings of unhappiness or loss of control by questioning the service provider's competence.
- The client may be trying to take the focus off himself.

What a Man Might Say

- "What would you know about my problems?"
- "I do not think you would really understand what I am going through."
- "This place only knows how to deal with women's problems."

Strategy

Possible Response

Gender Consideration

Participant Handout 4-2

Group 2

ISSUE

A male client seems embarrassed to discuss his sexual history.

Cause

The client may be uncomfortable discussing sexuality in a health-related context. He may be uncomfortable with or afraid of discussing, or ashamed to discuss, his sexual practices. He may also be concerned about confidentiality.

What a Man Might Say

- “I am not sure I am really comfortable talking about these things.”
- “Why do you need to know about that?”
- “What are you writing down?”

Strategy

Possible Response

Gender Consideration

Participant Handout 4-3

Group 3

ISSUE

A male client acts like he knows it all and does not need to learn from or listen to the service provider.

Cause

The client may feel anxiety or pressure that he is supposed to know everything about sex. He may want to mask this insecurity by pretending he already knows everything about sex and sexual and reproductive health.

What a Man Might Say

“You do not have to go through all that with a man like me. Believe me, I know all that stuff already. I can probably teach you a thing or two!”

Strategy

Possible Response

Gender Consideration

Participant Handout 4-4

Group 4

ISSUE

A male client becomes angry or threatening toward a service provider or his partner.

Cause

The client may be under a lot of stress in his life. He may be reacting to news about an unintended pregnancy or an STI. He may be experiencing a difficult time in a romantic relationship. He may also be directing his anger or frustration toward the service provider.

What a Man Might Say

- “Do not tell me what I am supposed to do!”
- “I cannot believe she did this to me. I am going to beat her when I see her.”

Strategy

Possible Response

Gender Consideration

Participant Handout 4-5

Group 5

ISSUE

A male client makes flirtatious or sexual remarks to a service provider or sexualizes the client-provider interaction (CPI).

Cause

The client may be anxious or uncertain about appropriate behavior in an unfamiliar situation.

What a Man Might Say

- “You must really like talking about sex a lot to do this job.”
- “You must really like men to talk about sex with them all day.”
- “Do you get turned on by talking to men about sex all day?”

Strategy

Possible Response

Gender Consideration

The GATHER Approach

(pages 4.8–4.12 and 4.18–4.24 of the text)



Training Activity: Review of the GATHER Approach

Objective

To review an approach for counseling men on a variety of sexual and reproductive health issues

Time

1 hour

Materials

No materials are needed.

Advance Preparation

No advance preparation is needed.

Instructions

1. Read aloud the following definition of the GATHER approach:

The GATHER counseling approach is an accepted and widely used technique in counseling. “GATHER” stands for the steps of the approach: greet, ask/assess, tell, help, explain, and return/refer. Initially developed for family planning counseling, this approach has been adapted for counseling in the broader context of sexual and reproductive health because it is systematic and has already proven to be effective.

When carried out in logical sequence, these steps systematize the counseling process. By systematizing the counseling process, service providers can make more efficient use of their time and efforts. Following these steps also enables providers to make sure that all essential parts that need to be presented and discussed are covered. In addition, the GATHER approach prevents providers from presenting an excessive volume of information that may leave clients confused.

GATHER is meant to be flexible. The application of particular steps and the tasks of each step depend on the assessed needs and concerns of the client. If a particular step is not relevant in some counseling situations, it can be skipped. GATHER simply provides an approach to make sure that the key questions and issues are discussed during a counseling session.

2. Refer to “The GATHER Approach” on pages 4.11–4.12 of the text. Review each step in the GATHER approach.
3. Ask for two volunteers to read aloud the first role play, provided on pages 4.12–4.15 of the text. The role play provides an example of how service providers can use GATHER when talking with men about STIs. After the role play is completed, ask the participants to identify how the provider addressed each of the six steps of the GATHER approach.

4. After the discussion on the first role play is completed, ask for two other volunteers to read aloud the second role play, provided on pages 4.15–4.18 of the text. The role play provides an example of how service providers can use GATHER when talking with men about sexual dysfunction. After the role play is completed, ask the participants to identify how the provider addressed each of the six steps of the GATHER approach.
5. Close the activity by reminding the participants that the GATHER approach is only meant to serve as a guide for providers. Sometimes, providers may not need to address all the steps in the GATHER approach. However, providers should always consider if they have provided all the necessary information and support by referring to the GATHER approach.

Role Plays

(pages 4.12–4.18 of the text)



Training Activity: Role Plays for Counseling Individual Male Clients

Objective

To practice counseling men on a variety of sexual and reproductive health issues

Time

2 hours

Materials

- Condoms
- Penis models
- Pencils or pens
- Participant Handout 4-6: Men’s Counseling Role-Play Scenarios (page 4.16)
- Participant Handout 4-7: Worksheet for Observation of Role Plays (page 4.18)

Advance Preparation

1. Make enough copies of Participant Handout 4-6: Men’s Counseling Role-Play Scenarios to distribute to all the participants.
2. Make enough copies of Participant Handout 4-7: Worksheet for Observation of Role Plays to distribute to all the participants acting as observers during the role plays.
3. Make sure that the participant playing the service provider in each role play does not read the information about the client. Each participant should get the appropriate text for his or her role only.
4. Make sure condoms and penis models are available for each group.

Instructions

1. Explain that this activity will enable the participants to practice using the GATHER approach when counseling individual men.
2. Tell the participants that the GATHER approach can easily be used for counseling individual men.
3. Refer to the three versions of the GATHER Counseling Reference Cards on pages 4.19–4.24 of the text. The cards provide specific information about using the GATHER approach for counseling men on STIs, sexual dysfunction, and family planning. Explain to the participants that they should refer to these cards when conducting the role plays. The cards will remind them of key messages and questions to ask during the counseling session.
4. Refer to Figure 3-2, which shows the external male genitals, provided on page 3.6 of the text, and Figure 3-3, which shows the internal male genitals, provided on page 3.7

of the text. Tell the participants that they should refer to these diagrams if they need assistance in explaining men's sexual and reproductive anatomy and physiology during the counseling session.

5. Divide the participants into groups of five. Explain that each group will do each of the five role plays once and that the participants will take turns playing different roles for each role play. For example, one participant will play the role of a client during a role play, and another participant will play the role of a service provider during that same role play. The other three participants in the group will be observers. After each role play, the roles of the participants will change so that every participant will have an opportunity to practice his or her counseling skills.
6. Ask the groups to determine who will play the roles of the service provider, the client, and the observers for Role Play 1: Male Client Seeking STI Services. Distribute the appropriate copies of Role Play 1 to the participants playing the provider and the client.
7. Distribute copies of Participant Handout 4-7: Worksheet for Observation of Role Plays to each of the three observers in the groups. Allow the groups to carry out their role plays for 10 minutes. Check on the progress of the groups to determine if they need more or less time.
8. After completing Role Play 1, reconvene the larger group and discuss the role-play scenario. Ask the participants who played the service providers to share what they found challenging about their roles. Ask the observers to share what the providers did well and how the quality of the counseling could be improved.
9. Ask the participants to return to their groups and determine who will play the roles of the service provider, the client, and the observers for Role Play 2: Sexual Dysfunction. Distribute the appropriate copies of Role Play 2 to the participants playing the provider and the client.
10. Distribute copies of Participant Handout 4-7: Worksheet for Observation of Role Plays to each of the three observers in the groups. Allow the groups to carry out their role play for 10 minutes. Check on the progress of the groups to determine if they need more or less time.
11. After completing Role Play 2, reconvene the larger group and discuss the role-play scenario. Ask the participants who played the service providers to share what they found challenging about their roles. Ask the observers to share what the providers did well and how the quality of the counseling could be improved.
12. Continue to conduct the activity until all five role-play scenarios have been completed. You may find that there is less group discussion after the later role plays. This is to be expected since most key points will have already been discussed after the earlier role plays.
13. After all five role plays have been completed, facilitate a discussion by asking the questions below.
14. Conclude the activity by reminding the participants that they can make copies of the GATHER Counseling Reference Cards, Figure 3-2, which shows the external male genitals, and Figure 3-3, which shows the internal male genitals, for use during men's sexual and reproductive health counseling sessions at their facilities.

? Discussion Questions

- Which role play was the most challenging? Why?
- Were these role-play scenarios realistic? Why or why not? What other sexual and reproductive health issues would men want to discuss during a counseling session?
- Were the GATHER Counseling Reference Cards helpful? Why or why not? Is any additional information needed on the cards? Do any other issues require a GATHER Counseling Reference Card?

() 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 activity to desensitize the issue, ask the participants to inflate (blow up) unlubricated condoms, and then ask a participant 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 activity also shows the participants that condoms can accommodate a large-sized penis.

Participant Handout 4-6

Men's Counseling Role-Play Scenarios

Role Play 1—Male Client Seeking STI Services

Male Client

You are an 18-year-old boy. Three weeks ago, you had unprotected sex with a commercial sex worker. You are very ashamed about this, and it is hard for you to discuss it. You did it mostly because of pressure from friends. About two weeks ago, you started to notice some small blisters on your penis. The blisters filled up with fluid and then broke, becoming very painful. The blisters have gotten better recently, but they are still present. A friend told you that they could be a sign of AIDS, and you are very worried. You are interested in having an AIDS test to find out if the blisters mean that you are HIV-infected.

Service Provider

A young male comes to you complaining of symptoms of STIs in his genital area. Try to help him address his concerns, and discuss with him what medical screening he may need to undergo to determine what is wrong.

Role Play 2—Sexual Dysfunction

Male Client

You are a 44-year-old married male. You have come to the clinic because you are concerned about your sexual performance. Recently, you have been having problems maintaining an erection. You have not had this problem in the past. You are not sure what may be causing this problem, but it has been a source of great distress and anxiety. You are so concerned about it that you have been drinking a lot of alcohol. You think that you may have this problem because you have been masturbating.

Service Provider

A man comes to you with concerns about sexual dysfunction. Assure him that it is common for men to experience trouble achieving or maintaining an erection at times. Assess if certain identifiable factors may be contributing to his problem.

Role Play 3—Male Client Seeking Vasectomy

Male Client

You are 41 years old. You have three children, ages 17, 12, and 5. You and your wife have decided that you no longer want any children. You have a friend who has had a vasectomy, and he recommended it to you. However, you have a lot of fears about the procedure. You are concerned that it may affect your ability to function sexually and that it may not be completely effective. Another concern is that you work at a construction site and your job requires you to do physical labor.

continued

Participant Handout 4-6 (continued)

Service Provider

A man comes to you for counseling. He is interested in vasectomy but may have some concerns. Try to help him decide if vasectomy is the right contraceptive method for him.

Role Play 4—Condom Talk

Male Client

You are a 27-year-old male. You have been engaging in unprotected sex fairly frequently with different partners. You recently read a brochure at work that provided information about HIV/AIDS. The brochure said to go to this clinic if you wanted to learn more about ways to prevent HIV, and that is why you are here today. You have used condoms a few times before, but you did not like them. They did not feel good, and you like sex more without having to use condoms. One time when you were having sex, the condom you were using broke. Another time, the condom you were using slipped off your penis. You seem interested in starting to use condoms with some partners whom you think are likely to have HIV/AIDS. You are less interested in using condoms with your girlfriend.

Service Provider

A young man comes to you to discuss condoms and HIV/AIDS. Provide him with information, support his interest in condoms, and help him assess his risk for HIV and other STIs.

Role Play 5—Adolescent Concerns

Male Client

You are a 15-year-old boy. You are concerned with some changes that have been happening recently to your body. Your biggest concern is that there is a wet substance around your genitals when you wake up in the morning. You think you may have some type of infection. You want the service provider to give you some medication for your “infection.” You have some other concerns as well. You have noticed in the gym at school that some of your peers have larger penises than you do. You feel inadequate down there and want to know if there is any medication you can take to make your penis grow larger. You are also concerned because your face has more pimples now, and you feel that this makes you ugly.

Service Provider

An adolescent boy comes to you with several concerns. Try to answer his questions and help him understand that the changes he is experiencing are “normal.”

Participant Handout 4-7

Worksheet for Observation of Role Plays

What the Service Provider Did Well	Ways to Improve the Quality of Counseling

What was challenging about this role play?

What questions did the service provider ask that were most helpful?

What information did the service provider offer that was most helpful?

Working with Couples

(pages 4.25–4.26 of the text)

◇ Training Activity: Brainstorming

Objective

To identify opportunities for men to join their partners for sexual and reproductive health counseling

Time

40 minutes

Materials

- Flipchart paper
- Markers
- Tape

Advance Preparation

Prepare flipcharts with the five “Couples” counseling areas (Family planning decision making, STI/HIV prevention, Safe motherhood/antenatal care, Postabortion care, Violence prevention), one counseling area per flipchart.

→ Training Tip

This activity is designed to help the participants identify opportunities for men to join their partners for sexual and reproductive health counseling. It is important to emphasize that the goal of the discussion is to identify as many opportunities as possible, not to evaluate whether or not they would be successful.

Instructions

1. Introduce this activity as an opportunity to draw upon the participants’ experience providing sexual and reproductive health services and identifying the needs and opportunities for men’s participation in these services. This activity is also designed to help the participants expand their awareness of the possible ways to involve men as partners.
2. Divide the participants into five groups. Distribute the flipchart paper and markers to each group. Assign one of the “Couples” counseling areas (Family planning decision making, STI/HIV prevention, Safe motherhood/antenatal care, Postabortion care, Violence prevention) to each group. Ask each group to brainstorm all the possible opportunities for men’s participation in their counseling area and to record their ideas on a flipchart. Ask each group to choose a reporter who will identify the “Couples” counseling area and present their ideas to the larger group.

3. Tell the groups not to evaluate whether an idea is “good” or “realistic.” Explain that they should brainstorm a wide range of actions they could take to involve men in their partner’s sexual and reproductive health, as well as their own. Give the groups 10 minutes to complete their list. To make sure that the groups know how to proceed, suggest an idea that a group might think of for each counseling area. For example:
 - Family planning decision making: Encouraging men to support their partner’s use of contraception
 - STI/HIV prevention: Motivating men to get tested and treated for STIs
 - Safe motherhood/antenatal care: Educating men about the importance of bringing their partners to a health facility for antenatal care
 - Postabortion care: Discussing contraceptive methods with couples to prevent future unintended pregnancies
 - Violence prevention: Educating men about the link of violence to their own, their partner’s, and their family’s health
4. Check on the progress of the groups to determine if they need more or less time. Offer suggestions if any of the groups seem to be having trouble brainstorming.
5. After 10 minutes, reconvene the group, and ask the reporters of each group to identify the “Couples” counseling area and present their findings to the larger group. Encourage the other participants to share any additional thoughts. Allow 15 minutes for completion.

Also encourage the other participants to ask “clarifying questions” if they do not understand something on another group’s list. Do not let the participants make editorial comments about the lists (e.g., “That would never work” or “Men would never do that”).
6. After all the groups have presented their findings, facilitate a discussion by asking the questions below.

? Discussion Questions

- Was it easy or difficult to create the lists in your groups? Why?
- What were some of the ideas listed that you have never thought of?
- What would be some of the benefits if you started carrying out some of the listed actions?
- What risks do you think some of the listed actions might involve?
- What is one listed action that you would like to try?
- What other actions would you need to take to make it happen?

Key Themes for Couples Counseling

(pages 4.26–4.28 of the text)

◇ Training Activity: Key Issues for Counseling Couples

Objective

To respond effectively to issues that may arise when counseling couples on a variety of sexual and reproductive health issues

Time

30 minutes

Materials

- Flipchart paper
- Markers
- Participant Handout 4-8: Group 1 (page 4.23)
- Participant Handout 4-9: Group 2 (page 4.24)
- Participant Handout 4-10: Group 3 (page 4.25)
- Participant Handout 4-11: Group 4 (page 4.26)
- Participant Handout 4-12: Group 5 (page 4.27)

Advance Preparation

1. Write “Benefits of providing couples counseling” and “Risks of providing couples counseling” in separate columns on a flipchart.
2. Make enough copies of the five Participant Handouts (handouts 4-8 through 4-12) to distribute to the participants.

Instructions

1. Ask the participants to identify some of the benefits of providing couples counseling. Allow them to share their thoughts, and record their responses in the “Benefits of providing couples counseling” column on the flipchart.
2. Mention any important benefits that the group did not discuss:
 - Better use of contraceptive methods
 - Longer continuation of contraception
 - Joint decision making
 - Increased communication between a couple
 - Better health outcomes
3. Ask the participants to identify some of the risks of providing couples counseling. Allow them to share their thoughts, and record their responses in the “Risks of providing couples counseling” column on the flipchart.

4. Mention any important risks that the group did not discuss:
 - The potential to expose information that partner does not want to share
 - The potential to inhibit a female partner's right to informed choice
 - The potential to cause conflict between a couple
5. Explain that research shows that couples counseling can be very beneficial. Refer to the two studies, which appear on pages 4.25 and 4.26 of the text, that found higher one-year contraceptive utilization rates for couples who were counseled together. Explain that we will be looking at ways to address problems that may arise during a couples counseling session in order to ensure quality of service.
6. Divide the participants into five groups. Distribute the handouts to the participants. Give the participants in each group copies of the handout with the corresponding number. For example, distribute a copy of Participant Handout 4-8: Group 1 to each of the participants in Group 1. Ask each group to read the scenario and then think of a strategy, a possible response, and a gender consideration for their scenario. Ask each group to choose a reporter to summarize the scenario and present their findings to the large group. Allow each group 10 minutes to discuss their answers.
7. Reconvene the group, and ask the reporters of each group to summarize the scenario and present their findings to the larger group. Encourage the other participants to share any additional thoughts. Allow 20 minutes for completion.
8. Close the activity by asking the group if they can think of any other scenarios that might occur when counseling couples. If so, discuss these scenarios with the group. Refer to the completed versions of the handouts on pages 4.29–4.32 of the text, and mention any points that the groups did not discuss.

Participant Handout 4-8

Group 1

ISSUE

During the session with a couple, the man may do all or most of the talking. He may interrupt his partner, always speak first, or speak on his partner's behalf.

Cause

- The couple may be exhibiting the culturally accepted patterns of communication and decision making for men and women.
- The man may be consciously exerting his power in the relationship, and the woman may be ceding power to avoid conflict.
- The man may be trying to demonstrate that he is competent and knows everything about the issue or situation.

What a Man Might Say

- "We are here because . . ."
- "She does not understand the problem."

Strategy

Possible Response

Gender Consideration

Participant Handout 4-9

Group 2

ISSUE

The man is hesitant to share information or seems disinterested during the session, and lets his partner do all the talking.

Cause

- The man may be hesitant to appear as if he does not understand the information he is getting during the session.
- The man may be unaware of his partner's contraceptive practices.
- The man may perceive this to be a counseling session "for the woman" and thinks that he does not have anything to learn.
- The service provider may be asking questions that are hard for the man to answer, such as "How do you feel about this contraceptive method?"

What a Man Might Say

- "I do not know."
- "Everything is fine."
- "I do not really have any problems."
- "This is really her job."

Strategy

Possible Response

Gender Consideration

Participant Handout 4-10

Group 3

ISSUE

One partner reveals information during the session that is a surprise to the other partner.

Cause

- One partner is using the opportunity or safety of having a third party present to reveal the information.
- The partners may never have talked about this information before and made assumptions about their partner's knowledge or attitudes.

What a Man Might Say

- "Why did you not tell me that before?"
- "I assumed you did not want me to talk to you about that."
- "I cannot believe you hid this from me."
- "I had a former partner who used this method, and it worked for her."

Strategy

Possible Response

Gender Consideration

Participant Handout 4-11

Group 4

ISSUE

Partners disagree on the “plan of action” or need for information about, for example, contraception, child spacing, or treatment option.

Cause

- One partner may want more children to secure the relationship.
- One partner may not be revealing a condition or information that is relevant to the counseling situation—e.g., the man is supporting a second family; during antenatal care or delivery, the woman discovered that she is HIV-infected and might not have shared this information with her partner.
- The man may be acting on beliefs based on myths or misinformation about family planning or reproductive health.
- The man is acting on cultural/societal/religious beliefs that favor certain reproductive health behaviors (e.g., large families, virility, prohibition of contraception).

What a Man Might Say

- “We do not need to worry about ‘that.’”
- “That method of birth control is wrong (or ‘is a sin,’ ‘does not work,’ or ‘is only for prostitutes’).”
- “A man is supposed to decide how many children he has.”
- “That is her job. It is not really my concern.”

Strategy

Possible Response

Gender Consideration

Participant Handout 4-12

Group 5

ISSUE

The man verbally discounts his partner's abilities or intentions or is discounted by his partner for his abilities and intentions during the session.

Cause

- Partners may be reinforcing stereotypes about abilities and attitudes based on gender—e.g., “Men do not really care about this stuff,” or “Women who talk about sex are promiscuous.”
- If the man verbally discounts his partner, he may feel threatened by coming into the reproductive health facility, or by the combination of the service provider and his partner, and he may be trying to assert his abilities.

What a Man Might Say

- “She is so forgetful, she would never remember to take the pill.”
- “He only wants me to take the pill so he does not have to do anything.”

Strategy

Possible Response

Gender Consideration

Responding to Issues That May Arise during Couples Counseling Sessions

(pages 4.29–4.32 of the text)

◇ Training Activity: Role Plays for Counseling Couples

Objective

To practice counseling couples on a variety of sexual and reproductive health issues

Time

1 hour

Materials

- Pencils or pens
- Participant Handout 4-13: Couples Counseling Role-Play Scenarios (page 4.30)
- Participant Handout 4-14: Worksheet for Observation of Couples Counseling Role Plays (page 4.32)

Advance Preparation

1. Make enough copies of Participant Handout 4-13: Couples Counseling Role-Play Scenarios to distribute to all the participants.
2. Make enough copies of Participant Handout 4-14: Worksheet for Observation of Couples Counseling Role Plays to distribute to all the participants acting as observers during the role plays.
3. Make sure that the participant playing the service provider in each role play does not read the information about the client. Each participant should get the appropriate text for his or her role only.

Instructions

1. Explain that this activity will enable the participants to practice using the GATHER approach when counseling couples.
2. Tell the participants that the GATHER approach can easily be used for counseling couples.
3. Refer to the three versions of the GATHER Counseling Reference Cards on pages 4.19–4.24 of the text. The cards provide specific information about using the GATHER approach for counseling men on STIs, sexual dysfunction, and family planning. Explain to the participants that they should refer to these cards when conducting the role plays. The cards will remind them of key messages and questions to ask during the counseling session.
4. Divide the participants into groups of five. Explain that each group will do each of the five role plays once and that the participants will take turns playing different parts for each role play. For example, one participant will play the role of a male client during

a role play, another participant will play the role of a female client, and another participant will play the role of a service provider. The other two participants in the group will be observers. After each role play, the roles of the participants will change so that every participant will have an opportunity to practice his or her counseling skills.

5. Ask the groups to determine who will play the roles of the service provider, the male client, the female client, and the observers for Role Play 1: Waiting for a Baby. Distribute the appropriate copies of Role Play 1 to the participants playing the provider, the male client, and the female client. Make sure that the participant playing the provider does not read the information about the male client or the female client.
6. Distribute copies of Participant Handout 4-14: Worksheet for Observation of Couples Counseling Role Plays to each of the two observers in the groups. Allow the groups to carry out their role plays for 10 minutes. Check on the progress of the groups to determine if they need more or less time.
7. After completing Role Play 1, reconvene the larger group and discuss the role-play scenario. Ask the participants who played the service providers to share what they found challenging about their roles. Ask the observers to share what the providers did well and how the quality of the counseling could be improved.
8. Ask the participants to return to their groups and determine who will play the roles of the service provider, the male client, the female client, and the observers for Role Play 2: The Strong, Silent Type. Distribute the appropriate copies of Role Play 2 to the participants playing the provider, the male client, and the female client.
9. Distribute copies of Participant Handout 4-13: Worksheet for Observation of Couples Counseling Role Plays to each of the two observers in the groups. Allow the groups to carry out their role play for 10 minutes. Check the progress of the groups to determine if they need more or less time.
10. After completing Role Play 2, reconvene the larger group and discuss the role-play scenario. Ask the participants who played the service providers to share what they found challenging about their roles. Ask the observers to share what the providers did well and how the quality of the counseling could be improved.
11. Continue to conduct the activity until all three role-play scenarios have been completed. You may find that there is less group discussion after the later role plays. This is to be expected since most key points will have already been discussed after the earlier role plays.
12. After all five role plays have been completed, facilitate a discussion by asking the questions below.

? Discussion Questions

- Which role play was the most challenging? Why?
- Were these role-play scenarios realistic? Why or why not? What other sexual and reproductive health issues would couples want to discuss during a counseling session?

Participant Handout 4-13

Couples Counseling Role-Play Scenarios

Role Play 1—Waiting for a Baby

Service Provider

A young couple comes to the clinic to get information about pregnancy, infertility, and sexual dysfunction. They have been trying to conceive for the last five months and are concerned about the situation.

Male Partner

You and your wife have come to the clinic to get information about pregnancy, infertility, and sexual dysfunction. You have been trying to conceive for the last five months and are concerned about the situation. Usually, you do not have any problems with sex, but sometimes you have trouble achieving and maintaining an erection. You are embarrassed and afraid that something is wrong with you. You do not want to talk about the situation and cover up your embarrassment and fear by blaming your wife for “the problem of not getting pregnant.” You are not aware of the relationship between your problem and drinking alcohol.

Female Partner

You and your husband have come to the clinic to get information about pregnancy, infertility, and sexual dysfunction. You have been trying to conceive for the last five months and are concerned about the situation. You are used to your husband “doing all the talking” and being in charge. Although your husband sometimes has trouble achieving an erection, you worry that the problem is with you and that the reason you cannot conceive is your fault. You are hesitant to say anything about your husband’s inability to achieve and maintain an erection.

Role Play 2—The Strong, Silent Type

Service Provider

A young couple comes to the clinic together to get information about and to start using a female method of contraception. You are meeting with them to discuss the various options, benefits, and drawbacks associated with female methods of contraception.

Male Partner

You and your female partner have come to the clinic together to get information about and to start using a female method of contraception. You have come to the clinic today at her request. You have been using withdrawal as a contraceptive method, but she became concerned when her sister conceived recently while using withdrawal. You want to support her, but you are not really sure why you need to be here since the two of you have agreed that she will be the one to start using contraception. When you were talking with a friend, he said that his wife was on “the pill” and it seemed to be working fine. You do not really know much about other contraceptive methods and are embarrassed by your limited knowledge. You have decided to just “go along” with your partner and to let her do all the talking.

continued

Participant Handout 4-13 (continued)

Female Partner

You and your male partner have come to the clinic together to get information about and to start using a female method of contraception. You really want him to be part of and support this decision to use contraception. You have heard about a variety of contraceptive methods and want more information for the two of you. Your partner told you that he would go to the clinic, but you do not expect him to do much talking.

Role Play 3—The Reluctant Father

Service Provider

A young woman comes to your clinic for a pregnancy test, which turns out to be positive. This is an unintended pregnancy, and she wants you to tell her boyfriend about the pregnancy. Her boyfriend is in the waiting room. You want to make sure that he is supportive of his girlfriend and that the couple understands the importance of antenatal care.

Male Partner

Your girlfriend has missed her period for two months and is afraid that she is pregnant. You have been using condoms most of the time that you have been having sex, and you do not think that she could possibly be pregnant. This is a really stressful time in your life because you have recently moved out on your own and are having a hard time financially. When your girlfriend told you that she thought she might be pregnant, you started thinking about your own father and how he was never around. You do not want to be a father right now, but someday you hope to have a child and give the child a stable home life, which you did not have. You are also a little worried that your girlfriend might have had sex with another man.

Female Partner

You have come to the clinic to get a pregnancy test, which has turned out to be positive. This was an unintended pregnancy, and you have asked the service provider to tell your boyfriend about the pregnancy. You are secretly glad you are pregnant because you really hope that this will push your boyfriend to commit to you. You are worried how he will react to the pregnancy, which is why you have asked the provider to tell him.

Participant Handout 4-14

Worksheet for Observation of Couples Counseling Role Plays

What the Service Provider Did Well	Ways to Improve the Quality of Counseling

What was challenging about this role play?

What questions did the service provider ask that were most helpful?

What information did the service provider offer that was most helpful?

Appendixes

Evaluation of Training	ET.i
Appendix A: Counseling and Communicating with Men Assessment Survey	A.1
Appendix B: Knowledge, Attitudes, and Practices (KAP) Survey	B.1
Appendix C: Instructions for Administering the KAP Survey	C.1
Appendix D: Answers to the KAP Survey	D.1
Appendix E: Instructions for Scoring the KAP Survey	E.1
Appendix F: KAP Survey Summary Table Form	F.1
Appendix G: Role Plays for Counseling and Communicating with Men	G.1
Appendix H: Instructions for Role Plays for Counseling and Communicating with Men	H.1
Appendix I: Instructions for Rating the Role Plays	I.1
Appendix J: Observation Forms for Role Plays	J.1
Appendix K: End-of-Training Evaluation Form	K.1

Evaluation of Training

EngenderHealth has developed several tools that you can use to adapt the training course to accommodate the participants' needs and to evaluate the overall impact of the training course. These are:

- **Appendix A: Counseling and Communicating with Men Assessment Survey**
This survey is designed to help you understand the history of counseling men and couples on sexual and reproductive health issues at the facility and enable you to adapt the training to the participants' needs.
- **Appendix B: Knowledge, Attitudes, and Practices (KAP) Survey**
This survey is designed to help you compare the participants' range of knowledge, attitudes, and practices relating to counseling men and couples on sexual and reproductive health issues 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.
- Appendixes related to this survey are:
 - **Appendix C: Instructions for Administering the KAP Survey**
These instructions explain how to administer the KAP Survey before and after the training course.
 - **Appendix D: Answers to the KAP Survey**
These answers identify either correct responses or, for open-ended questions, examples of correct responses.
 - **Appendix E: Instructions for Scoring the KAP Survey**
These instructions explain how to synthesize the results of the pretraining and post-training surveys using the KAP Survey Summary Table Form (Appendix F).
 - **Appendix F: KAP Survey Summary Table Form**
This form can be used to assist you in comparing the participants' knowledge, attitudes, and practices at the beginning and the end of the course.
- **Appendix G: Role Plays for Counseling and Communicating with Men**
The observation of four role plays is designed to help you measure the participants' skills in the delivery of sexual and reproductive health counseling services to men and couples. Ideally, you will conduct the role plays both before the training, with four randomly selected participants, and after the training, with the same four participants.
- Appendixes related to the role plays are:
 - **Appendix H: Instructions for Role Plays for Counseling and Communicating with Men**
These instructions explain how to conduct and summarize the role plays.
 - **Appendix I: Instructions for Rating the Role Plays**
These instructions explain how to evaluate the role plays.

- **Appendix J: Observation Forms for Role Plays**

These forms can be used to assist you in measuring the participants' skills in the delivery of counseling services.

• **Appendix K: End-of-Training Evaluation Form**

This form is designed to help you determine how the training can be improved in the future.

Each of these evaluation activities requires that you allow sufficient time to implement these activities before and after the training course and to gather, record, synthesize, and analyze the data.

Appendix A

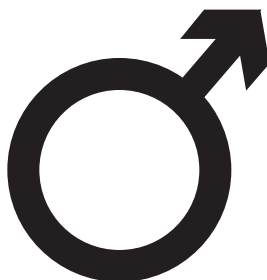
Counseling and Communicating with Men Assessment Survey

Appendix B

Knowledge, Attitudes, and Practices (KAP) Survey

ID # _____

Knowledge, Attitudes, and Practices (KAP) Survey



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.*

Answer the following questions about your background and your experience in the health care profession.

1. Are you a ...? (check one box)

- 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)

2. Indicate 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

3. Are you ...? (check one box)

- Male
- Female

4. How many years have you worked at this health care facility? (if less than one year, write 0)

_____ years

5. How many years have you worked in the health care profession? (if less than one year, write 0)

_____ years

KAP Survey

6. Have you ever attended a training course on either counseling clients on sexual and reproductive health issues or client-provider interaction (CPI)? (check one box)

- Yes
- No
- Not sure

Read the following statements, and decide which of the six key components for effective behavior change (listed below) is being described. Write the letter of the component (A, B, etc.) on the line provided next to the statement. If you do not know the answer, write DK (do not know) on the line provided next to the statement.

Six Key Components for Effective Behavior Change

A. Knowledge of desired behavior

B. Skills for desired behavior

C. Benefits of desired behavior

D. Modeling of desired behavior

E. Self-efficacy for desired behavior

F. Support for desired behavior

_____ 7. A man decides to get a vasectomy after talking to a male friend who had the procedure.

_____ 8. A male client can correctly negotiate condom use with his partner(s).

_____ 9. A young man feels competent to discuss sexuality with his partner(s).

_____ 10. A male client understands that vasectomy does not cause a buildup of sperm in his testes.

_____ 11. A doctor explains that doing a testicular self-exam can identify cancer early enough for treatment.

_____ 12. A nurse comments on how wonderful it is that a male client has continued to use condoms for three months.

13. Put the following stages of change in order from 1 to 6, with 1 indicating the first stage of behavior change and 6 indicating the last stage. Write the number on the line provided next to the stage.

- _____ a. Maintenance
- _____ b. Contemplation
- _____ c. Preparation
- _____ d. Relapse
- _____ e. Action
- _____ f. Precontemplation

KAP Survey

Read the following scenarios, and decide which type of communication approach was used: information giving, counseling, CPI, and/or informed choice. Then determine whether these approaches were effectively or ineffectively carried out.

Scenario 1

A service provider explains to a couple that the rhythm method is not a good contraceptive choice because they already have eight children. She suggests that vasectomy is a better contraceptive choice and schedules an appointment with another provider for the couple.

14. Which of the following communication approaches were used? (check all that apply)

- Information giving
- Counseling
- Client-provider interaction (CPI)
- Informed choice

15. Were the communication approaches effectively or ineffectively carried out? (check one box)

Information giving

- Yes, it was effectively carried out.
- No, it was not effectively carried out.
- Not applicable.

Counseling

- Yes, it was effectively carried out.
- No, it was not effectively carried out.
- Not applicable.

CPI

- Yes, it was effectively carried out.
- No, it was not effectively carried out.
- Not applicable.

Informed choice

- Yes, it was effectively carried out.
- No, it was not effectively carried out.
- Not applicable.

Scenario 2

A service provider meets with a 50-year-old man who complains of testicular pain. The provider asks the client a series of questions about his sexual activities and behaviors, which include a number of sexual partners. The man responds readily to the questions.

16. Which of the following communication approaches were used? (check all that apply)

- Information giving
- Counseling
- Client-provider interaction (CPI)
- Informed choice

17. Were the communication approaches effectively or ineffectively carried out? (check one box)

Information giving

- Yes, it was effectively carried out.
- No, it was not effectively carried out.
- Not applicable.

Counseling

- Yes, it was effectively carried out.
- No, it was not effectively carried out.
- Not applicable.

CPI

- Yes, it was effectively carried out.
- No, it was not effectively carried out.
- Not applicable.

Informed choice

- Yes, it was effectively carried out.
- No, it was not effectively carried out.
- Not applicable.

KAP Survey

Complete the following statement:

18. The purpose of a counseling session is to: (check all that apply)

- Address the client's concerns and/or issues
- Make sure that all clients use a contraceptive method
- Help clients to understand what behaviors put them at risk
- Ensure that couples are able to talk to one another
- Work with the client to make a decision about a health behavior
- Teach clients the skills they need to protect their health (e.g., how to use a condom)
- Respect the client's right to privacy and confidentiality at all times

Read the following statements, and decide whether you strongly agree, agree, disagree, or strongly disagree with each one. Check the answer that most closely matches your opinion about the statement.

19. I have the necessary information about men's sexual and reproductive health to effectively counsel men and couples.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

20. I would feel uncomfortable providing men and couples with an opportunity to make decisions about contraceptive use.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

21. I would feel comfortable asking a male client explicit questions about his sexual behaviors.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

KAP Survey

22. I would feel uncomfortable listening to a male client discuss sexual behaviors that I do not agree with.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

23. I would feel comfortable addressing a male client's flirting with or making sexual remarks to me.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

24. During a couples counseling session, I would feel uncomfortable interrupting a male client and asking for his partner's input.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

25. I feel comfortable with the idea of discussing sexual and reproductive health issues with men and couples.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

26. I think I will effectively counsel and communicate with men and couples on sexual and reproductive health issues.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

KAP Survey

27. I would feel comfortable making sure that both the male client and the female client are able to speak openly about their concerns during a couples counseling session.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Read the following questions, and respond to the best of your ability. If you do not know the answer, take a guess or write DK (do not know) on the first line provided below the statement.

28. Name three common symptoms of a sexually transmitted infection (STI) in men.

- a. _____
- b. _____
- c. _____

29. Name three causes of infertility in men.

- a. _____
- b. _____
- c. _____

30. Name three steps a man can take to help to prevent infertility.

- a. _____
- b. _____
- c. _____

31. Name two steps a man can take to help to prevent premature ejaculation.

- a. _____
- b. _____

32. Name three symptoms of prostate cancer.

- a. _____
- b. _____
- c. _____

33. Name the two screening mechanisms for prostate cancer.

- a. _____
- b. _____

KAP Survey

Read the following statements, and decide whether you think each one is true (T) or false (F). Circle the response (T or F) that more closely matches your opinion about the statement. If you do not know the answer, circle DK (do not know).

- | | | | |
|--|---|---|----|
| 34. A man with erectile dysfunction can still have sexual desire and be able to have orgasms and ejaculate semen. | T | F | DK |
| 35. If erectile dysfunction problems occur only occasionally, they are probably due to psychological causes, such as stress and fatigue. | T | F | DK |
| 36. Prostate cancer is one of the primary causes of death in older men. | T | F | DK |
| 37. Premature ejaculation is usually caused by a physical or biological factor, not a psychological factor. | T | F | DK |
| 38. Diabetes and vascular diseases can cause erectile dysfunction in men. | T | F | DK |
| 39. A person can change his or her sexual orientation if desired. | T | F | DK |
| 40. A man who has had sex with another man is a homosexual. | T | F | DK |
| 41. Excessive alcohol use can cause a man to have difficulty sustaining an erection. | T | F | DK |
| 42. In men, ejaculation and orgasm are the same process. | T | F | DK |
| 43. It is normal for a man to sometimes be unable to achieve or maintain an erection. | T | F | DK |

Read the following case studies, and decide which type of sexual health problem is described. Then determine what might be causing the problem and think of what a counselor might say to the client.

Case Study 1

Joseph is 37 years old. He has come to the clinic complaining of trouble achieving an erection. He reports that he has had this problem on and off for many years. Recently, he has been having more trouble achieving an erection and his sexual desire is decreasing. Joseph lost his job two months ago and is doing odd jobs to try to make some money. He spends a lot of his free time drinking alcohol and has been going to bars on weekends more often now because he is upset about his “sexual weakness.” He has not had a physical examination in 10 years.

44. What type of sexual dysfunction could this be?
- Erectile dysfunction (impotence)
 - Premature ejaculation
 - Inhibited sexual desire (ISD)

KAP Survey

45. What could be causing this sexual dysfunction? (check all that apply)

- Chronic health condition, such as diabetes or hypertension
- Depression
- Excessive sexual activity before onset of the problem
- Emotional stress due to loss of his job and financial strain
- Alcohol use
- Nothing; the problem is in his mind

46. Write an example of something a counselor could ask or say to Joseph in order to help him with his possible sexual dysfunction.

Case Study 2

Sam is 26 years old and has been married for three years. He has come to the clinic because liquid is coming out of his penis. The problem started just a few days ago and he hoped that it would go away. Usually, Sam is monogamous with his wife; however, seven days ago he went to a bar with some friends and had sex with a woman in the bar's bathroom. Since she was not a sex worker, he did not use a condom.

47. What type of infection does Sam most likely have?

- Gonorrhea or chlamydia
- HIV
- Herpes
- Hepatitis B or C

48. How did Sam possibly get infected?

- From the bathroom at the bar
- From the sexual encounter with the woman at the bar
- Many ways; these types of infections just happen

KAP Survey

49. Write an example of something a counselor could ask or say to Sam in order to help to lessen the chance that he might become infected again.

Read the following scenarios, which describe issues that you might encounter when providing counseling services to men and couples on sexual and reproductive health concerns. Then think of what a counselor might say to the clients to effectively address these issues.

Scenario 1

A man and a woman have come to the clinic for a contraceptive method. They enter the counseling room together. During the session, the couple tell the counselor that they have three children, that the woman does not want to have any more children, but that the man does want to have more children someday in the future.

50. Write a strategy that a counselor could use to effectively address the disagreement between the couple.

Scenario 2

A man and a woman have come to the clinic for an antenatal visit. The man believes this is a “woman’s issue” and does not feel that he is involved in the pregnancy. Although he has many questions, he thinks that it is not important for him to know the answers.

51. Write a strategy that a counselor could use to effectively address the man’s apparent lack of interest in the pregnancy.

Scenario 3

A man has come to the clinic for a physical examination. He enters the exam room but seems very embarrassed to discuss his sexual history with a service provider.

52. Write a strategy that a provider could use to effectively address the man's discomfort.

Thank you so much for your time.

If you have any comments, questions, or suggestions, feel free to write them below.

Appendix C

Instructions for Administering the KAP Survey

Instructions for Administering the KAP Survey

This survey is designed to help you compare the participants' range of knowledge, attitudes, and practices relating to counseling men and couples on sexual and reproductive health issues 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 and self-efficacy, 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.

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 1–6:* Demographic information
- Questions 7–13:* Health-education theory
- Questions 14–17:* Client-provider interaction (CPI)
- Question 18:* Knowledge of the purpose of a counseling session
- Questions 19–27:* Ability to counsel men and couples on sexual and reproductive health issues
- Questions 28–29:* Knowledge of sexual and reproductive health issues
- Questions 30–43:* Knowledge of specific sexual and reproductive health issues that may arise during a counseling session
- Questions 44–52:* Ability to address specific sexual and reproductive health issues that may arise during a counseling session

Each set of questions addresses either specific knowledge or abilities that are considered essential for quality counseling services.

Depending on the participants attending the training, you may have to adapt this survey to meet their educational and literacy levels. 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 D

Answers to the KAP Survey

In the answer key that follows:

- The answers appear in **bold letters**.
- For open-ended questions, participants do not have to use the exact wording of the examples of possible answers.
- Questions 1 through 6 are demographic questions. They should be used to provide an overview of the participants' education and experience, *not* to evaluate the effectiveness of the training.

Answers to the KAP Survey

Read the following statements, and decide which of the six key components for effective behavior change (listed below) is being described. Write the letter of the component (A, B, etc.) on the line provided next to the statement. If you do not know the answer, write DK (do not know) on the line provided next to the statement.

Six Key Components for Effective Behavior Change

- A. Knowledge of desired behavior
- B. Skills for desired behavior
- C. Benefits of desired behavior
- D. Modeling of desired behavior
- E. Self-efficacy for desired behavior
- F. Support for desired behavior

- D 7. A man decides to get a vasectomy after talking to a male friend who had the procedure.
- B 8. A male client can correctly negotiate condom use with his partner(s).
- E 9. A young man feels competent to discuss sexuality with his partner(s).
- A 10. A male client understands that vasectomy does not cause a buildup of sperm in his testes.
- C 11. A doctor explains that doing a testicular self-exam can identify cancer early enough for treatment.
- F 12. A nurse comments on how wonderful it is that a male client has continued to use condoms for three months.
13. Put the following stages of change in order from 1 to 6, with 1 indicating the first stage of behavior change and 6 indicating the last stage. Write the number on the line provided next to the stage.
- 5 a. Maintenance
- 2 b. Contemplation
- 3 c. Preparation
- 6 d. Relapse
- 4 e. Action
- 1 f. Precontemplation

KAP Survey: Answers

Read the following scenarios, and decide which type of communication approach was used: information giving, counseling, CPI, and/or informed choice. Then determine whether these approaches were effectively or ineffectively carried out.

Scenario 1

A service provider explains to a couple that the rhythm method is not a good contraceptive choice because they already have eight children. She suggests that vasectomy is a better contraceptive choice and schedules an appointment with another provider for the couple.

14. Which of the following communication approaches were used? (check all that apply)

- Information giving**
- Counseling
- Client-provider interaction (CPI)**
- Informed choice**

15. Were the communication approaches effectively or ineffectively carried out? (check one box)

Information giving

- Yes, it was effectively carried out.
- No, it was not effectively carried out.**
- Not applicable.

Counseling

- Yes, it was effectively carried out.
- No, it was not effectively carried out.
- Not applicable.**

CPI

- Yes, it was effectively carried out.
- No, it was not effectively carried out.**
- Not applicable.

Informed choice

- Yes, it was effectively carried out.**
- No, it was not effectively carried out.
- Not applicable.

Scenario 2

A service provider meets with a 50-year-old man who complains of testicular pain. The provider asks the client a series of questions about his sexual activities and behaviors, which include a number of sexual partners. The man responds readily to the questions.

16. Which of the following communication approaches were used? (check all that apply)

- Information giving
- Counseling**
- Client-provider interaction (CPI)**
- Informed choice

17. Were the communication approaches effectively or ineffectively carried out? (check one box)

Information giving

- Yes, it was effectively carried out.
- No, it was not effectively carried out.
- Not applicable.**

Counseling

- Yes, it was effectively carried out.**
- No, it was not effectively carried out.
- Not applicable.

CPI

- Yes, it was effectively carried out.**
- No, it was not effectively carried out.
- Not applicable.

Informed choice

- Yes, it was effectively carried out.
- No, it was not effectively carried out.
- Not applicable.**

KAP Survey: Answers

Complete the following statement:

18. The purpose of a counseling session is to: (check all that apply)

- Address the client's concerns and/or issues
- Make sure that all clients use a contraceptive method
- Help clients to understand what behaviors put them at risk**
- Ensure that couples are able to talk to one another
- Work with the client to make a decision about a health behavior**
- Teach clients the skills they need to protect their health (e.g., how to use a condom)**
- Respect the client's right to privacy and confidentiality at all times**

Read the following statements, and decide whether you strongly agree, agree, disagree, or strongly disagree with each one. Check the answer that most closely matches your opinion about the statement.

19. I have the necessary information about men's sexual and reproductive health to effectively counsel men and couples.

- Strongly agree**
- Agree
- Disagree
- Strongly disagree

20. I would feel uncomfortable providing men and couples with an opportunity to make decisions about contraceptive use.

- Strongly agree
- Agree
- Disagree
- Strongly disagree**

21. I would feel comfortable asking a male client explicit questions about his sexual behaviors.

- Strongly agree**
- Agree
- Disagree
- Strongly disagree

KAP Survey: Answers

22. I would feel uncomfortable listening to a male client discuss sexual behaviors that I do not agree with.

- Strongly agree
- Agree
- Disagree
- Strongly disagree**

23. I would feel comfortable addressing a male client's flirting with or making sexual remarks to me.

- Strongly agree**
- Agree
- Disagree
- Strongly disagree

24. During a couples counseling session, I would feel uncomfortable interrupting a male client and asking for his partner's input.

- Strongly agree
- Agree
- Disagree
- Strongly disagree**

25. I feel comfortable with the idea of discussing sexual and reproductive health issues with men and couples.

- Strongly agree**
- Agree
- Disagree
- Strongly disagree

26. I think I will effectively counsel and communicate with men and couples on sexual and reproductive health issues.

- Strongly agree**
- Agree
- Disagree
- Strongly disagree

KAP Survey: Answers

27. I would feel comfortable making sure that both the male client and the female client are able to speak openly about their concerns during a couples counseling session.

- Strongly agree**
- Agree
- Disagree
- Strongly disagree

Read the following questions, and respond to the best of your ability. If you do not know the answer, take a guess or write DK (do not know) on the first line provided below the statement.

28. Name three common symptoms of a sexually transmitted infection (STI) in men.

- a. Testicular pain**
- b. Pain, burning, or itching during urination**
- c. Skin lesions on the genitals (bumps, rash, ulcers)**

29. Name three causes of infertility in men.

Possible responses:

- **Illness (such as the flu or mumps), which can decrease the production of sperm**
- **STIs, which can affect the testes or the spermatic ducts**
- **Environmental toxins**
- **Alcohol and drug use**
- **Smoking**
- **Varicoceles (damaged or enlarged veins near the spermatic cord)**
- **Congenital problems**
- **Chromosomal defects**
- **Hormonal insufficiency**

30. Name three steps a man can take to help to prevent infertility.

Possible responses:

- **Avoid stress.**
- **Avoid alcohol, drugs, and smoking.**
- **Check medications that may affect fertility.**
- **Wear loose-fitting undergarments.**
- **Take zinc.**
- **Get antioxidants (from fruits, vegetables, and grains).**
- **Avoid environmental toxins.**
- **Use condoms to prevent STIs.**

KAP Survey: Answers

31. Name two steps a man can take to help to prevent premature ejaculation.

Possible responses:

- **Wear a condom.**
- **Masturbate before intercourse.**
- **Change to a less stimulating position during intercourse.**
- **Use the stop/start technique: Stop sexual stimulation when near the brink of orgasm, then start again after the ejaculatory feeling subsides.**
- **Use the “squeeze” technique: Gently squeeze the tip of the penis and hold for several seconds.**

32. Name three symptoms of prostate cancer.

Possible responses:

- **Frequent trips to urinate, especially at night**
- **Urgent need to urinate**
- **Difficulty beginning and stopping the flow of urine**
- **Dribbling, hesitant, and thin stream of urine**
- **Sensation that the bladder is not emptied**
- **Inability to urinate**
- **Involuntary loss of urine (incontinence)**
- **Lower back pain**
- **Blood in the urine (rare)**

33. Name the two screening mechanisms for prostate cancer.

- **Digital rectal exam**
- **Prostate specific antigen (PSA) test**

Read the following statements, and decide whether you think each one is true (T) or false (F). Circle the response (T or F) that more closely matches your opinion about the statement. If you do not know the answer, circle DK (do not know).

34. A man with erectile dysfunction can still have sexual desire and be able to have orgasms and ejaculate semen.

T F DK

35. If erectile dysfunction problems occur only occasionally, they are probably due to psychological causes, such as stress and fatigue.

T F DK

36. Prostate cancer is one of the primary causes of death in older men.

T F DK

KAP Survey: Answers

- | | | | |
|---|----------|----------|----|
| 37. Premature ejaculation is usually caused by a physical or biological factor, not a psychological factor. | T | F | DK |
| 38. Diabetes and vascular diseases can cause erectile dysfunction in men. | T | F | DK |
| 39. A person can change his or her sexual orientation if desired. | T | F | DK |
| 40. A man who has had sex with another man is a homosexual. | T | F | DK |
| 41. Excessive alcohol use can cause a man to have difficulty sustaining an erection. | T | F | DK |
| 42. In men, ejaculation and orgasm are the same process. | T | F | DK |
| 43. It is normal for a man to sometimes be unable to achieve or maintain an erection. | T | F | DK |

Read the following case studies, and decide which type of sexual health problem is described. Then determine what might be causing the problem and think of what a counselor might say to the client.

Case Study 1

Joseph is 37 years old. He has come to the clinic complaining of trouble achieving an erection. He reports that he has had this problem on and off for many years. Recently, he has been having more trouble achieving an erection and his sexual desire is decreasing. Joseph lost his job two months ago and is doing odd jobs to try to make some money. He spends a lot of his free time drinking alcohol and has been going to bars on weekends more often now because he is upset about his “sexual weakness.” He has not had a physical examination in 10 years.

44. What type of sexual dysfunction could this be?
- Erectile dysfunction (impotence)**
 - Premature ejaculation
 - Inhibited sexual desire (ISD)
45. What could be causing this sexual dysfunction? (check all that apply)
- Chronic health condition, such as diabetes or hypertension**
 - Depression**
 - Excessive sexual activity before onset of the problem
 - Emotional stress due to loss of his job and financial strain**
 - Alcohol use**
 - Nothing; the problem is in his mind

KAP Survey: Answers

46. Write an example of something a counselor could ask or say to Joseph in order to help him with his possible sexual dysfunction.

Possible responses:

- **Discuss the impact of alcohol use on sexual functioning with Joseph, and determine possible ways for Joseph to decrease his drinking.**
- **Explain to Joseph that many men have experienced this difficulty and that there are steps he can take to make it better.**

Case Study 2

Sam is 26 years old and has been married for three years. He has come to the clinic because liquid is coming out of his penis. The problem started just a few days ago and he hoped that it would go away. Usually, Sam is monogamous with his wife; however, seven days ago he went to a bar with some friends and had sex with a woman in the bar's bathroom. Since she was not a sex worker, he did not use a condom.

47. What type of infection does Sam most likely have?

- Gonorrhea or chlamydia**
- HIV
- Herpes
- Hepatitis B or C

48. How did Sam possibly get infected?

- From the bathroom at the bar
- From the sexual encounter with the woman at the bar**
- Many ways; these types of infections just happen

49. Write an example of something a counselor could ask or say to Sam in order to help to lessen the chance that he might become infected again.

Possible responses:

- **Discuss that it is important to use a condom with any partner with whom you are not monogamous.**
- **Review the steps for using a condom correctly and ways to negotiate condom use with a partner.**
- **Explain to Sam that it is difficult to tell if a person has an STI just by his or her appearance. Discuss common signs and symptoms of STIs with Sam.**

KAP Survey: Answers

Read the following scenarios, which describe issues that you might encounter when providing counseling services to men and couples on sexual and reproductive health concerns. Then think of what a counselor might say to the clients to effectively address these issues.

To receive full credit for questions 50–52, the participant needs to give responses that exhibit an understanding of the specific issue and that incorporate the influence of gender roles and equity. The responses also should include components of the examples listed below or be similar to the answers provided.

Scenario 1

A man and a woman have come to the clinic for a contraceptive method. They enter the counseling room together. During the session, the couple tell the counselor that they have three children, that the woman does not want to have any more children, but that the man does want to have more children someday in the future.

50. Write a strategy that a counselor could use to effectively address the disagreement between the couple.

- **Explain that it is not unusual for couples to have disagreements about reproductive health, and that the man’s presence indicates that he wants to support his partner.**
- **Distinguish between short-term goals and long-term plans. Give the man options for ways he can support short-term goals.**
- **Suggest a compromise plan that meets short-term goals (e.g., temporary contraception instead of permanent methods, such as sterilization).**
- **Respond to cultural and religious issues, and clarify any myths and misinformation.**

Scenario 2

A man and a woman have come to the clinic for an antenatal visit. The man believes this is a “woman’s issue” and does not feel that he is involved in the pregnancy. Although he has many questions, he thinks that it is not important for him to know the answers.

51. Write a strategy that a counselor could use to effectively address the man’s apparent lack of interest in the pregnancy.

- **Encourage the man to share his ideas about the situation, rather than about himself. Offer him a list of things to talk about.**
- **Do not let the woman answer for the man; try to actively draw him out by asking him questions.**
- **Explain to the man that his involvement is needed for his partner’s health.**

Scenario 3

A man has come to the clinic for a physical examination. He enters the exam room but seems very embarrassed to discuss his sexual history with a service provider.

52. Write a strategy that a provider could use to effectively address the man's discomfort.

- **Validate the client's discomfort by acknowledging that most men are initially uncomfortable when discussing sexuality.**
- **Assure the client that his discussion with you is private and confidential.**
- **Explain to the client that you are writing down only information that might enable you to help him with his problem.**
- **Offer not to write down anything if this would make him feel more comfortable.**

Appendix E

Instructions for Scoring the KAP Survey

Instructions for Scoring the KAP Survey

Scoring the KAP Survey is important for several reasons. The results of the pretraining survey will help you to 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 to 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: KAP Survey Summary Table Form (page F.1) to record the data from the pretraining and posttraining surveys.

Note: For the purposes of evaluating the impact of the training workshop, use the KAP 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 KAP Survey Summary Table Form, fill in the Information Sheet in Appendix F (page F.3), as follows:

- Write the date(s) that the training course took place in the appropriate box (box A).
- Write the location where the training course took place in the appropriate box (box B).
- Count the number of participants who attended the training course, and write this number in the appropriate box (box C).
- Write the date of administration of the pretraining KAP survey in the appropriate box (box D).
- Count the number of pretraining surveys, and write this number in the appropriate box (box E).
- Write the date of administration of the posttraining KAP survey in the appropriate box (box F).
- 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 to understand how to determine which surveys to include in the KAP 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. And 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 about which surveys to include in the KAP Survey Summary Table Form on the Information Sheet as follows:

E.	Number of pretraining KAP Surveys completed	18
G.	Number of posttraining KAP Surveys completed	22
H.	Number of participants who completed both the pretraining and posttraining KAP Surveys	17
I.	Number of participants who completed only the pretraining KAP Survey	1
J.	Number of participants who completed only the posttraining KAP Survey	5

To fill in the KAP Survey Summary Table Form for this Bolivia training course, the trainer would use only the 17 matched pretraining and posttraining surveys. The trainer should not include the one unmatched pretraining survey and the five unmatched posttraining surveys in the KAP 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 KAP Survey Summary Table Form. For all knowledge questions (multiple-choice, true/false, and open-ended questions), evaluate whether the answers are correct (using Appendix D: Answers to the KAP Survey), 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 points when scoring the surveys:

- Questions 19–27 are self-efficacy questions designed to measure the participants' perception of their own ability to effectively counsel men and couples. The objective of these questions is to see a shift at the end of the workshop toward greater self-efficacy—that is, more participants feel they are competent at counseling men and couples. There is a desired response; however, no answers are correct or incorrect. They are the participants' personal appraisal of their skills.
- Questions 44–52 are open-ended questions that require you to determine whether the participants' responses are correct or incorrect. Appendix D: Answers to the KAP Survey provides specific details about what information you need to determine the correctness of an answer.

2. Make a copy of Appendix F: KAP Survey Summary Table Form.

3. Gather all of the matched pretraining surveys. Score the first pretraining survey from beginning to end. For questions 1–6, enter tally marks for each of the participant’s responses to these demographic questions in the KAP Survey Summary Table Form. For the remainder of the questions in the KAP Survey, use the KAP Survey Summary Table Form as follows: If the participant answered a question correctly, place a tally mark in the “Tally Marks for Pretraining KAP 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 KAP Surveys” column next to the “Incorrect” box for that question. Consider a response as “No answer/missing data” if the participant:
 - Did not respond
 - Marked more than one answer when only one answer is appropriate
4. After completely transferring the information from the first pretraining survey to the KAP 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 KAP Survey Summary Table Form, add the tally marks in each box and write that number in the “Total Pretraining KAP Surveys” or “Total Posttraining KAP 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 KAP Survey Summary Table Form shown below. To simplify adding up the tally marks after recording the data in the KAP Survey Summary Table Form, the trainer grouped the tally marks in sets of five. The trainer filled in the KAP Survey Summary Table Form for questions 6 and 7 as follows:

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
6. Have you ever attended a training course on either counseling clients on sexual and reproductive health issues or client-provider interaction (CPI)?						
1. Yes	IIII III	8		IIII III	8	
2. No	IIII II	7		IIII II	7	
3. Not sure	III	3		III	4	
No answer/missing data	I	1			0	
Six Key Components for Effective Behavior Change						
7. A man decides to get a vasectomy after talking to a male friend who had the procedure.						
1. Correct	IIII	4		IIII IIIII IIIII	15	
2. Incorrect	IIII IIIII I	11		II	2	
No answer/missing data	II	2			0	

In order 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 KAP 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 KAP 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 7 on the pretraining survey as follows:

(Number of correct answers ÷ valid responses) x 100 = Pretraining survey percentage

Correct: $(4 \div 15) \times 100 = 26.7\%$

Incorrect: $(11 \div 15) \times 100 = 73.3\%$

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
Six Key Components for Effective Behavior Change						
7. A man decides to get a vasectomy after talking to a male friend who had the procedure.						
1. Correct	IIII	4	26.7	IIII IIIII IIIII	15	
2. Incorrect	IIII IIIII I	11	73.3	II	2	
No answer/missing data	II	2			0	

Question 7 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:

$$(\text{Number of correct answers} \div \text{valid responses}) \times 100 = \text{Posttraining survey percentage}$$

$$\text{Correct: } (15 \div 17) \times 100 = 88.2\%$$

$$\text{Incorrect: } (2 \div 17) \times 100 = 11.8\%$$

For the “No answer/missing data” row, the “Tally Marks for Posttraining KAP Surveys,” “Total Posttraining KAP 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
Six Key Components for Effective Behavior Change						
7. A man decides to get a vasectomy after talking to a male friend who had the procedure.						
1. Correct	IIII	4	26.7	IIII IIIII IIIII	15	88.2
2. Incorrect	IIII IIIII I	11	73.3	II	2	11.8
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 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 undesired direction on the posttraining surveys (this is especially important for the attitude and self-efficacy questions)
- An equal or lower percentage of answers in the desired than 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 7 of the Bolivia training course, you could say that more participants were able to correctly identify this component of behavior change after the workshop. This implies that the strategy to convey this information was effective.

Appendix F

KAP Survey Summary Table Form

KAP 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	

KAP 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
1. Are you a ...? (check one box)						
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						
2. Indicate 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						
No answer/missing data						
3. Are you ...? (check one box)						
Male						
Female						
No answer/missing data						
4. How many years have you worked at this health care facility? (if less than one year, write 0)						
Less than one year						
One to two years						
Three to five years						
Six to 10 years						
More than 10 years						
No answer/missing data						

KAP Survey Summary Table Form (continued)

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
5. How many years have you worked in the health care profession? (if less than one year, write 0)						
Less than one year						
One to two years						
Three to five years						
Six to 10 years						
More than 10 years						
No answer/missing data						
6. Have you ever attended a training course on either counseling clients on sexual and reproductive health issues or client-provider interaction (CPI)? (check one box)						
Yes						
No						
Not sure						
No answer/missing data						
Six Key Components for Effective Behavior Change						
7. A man decides to get a vasectomy after talking to a male friend who had the procedure.						
Correct						
Incorrect						
No answer/missing data						
8. A male client can correctly negotiate condom use with his partner(s).						
Correct						
Incorrect						
No answer/missing data						
9. A young man feels competent to discuss sexuality with his partner(s).						
Correct						
Incorrect						
No answer/missing data						
10. A male client understands that vasectomy does not cause a buildup of sperm in his testes.						
Correct						
Incorrect						
No answer/missing data						

KAP Survey Summary Table Form *(continued)*

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
Six Key Components for Effective Behavior Change <i>(continued)</i>						
11. A doctor explains that doing a testicular self-exam can identify cancer early enough for treatment.						
Correct						
Incorrect						
No answer/missing data						
12. A nurse comments on how wonderful it is that a male client has continued to use condoms for three months.						
Correct						
Incorrect						
No answer/missing data						
13. Stages of Change						
Three or fewer stages correctly marked						
Four or five stages correctly marked						
All six stages correctly marked						
No answer/missing data						
Client-Provider Interaction (CPI) Scenarios						
14. Which of the following communication approaches were used in Scenario 1? (check all that apply)						
Information giving						
Counseling						
CPI						
No answer/missing data						
15. Were the communication approaches effectively or ineffectively carried out? (check one box)						
<i>Information giving</i>						
Yes, it was effectively carried out.						
No, it was not effectively carried out.						
Not applicable.						
No answer/missing data.						
<i>Counseling</i>						
Yes, it was effectively carried out.						
No, it was not effectively carried out.						
Not applicable.						
No answer/missing data.						

KAP Survey Summary Table Form *(continued)*

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
15. Were the communication approaches effectively or ineffectively carried out? (check one box) <i>(continued)</i>						
<i>CPI</i>						
Yes, it was effectively carried out.						
No, it was not effectively carried out.						
Not applicable.						
No answer/missing data.						
16. Which of the following communication approaches were used? (check all that apply)						
<i>Information giving</i>						
Yes, it was effectively carried out.						
No, it was not effectively carried out.						
Not applicable.						
No answer/missing data.						
<i>Counseling</i>						
Yes, it was effectively carried out.						
No, it was not effectively carried out.						
Not applicable.						
No answer/missing data.						
<i>CPI</i>						
Yes, it was effectively carried out.						
No, it was not effectively carried out.						
Not applicable.						
No answer/missing data.						
17. Were the communication approaches effectively or ineffectively carried out? (check one box)						
<i>Information giving</i>						
Yes, it was effectively carried out.						
No, it was not effectively carried out.						
Not applicable.						
No answer/missing data.						
<i>Counseling</i>						
Yes, it was effectively carried out.						
No, it was not effectively carried out.						
Not applicable.						
No answer/missing data.						

KAP Survey Summary Table Form *(continued)*

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
17. Were the communication approaches effectively or ineffectively carried out? (check one box) <i>(continued)</i>						
<i>CPI</i>						
Yes, it was effectively carried out.						
No, it was not effectively carried out.						
Not applicable.						
No answer/missing data.						
18. The purpose of a counseling session is to: (check all that apply)						
Address the client's concerns and/or issues						
Make sure that all clients use a contraceptive method						
Help clients to understand what behaviors put them at risk						
Ensure that couples are able to talk to one another						
Work with the client to make a decision about a health behavior						
Teach clients the skills they need to protect their health (e.g., how to use a condom)						
Respect the client's right to privacy and confidentiality at all times						
Agree or Disagree Statements						
19. I have the necessary information about men's sexual and reproductive health to effectively counsel men and couples.						
Strongly agree						
Agree						
Disagree						
Strongly disagree						
No answer/missing data						
20. I would feel uncomfortable providing men and couples with an opportunity to make decisions about contraceptive use.						
Strongly agree						
Agree						
Disagree						
Strongly disagree						
No answer/missing data						

KAP Survey Summary Table Form *(continued)*

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
Agree or Disagree Statements <i>(continued)</i>						
21. I would feel comfortable asking a male client explicit questions about his sexual behaviors.						
Strongly agree						
Agree						
Disagree						
Strongly disagree						
No answer/missing data						
22. I would feel uncomfortable listening to a male client discuss sexual behaviors that I do not agree with.						
Strongly agree						
Agree						
Disagree						
Strongly disagree						
No answer/missing data						
23. I would feel comfortable addressing a male client's flirting with or making sexual remarks to me.						
Strongly agree						
Agree						
Disagree						
Strongly disagree						
No answer/missing data						
24. During a couples counseling session, I would feel uncomfortable interrupting a male client and asking for his partner's input.						
Strongly agree						
Agree						
Disagree						
Strongly disagree						
No answer/missing data						
25. I feel comfortable with the idea of discussing sexual and reproductive health issues with men and couples.						
Strongly agree						
Agree						
Disagree						
Strongly disagree						
No answer/missing data						

KAP Survey Summary Table Form *(continued)*

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
Agree or Disagree Statements <i>(continued)</i>						
26. I will effectively counsel and communicate with men and couples on sexual and reproductive health issues.						
Strongly agree						
Agree						
Disagree						
Strongly disagree						
No answer/missing data						
27. I would feel comfortable making sure that the male client and the female client are able to speak openly about their concerns during a couples counseling session.						
Strongly agree						
Agree						
Disagree						
Strongly disagree						
No answer/missing data						
28. Name three common symptoms of a sexually transmitted infection (STI) in men.						
Correctly named one symptom						
Correctly named two symptoms						
Correctly named three symptoms						
No answer/missing data						
29. Name three causes of infertility in men.						
Correctly named one cause						
Correctly named two causes						
Correctly named three causes						
No answer/missing data						
30. Name three steps a man can take to help to prevent infertility.						
Correctly named one step						
Correctly named two steps						
Correctly named three steps						
No answer/missing data						
31. Name two steps a man can take to help to prevent premature ejaculation.						
Correctly named one step						
Correctly named two steps						
No answer/missing data						

KAP Survey Summary Table Form *(continued)*

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
32. Name three symptoms of prostate cancer.						
Correctly named one symptom						
Correctly named two symptoms						
Correctly named three symptoms						
No answer/missing data						
33. Name the two screening mechanisms for prostate cancer.						
Correctly named one screening mechanism						
Correctly named two screening mechanisms						
No answer/missing data						
True/False Questions						
34. A man with erectile dysfunction can still have sexual desire and be able to have orgasms and ejaculate semen.						
True						
False						
No answer/missing data						
35. If erectile dysfunction problems occur only occasionally, they are probably due to psychological causes, such as stress and fatigue.						
True						
False						
No answer/missing data						
36. Prostate cancer is one of the primary causes of death in older men.						
True						
False						
No answer/missing data						
37. Premature ejaculation is usually caused by a physical or biological factor, not a psychological factor.						
True						
False						
No answer/missing data						
38. Diabetes and vascular diseases can cause erectile dysfunction in men.						
True						
False						
No answer/missing data						

KAP Survey Summary Table Form *(continued)*

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
True/False Questions <i>(continued)</i>						
39. A person can change his or her sexual orientation if desired.						
True						
False						
No answer/missing data						
40. A man who has had sex with another man is a homosexual.						
True						
False						
No answer/missing data						
41. Excessive alcohol use can cause a man to have difficulty sustaining an erection.						
True						
False						
No answer/missing data						
42. In men, ejaculation and orgasm are the same process.						
True						
False						
No answer/missing data						
43. It is normal for a man to sometimes be unable to achieve or maintain an erection.						
True						
False						
No answer/missing data						
True/False Questions Summary						
Five or fewer questions correct						
Five to eight questions correct						
Nine or 10 questions correct						
Case Studies						
44. What type of sexual dysfunction could this be?						
Erectile dysfunction (impotence)						
Premature ejaculation						
Inhibited sexual desire (ISD)						
No answer/missing data						

KAP Survey Summary Table Form (continued)

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
Case Studies (continued)						
45. What could be causing this sexual dysfunction? (check all that apply)						
Chronic health condition, such as diabetes or hypertension						
Depression						
Excessive sexual activity before onset of the problem						
Emotional stress due to loss of his job and financial strain						
Alcohol use						
Nothing; the problem is in his mind						
No answer/missing data						
46. Write an example of something a counselor could ask or say to Joseph in order to help him with his possible sexual dysfunction.						
Yes, the example is correct.						
No, the example is not correct.						
No answer/missing data.						
47. What type of infection does Sam most likely have?						
Gonorrhea or chlamydia						
HIV						
Herpes						
Hepatitis B or C						
No answer/missing data						
48. How did Sam possibly get infected?						
From the bathroom at the bar						
From the sexual encounter with the woman at the bar						
Many ways; these types of infections just happen						
No answer/missing data						
49. Write an example of something a counselor could ask or say to Sam in order to help to lessen the chance that he might become infected again.						
Yes, the example is correct.						
No, the example is not correct.						
No answer/missing data.						

KAP Survey Summary Table Form *(continued)*

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
Scenarios						
50. Write a strategy that a counselor could use to effectively address the disagreement between the couple.						
Yes, the strategy is correct.						
No, the strategy is not correct.						
No answer/missing data.						
51. Write a strategy that a counselor could use to effectively address the man's apparent lack of interest in the pregnancy.						
Yes, the strategy is correct.						
No, the strategy is not correct.						
No answer/missing data.						
52. Write a strategy that a counselor could use to effectively address the man's discomfort.						
Yes, the strategy is correct.						
No, the strategy is not correct.						
No answer/missing data.						

Appendix G

Role Plays for Counseling and Communicating with Men

Role Plays for Counseling and Communicating with Men

Role Play 1: Male Client Seeking STI Services

A 25-year-old male comes to the clinic requesting information about sexually transmitted infections (STIs). Although he is married, he sometimes has sex with other women. He does not use condoms because he does not have sex with sex workers. The man has been having some discharge from his penis for the last few days, and he is worried about this.

Role Play 2: Couple Seeking Family Planning Services

A man and a woman come to the clinic for a contraceptive method. They enter the counseling room together. They have three children, and the man does not want to have any more children. The woman is unsure whether or not she wants to have more children, but she is afraid to tell her husband her real wishes because he has become violent when she has discussed this issue with him in the past. He is the one who wanted to come to the clinic, and she has agreed in order to avoid a conflict with him.

Role Play 3: Male Client Seeking Counseling on Prostate Concerns

A 60-year-old male comes to the clinic complaining about incontinence and having difficulty with urination.

Role Play 4: Male Client Seeking Counseling on Sexual Dysfunction

A 40-year-old man comes to the clinic because he is concerned about his sexual abilities—specifically, his ability to achieve an erection. He has been married for the past 20 years, and in the last five years, his sexual desire has been decreasing. The man lost his job four years ago and has been doing odd jobs to try to make some money. He has to support his wife and four children, which gets more difficult every year. He has been drinking more due to the additional stress in his life.

Appendix H

Instructions for Role Plays for Counseling and Communicating with Men

Instructions for Role Plays for Counseling and Communicating with Men

In order for you to determine if the participants are skilled in providing sexual and reproductive health counseling services to men and couples, it is important to observe the participants in action. Ideally, you would observe these service providers during an actual counseling session or a role play *before* the training course begins and would apply a checklist of specific standards (see Appendix I on page I.1). Unfortunately, observing providers before the training will not be feasible for most situations in which this training will be implemented. Most likely, you will evaluate the participants' counseling skills through the implementation and observation of role plays before, during, and after the training course.

To evaluate the participants' counseling skills, you will ask a select number of participants to conduct a role play. These participants will do the *same* role play before and after the training course. (To ensure that you can match and compare the participants' skills observed during the pretraining role play with those observed during the posttraining role play, the participants playing the "counselor" will need an identification number [ID #] to ensure that their information from the pretraining and posttraining role plays can be compared.)

Selecting Participants

To ensure the most accurate reflection of counseling skills acquired during the training, this evaluation uses specific role plays with randomly selected participants. For each role play, the participants will play the "counselor" role, and you and another trainer/facilitator will play the "client" and "observer" roles. If you are the only trainer/facilitator, you can ask a participant to play the "client" role, so you can serve as the "observer." If you ask a participant to play the role of the "client," explain the role play to the participant so that he or she understands what he or she is supposed to do.

The key component of this evaluation is to randomly choose which participants conduct the role plays. For example, if you are working with 20 participants, you can use any of the following strategies to randomly choose a participant:

1. Choose every fifth person on the participant list to conduct a role play. Here, the fifth, 10th, 15th, and 20th participants will conduct the role plays.
2. Write the numbers 1 to 20 on small pieces of paper, one number per piece of paper. Mix up the pieces of paper, and select four. The participants whose numbers on the participant list match the four numbers selected will conduct the role plays.
3. Mark the backs of four blank name tags with a red dot. Mix the name tags with 16 completely blank name tags, and ask each participant to choose one. The four participants who choose the name tags with the red dots will conduct the role plays.

Selecting Role Plays

Randomly select one role play for each of the participants. One role play, which involves couples counseling, requires two individuals to play the roles of the clients. If you are working with another trainer/facilitator, one of you can play the role of a client, and you can ask a participant to play the role of the other client. If you are the only trainer/facilitator, you will have to ask two participants to play the roles of the clients.

Implementing and Observing Role Plays

Explain to the participants that the purposes of this exercise are to help you assess the impact of the training on the participants' counseling skills and to help you determine how the training can be improved in the future.

Also explain to the participants that they will be randomly selected to prevent biasing the evaluation. Participants who are not implementing or participating in any of the role plays will quietly observe the role plays. Each role play should take approximately five minutes.

Appendix I

Instructions for Rating the Role Plays

Instructions for Rating the Role Plays

Note to the observer: Fill in the following information before the role play begins.

Date of role play (month/day/year): _____ / _____ / _____
Location of workshop: _____
Is this the ...? (check one)
_____ Pretraining role play _____ Posttraining role play
“Counselor” ID number (ID #): (circle one)
1 2 3
Role-play number: (circle one)
1 2 3 4

It is important to evaluate the role plays in order to determine the impact of the training, to identify the parts of the training that need to be strengthened, and to give feedback to the participants about their counseling and communication skills.

Rating the role play consists of two parts:

1. Evaluating the role play for 20 specific criteria
2. Evaluating the role play for five overall criteria

Evaluating Specific Criteria

1. When evaluating the role play, the observer gives a rating of 0 to 2 points to each specific criterion in the GATHER Observation Form for Specific Criteria (see Appendix J, page J.1). The ratings are defined as follows:

- 0 points: **Not done**
The observer gives this rating when the participant (the “counselor”) did not meet the specific criterion or when the participant met the specific criterion in an inappropriate way.
- 1 point: **Done, but needs improvement**
The observer gives this rating when the participant (the “counselor”) made an adequate attempt to meet the specific criterion but did not meet it.
- 2 points: **Very well done**
The observer gives this rating when the participant (the “counselor”) met the specific criterion at a professional and skilled level.

2. The observer writes the rating that he or she gives to each of the 20 specific criteria listed on the GATHER Observation Form for Specific Criteria. He or she also writes comments in the appropriate row and column on the form in order to explain each rating.
3. The observer calculates a total rating for the role play by adding the ratings given to the 20 specific criteria (1 through 20).

***Note to the observer:** In order to effectively rate the role play, it is important for you to be familiar with the GATHER Observation Form for Specific Criteria ahead of time and to not focus on it during the role play. (To prepare for observing and rating the role plays, review the GATHER criteria [see Appendix J, pages J.3–J.5].) Ideally, you should only take notes during the role play and complete the form in private after the role play is over.*

Evaluating Overall Criteria

1. When evaluating the role play, the observer also needs to give a rating to the overall criteria in the CPI Observation Form for Overall Criteria (see Appendix J, page J.7). To determine the ratings for these five criteria, the observer must consider the entire role play and how well the participant (the “counselor”) conducted it. The observer gives a rating of 1 to 4 for each overall criterion. The ratings are defined as follows:
 - 1 point: **Rarely or never**
The observer gives this rating when the participant (the “counselor”) met this criterion less than 25% of the time.
 - 2 points: **Some of the time**
The observer gives this rating when the participant (the “counselor”) met this criterion between 25% and 50% of the time.
 - 3 points: **Most of the time**
The observer gives this rating when the participant (the “counselor”) met this criterion between 50% and 75% of the time.
 - 4 points: **All of the time**
The observer gives this rating when the participant (the “counselor”) met this criterion more than 75% of the time.
2. The observer calculates a total score for the role play by adding the ratings given to the five overall criteria (1 through 5).

Analyzing the Role-Play Results

Analyzing the results of your role-play observations is important because it enables the observer to:

- Determine the impact of the training
- Identify the parts of the training that need to be strengthened
- Give feedback to the participants about their counseling and communication skills

Reviewing the ratings is especially important when the participants conducted the role plays both before and after the training course. Ideally, the ratings the observer gave to the posttraining role plays will be higher than the ratings he or she gave to the pretraining role plays.

When analyzing the results of observing role plays, the observer should determine if the four “counselors” were exceptionally weak or strong in any specific sections of the GATHER approach and highlight these sections. The observer should also write a short paragraph explaining the changes that these observations represent.

Entering the Role-Play Data

After observing the pretraining and/or posttraining role plays, the observer uses the Observing Role Plays Summary Table Form (Appendix J, page J.9) to record his or her impressions about how the participants conducted the role plays. You should make enough copies of this form so that the observer can fill out one form for each of the “counselors” for the pretraining and/or posttraining role plays.

1. The observer writes the “Subtotal” ratings for each of the six parts of the GATHER approach for each “counselor” from the pretraining or posttraining GATHER Observation Form for Specific Criteria (Appendix J, page J.3) in the appropriate box on the Observing Role Plays Summary Table Form.
2. The observer adds the six “Subtotal” ratings and writes this number in the “Total rating for specific criteria” box for each “counselor.”
3. The observer writes the “Total” rating from the pretraining or posttraining CPI Observation Form for Overall Criteria (Appendix J, page J.7) in the “Total rating for overall criteria” box for each “counselor.”

Appendix J

Observation Forms for Role Plays

GATHER Observation Form for Specific Criteria

CPI Observation Form for Overall Criteria

Observing Role Plays Summary Table Form

GATHER Observation Form for Specific Criteria

	Not done	Done, but needs improvement	Very well done	Comments
GREET: To establish a rapport with the client				
1. Welcomed the client	0	1	2	
2. Introduced himself or herself	0	1	2	
3. Assured the client that everything he discussed would be kept confidential	0	1	2	
4. Explained what to expect	0	1	2	
<i>Subtotal for Greet (sum of ratings for specific criteria 1 to 4)</i>				
ASSESS: To assess the client's sexual and reproductive health needs				
5. Asked the client why he came to the health care facility	0	1	2	
6. Obtained the client's personal data, including medical and sexual history	0	1	2	
7. Assessed the risk factors for the client's specific sexual and reproductive health concerns	0	1	2	
<i>Subtotal for Assess (sum of ratings for specific criteria 5 to 7)</i>				
TELL: To provide information based on the client's sexual and reproductive health needs and knowledge (rate only the topic area related to the role play)				
Role Play 1: Male Client Seeking STI Services				
8. Discussed sexual behaviors with high risk for STI transmission	0	1	2	
9. Discussed the common signs and symptoms of STIs in men	0	1	2	
10. Discussed ways to prevent STI transmission	0	1	2	
Role Play 2: Couple Seeking Family Planning Services				
8. Determined the client's desires for spacing or limiting number of children	0	1	2	
9. Provided information on the benefits and limitations of specific contraceptive methods	0	1	2	
10. Responded to the client's request for information	0	1	2	

GATHER Observation Form for Specific Criteria (continued)

	Not done	Done, but needs improvement	Very well done	Comments
TELL: To provide information based on the client's sexual and reproductive health needs and knowledge (rate only the topic area related to the role play) (continued)				
Role Play 3: Male Client Seeking Counseling on Prostate Concerns				
8. Discussed the signs and symptoms of prostate problems	0	1	2	
9. Discussed the risk factors associated with prostate problems	0	1	2	
10. Discussed ways to address prostate problems	0	1	2	
Role Play 4: Male Client Seeking Counseling on Sexual Dysfunction				
8. Discussed possible physical causes of sexual dysfunction	0	1	2	
9. Discussed possible psychological causes of sexual dysfunction	0	1	2	
10. Discussed ways to address this type of sexual dysfunction	0	1	2	
Subtotal for Tell (sum of ratings for specific criteria 8 to 10)				
HELP: To help the client make decisions to meet his specific sexual and reproductive health needs, and to help the client develop the skills needed to carry out the decisions				
11. Discussed ways in which the client could reduce the risk of STI transmission/ reduce the causes of sexual dysfunction/use the contraceptive method effectively	0	1	2	
12. Discussed ways in which the client could talk about this health need with his partner(s)	0	1	2	
13. Discussed the benefits of low-risk or no-risk sexual and reproductive health behaviors	0	1	2	
Subtotal for Help (sum of ratings for specific criteria 11 to 13)				
EXPLAIN: To explain the relative management of the client's specific sexual and reproductive health needs, and the steps for carrying out his decisions				
14. Explained the management and procedure related to the specific reproductive health service the client needs	0	1	2	

GATHER Observation Form for Specific Criteria *(continued)*

	Not done	Done, but needs improvement	Very well done	Comments
EXPLAIN: To explain the relative management of the client’s specific sexual and reproductive health needs, and the steps for carrying out his decisions <i>(continued)</i>				
15. Explained the importance of including his partner(s) in the discussion if possible	0	1	2	
16. Demonstrated the necessary skills for effective behavior change (e.g., how to use a condom, the “squeeze” technique to prevent premature ejaculation)	0	1	2	
<i>Subtotal for Explain (sum of ratings for specific criteria 14 to 16)</i>				
RETURN/REFER: To assess the client’s additional or future sexual and reproductive health needs				
17. Scheduled the client’s next visit, if needed	0	1	2	
18. Invited the client to come back any time, for any reason	0	1	2	
19. Informed the client about other services available at the site	0	1	2	
20. Referred the client for any services that are not provided at the site	0	1	2	
<i>Subtotal for Return/Refer (sum of ratings for specific criteria 17 to 20)</i>				

CPI Observation Form for Overall Criteria

	Rarely or never	Some of the time	Most of the time	All of the time	Subtotal
Male Client Role Plays					
1. Appeared comfortable talking to the male client	1	2	3	4	
2. Responded appropriately to the male client	1	2	3	4	
3. Provided accurate information to the male client	1	2	3	4	
4. Ensured that the male client was able to express any concerns or questions	1	2	3	4	
5. Developed a rapport with the male client	1	2	3	4	
Total (sum of ratings for the five overall criteria for male client role plays)					
Couple Role Play					
1. Appeared comfortable talking to both clients	1	2	3	4	
2. Responded appropriately to both clients	1	2	3	4	
3. Provided accurate information to both clients	1	2	3	4	
4. Ensured that both clients were able to express any concerns or questions	1	2	3	4	
5. Developed a rapport with both clients	1	2	3	4	
Total (sum of ratings for the five overall criteria for the couple role play)					
<p>Do you think this client would return to the health care facility for another appointment? (check one box)</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No</p> <p>Please explain your answer:</p> <hr/> <hr/> <hr/>					
<p>Do you think this client would refer a friend to speak with this counselor? (check one box)</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No</p> <p>Please explain your answer:</p> <hr/> <hr/> <hr/>					

Observing Role Plays Summary Table Form

	"Counselor 1"		"Counselor 2"		"Counselor 3"		"Counselor 4"	
	Pretraining observation	Posttraining observation	Pretraining observation	Posttraining observation	Pretraining observation	Posttraining observation	Pretraining observation	Posttraining observation
Subtotal for Greet								
Subtotal for Assess								
Subtotal for Tell								
Subtotal for Help								
Subtotal for Explain								
Subtotal for Return/Refer								
Total rating for specific criteria (sum of the six subtotals; minimum rating of 0, maximum rating of 40)								
	"Counselor 1"		"Counselor 2"		"Counselor 3"		"Counselor 4"	
	Pretraining observation	Posttraining observation	Pretraining observation	Posttraining observation	Pretraining observation	Posttraining observation	Pretraining observation	Posttraining observation
Total rating for overall criteria (sum of the five subtotals; minimum rating of 5, maximum rating of 20)								

Appendix K

End-of-Training Evaluation Form

End-of-Training Evaluation Form

Please complete all sections of this evaluation form, using the reverse side for comments 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	Somewhat disagree	Neither agree nor disagree	Strongly disagree
Content					
• Information was sufficient	5	4	3	2	1
• Information was well organized	5	4	3	2	1
Materials and Visual Aids					
• Were of high quality	5	4	3	2	1
• Were useful	5	4	3	2	1
Instructor Presentation					
• Instructor was knowledgeable on this subject	5	4	3	2	1
• 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
Practice Sessions					
• Were useful	5	4	3	2	1
• Allowed enough time to practice procedures	5	4	3	2	1

2. The length of the training was: Too long Just right Too short

3. The most important thing I learned in this training was:

C. For the Future

Please think about this training and all the elements (content, materials, presentation, practice sessions, etc.) 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 be **SAVED** and included in future training (include reasons why):

2. I suggest the following be **CHANGED** for future training (include reasons why):

3. I suggest the following be **REMOVED** from future training (include reasons why):

D. Other Comments