



**Trainer's Resource Book
to accompany**

**Introduction to
Men's Reproductive
Health Services**

AVSC International

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Health Services**

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

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Table of Contents

Introduction for the Trainer	v
Introduction to the Men’s Reproductive Health Services Training Workshop	1-1
1 Delivering Men’s Reproductive Health Services	1-1
Chapter Purpose and Objectives	
Advance Preparation	
Introduction	
Importance of Involving Men in Reproductive Health	
The Range of Men’s Reproductive Health Services	
Advantages of and Challenges to Providing Men’s Reproductive Health Services	
Addressing Staff Concerns about Working with Male Clients	
Closing	
2 Male Sexual and Reproductive Anatomy and Physiology	2-1
Chapter Purpose and Objectives	
Advance Preparation	
Introduction	
Communicating with Clients about Sexual Anatomy and Behaviors	
Overview of the Male Reproductive System	
Anatomy and Physiology Myths and Facts	
Common Client Concerns	
Closing	
3 Sexuality	3-1
Chapter Purpose and Objectives	
Advance Preparation	
Introduction	
Defining Sexuality	
Gender Roles and Gender Identity	
Sexual Orientation	
Sexual and Social Development	
Sexual Arousal	
Common Sexual Behaviors <u>and</u> Health Considerations of Sexual Behaviors	
Sexuality Myths and Facts	
Closing	

4	Contraception	4-1
	Chapter Purpose and Objectives	
	Advance Preparation	
	Introduction	
	Overview of Contraceptive Methods	
	Condoms, Withdrawal, Vasectomy, and Fertility-Awareness Methods	
	Condom Instructions	
	Female Methods	
	Men’s Role in Contraception	
	Contraception Myths and Facts	
	Closing	
5	Sexually Transmitted Infections (STIs)	5-1
	Chapter Purpose and Objectives	
	Advance Preparation	
	Introduction	
	Overview	
	Common STIs	
	Gender and STIs	
	Risk Factors for Contracting STIs <u>and</u> Reducing Risk	
	STI Myths and Facts	
	Closing	
6	Management of Services	6-1
	Chapter Purpose and Objectives	
	Advance Preparation	
	Introduction	
	Management Issues	
	Cost Considerations	
	Creating a Male-Friendly Environment	
	Role of Frontline Staff	
	Problem-Solving Plan	
	Closing	
	Appendixes	
	Appendix A: Men’s Reproductive Health Services Assessment Survey	A-1
	Appendix B: Group Performance Matrix	B-1
	Appendix C: End-of-Training Evaluation Form	C-1

Introduction for the Trainer

Course Overview

Course Purpose

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

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

Course Participants

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

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

All course participants should bring to this training the desire to learn about or update their knowledge regarding the delivery of men's reproductive health services and issues that concern men and women as partners. These include sexuality, communication,



physiological development, processes of maturation and aging, contraceptive needs, sexually transmitted infections (STIs), sexual abuse, and safe motherhood. No minimum qualifications must be met. It is important for the trainer to keep in mind that low-literate/illiterate staff may be unable to easily use the text and other materials, such as wall charts, for reference. Therefore, before conducting an on-site training, the trainer should assess the participants' literacy skills, identify the content that is most likely to be appropriate for low-literate/illiterate participants, and make every effort to ensure their understanding of that content.

Throughout the text, the term *service providers* will be used to refer to the staff who provide clinical or counseling services. Service providers may include doctors, medical officers, nurses, counselors, health educators, and medical or surgical assistants. The term *frontline staff* will be used to refer to all of the staff or volunteers at a facility who interact with clients other than service providers. Frontline staff include receptionists, switchboard operators, doormen, guards, janitors, records staff, appointment clerks, accounts clerks, lab technicians, interpreters, drivers, and maintenance workers.

Trainers for This Course

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

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

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

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

The Training Package

The training package consists of:

- Trainer’s resource book to accompany *Introduction to Men’s Reproductive Health Services*
- *Introduction to Men’s Reproductive Health Services* (herein referred to as “the text”)

Trainer’s Resource Book

Format

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

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

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

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

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

- **Discussion Questions.** These may be used either as part of a training activity or to assist the trainer in facilitating a discussion as an alternative to another training method. Discussion questions in this trainer's resource book are preceded by the symbol **[?]**.

Training Tools

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

Knowledge and Opinions Survey

This survey, which appears on pages I-9–I-13 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.

Men's Reproductive Health Assessment Survey

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

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

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

Sample Material for Transparencies and Flipcharts

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

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. The trainer must also obtain audiovisual equipment to show the video "Reaching Out to Men As Partners in Reproductive Health," which is not a requirement of this course but may be useful to the participants.

How to Use These Materials

Training Design

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

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 AVSC recommends conducting.) For some activities, options for conducting the activity are included. The trainer may choose activities that best suit the particular training workshop, taking into consideration the audience, available time, training location, and

trainer's teaching style. In many cases, a discussion may be used to lead into the presentation of a particular topic or a case study may be used to introduce the content of an entire chapter.

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

Supervisory Involvement

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

The trainer can use some of the material in Chapter 1: Delivering Men's Reproductive Health Services and Chapter 6: Management of Services during these discussions. If facility visits are not possible, it is critical that the participants brief their supervisors and others in positions of authority when they return to their facilities 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 men's reproductive health training course. However, they may observe some client-care activities during the training. This can take place either at their facility (if the training is conducted on-site) or during a facility visit (if the training is conducted off-site). As with any medical service, the rights of the client are paramount and should be considered at all times throughout the training course. Each client's permission must be obtained before participants in the training observe or assist with any aspect of client care. A client who refuses to grant permission about having participants present when services are performed should not be denied services, nor should the procedure be postponed.

Evaluation

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

The true test of how successful men's reproductive health training has been is whether or not appropriate, high-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 both knowledge- and attitude-based material, the participants' progress will be measured in large part by assessing changes in their knowledge and attitudes.

The trainer should include appropriate evaluation options to:

- Assess the participants' progress during the training. For example, the trainer may:
 - Ask questions of individual or groups of participants to test their knowledge and comprehension.
 - Present case studies for discussion and assess the participants' solution of cases.
- Assess the participants' cumulative knowledge and attitudes at the end of the training. For example, the trainer may:
 - Use the Knowledge and Opinions Survey as a written or oral posttest.
 - Observe the participants during role-play exercises.
- Assess the outcome or results of the course after the training. For example, the trainer should follow up with the participants to learn how they have applied the knowledge taught during the training and adhered to the problem-solving plans developed in Chapter 6: Management of Services (see "After the Training Course" on page xx). If the supervisor performs follow-up, the trainer should contact the supervisor to see how men's reproductive health services are delivered at the facility.

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

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

Certification

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

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

Advance Preparation

Obtaining Background Information

Before the training, the trainer should try to find out as much as possible about the course participants--their job responsibilities, background, sex, level of education, and experience providing men's reproductive health services--and 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 men's reproductive health services. For example, if no men's reproductive health program currently exists at a facility, the trainer should find out:

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

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

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

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

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

- Use the Knowledge and Opinions Survey as a written or oral pretest.

- Observe the participants at work, and note the current status of men's reproductive health services (applies to on-site training only).
- Find out about the participants' experience with men's reproductive health services a few weeks before the training, asking specific questions related to their level of knowledge and attitudes.

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

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

On-Site Training

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

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

Special Issues for On-Site Training

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

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

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

When training is conducted on-site, the trainer should arrive at the training site the day before the training, if possible, to set up for the training (examine the training room and check the lighting, room setup, and training materials, supplies, and equipment, if any). The trainer should 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. For example, the trainer can ask them to participate in Chapter 1: Delivering Men's Reproductive Health Services and the problem-solving session in Chapter 6: Management of Services. The trainer can also keep these staff informed of progress and any problems encountered during the course.

Off-Site Training

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

- There may be fewer interruptions since the participants will be away from their daily work responsibilities.

- If 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 men's reproductive health services and tour the facility.

Regardless of whether training is conducted on-site or off-site, the trainer will find it very useful to have an idea beforehand of the existence or extent of men's reproductive health services at the participants' facility (if training is on-site) or at facilities typical of those at which the participants work (if training is off-site). This will give the trainer an opportunity to assess a facility's capacity to deliver men's reproductive health services, which will allow him or her to tailor the training accordingly. (See "Obtaining Background Information" on page 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, the Introduction to the Men's Reproductive Health Services Training Workshop and Chapter 1: Delivering Men's Reproductive Health Services should always be first, and Chapter 2: Male Sexual and Reproductive Anatomy and Physiology and Chapter 3: Sexuality should always precede Chapter 4: Contraception and Chapter 5: Sexually Transmitted Infections (STIs). In addition, Chapter 6: Management of Services should always be last.

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

The information about each chapter contained in this trainer's resource book is designed to help the trainer organize a lesson plan for that chapter. Sample agendas for each chapter are provided in this trainer's resource book. By selecting from the training activities, the trainer can adapt the training course for different workshop lengths, types of participants, and levels of experience. The training activities are designed to serve

various purposes: Some can be used as a way to present material, others to reinforce certain concepts or technical content, and still others as a review of a session or chapter.

For either on-site or off-site training, three to five days would be the ideal length of time for this training course. This would allow time for the presentation of all the material and use of most of the training activities, as well as time for discussion or facility visits, as appropriate. (Sample five-day agendas will be provided in the final version of this trainer's resource book. Sample three-day agendas will also be provided in case only three days are available for training.) While the course is designed for use as a three- to five-day training workshop, the trainer can easily adapt it to other time periods, such as separate, sequential weekly sessions.

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

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

Special Issues for On-Site Agendas

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

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

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

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

During the Training Course

Create a Positive Learning Environment

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

- **Respecting each participant.** The trainer should recognize the knowledge and skills the participants bring to the course. He or she can show respect by remembering and using the participants' names, encouraging them to contribute to discussions, and requesting their feedback on the course agenda.
- **Giving frequent positive feedback.** Positive feedback increases people's motivation and learning ability. Whenever possible, the trainer should recognize participants' correct responses and actions by acknowledging them publicly and making such comments as "Excellent answer!" "Great question!" "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 topics in a group setting, the trainer may face situations in which individual (or groups of) participants hesitate to join in discussions, are judgmental, or inhibit other participants from expressing their feelings freely. To encourage risk-taking and create an environment in which the participants feel comfortable discussing and absorbing new content and ideas, the trainer may use the following techniques:

- Acknowledge that it is normal to feel nervous, anxious, or uncomfortable in new and unfamiliar situations.
- Begin with less-sensitive content, and build up to content that is more sensitive. Similarly, avoid scheduling sensitive discussions after breaks or at the very beginning of a session or day, if possible, to ensure a more trusting and cohesive atmosphere.
- Use icebreaker activities at the beginning of the training workshop and during breaks to encourage team-building and comfort.
- Use small-group work to allow the participants to express their feelings in front of a smaller audience. Similarly, split the groups up by sex, if appropriate.
- Use paraphrasing and clarification techniques to demonstrate attention to what the speaker has said, to encourage the speaker to continue speaking, and to ensure understanding.

- Share your own experiences, including situations in which you were and were not successful.
- Give constructive feedback to reassure the participant that his or her remarks are acceptable and appropriate and to encourage additional participation.

Participant Feedback

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

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

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

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

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

After the Training Course

Follow-Up

Learning about men's reproductive health services and gender issues 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 men's reproductive health services into their existing services. After the course, the trainer might follow-up with administrators at the participants' facilities to determine whether those new ideas have been put into action. Ultimately, this training course hopes to introduce new and improved high-quality reproductive health services to male clients.

Some participants may encounter difficulties in initiating or expanding a men's reproductive health services program at their facility. (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 men's reproductive health services, while also reviewing the participants' problem-solving plans to see whether and how they have been implemented. Administrative issues and any problems the participants may encounter can also be discussed at this time.
- Inviting the participants to visit the trainer's facility or another facility that provides high-quality men's reproductive health services. This enables the participants to observe and obtain helpful advice from health care workers who have successfully implemented men's reproductive health services.
- Requesting a quarterly letter from the participants in which they describe the steps they have taken to initiate or expand men's reproductive health services. Based on the 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 reproductive health 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 men's reproductive health services.

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 Men's Reproductive Health Services Training Workshop

Purpose

This introduction provides:

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

Objectives of This Training Course

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

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

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

Training Time

1 hour, 45 minutes to 2 hours, depending on which training activities you use. You may use the sample agenda on the next page to help plan your activities and time for this chapter.

Sample Agenda

Training Content*	Training Method	Estimated Time	Recommended
Course Introduction	Trainer presentation	15 minutes	✓
Introduction of the Participants	Large-group activity: Get That Autograph	10 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 and Opinions Survey	Individual activity: Knowledge and Opinions Survey	30 minutes	✓
Values and Attitudes Assessment	Large-group activity: Values and Attitudes Assessment	30 minutes	✓

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

Course Introduction

1. Welcome the participants to the men's reproductive health services 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 attitudinal and organizational issues affecting the delivery of men's reproductive health services: the attitudes of health care facility staff toward providing men's reproductive health services and working with male clients, as well as the missions, goals, policies, and practices of their facilities regarding the delivery of men's reproductive health services. The training workshop is also intended to provide the participants with the opportunity to think about which men's reproductive health services are needed in their community.

3. Distribute the text to the participants (if not distributed in advance of the workshop). Explain that it is organized into chapters and contains information that can be used both during the training workshop and as a reference after the training workshop.
4. Distribute the training agenda to the participants. Read aloud the list of chapters that will be covered on each training day to give the participants a general idea of what topics will be covered. Ask the participants if they have any questions or recommendations for changes in the schedule.
5. Discuss workshop logistical details, such as the following: beginning and ending times for each day, meal breaks and other breaks, 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: Get That Autograph

Advance preparation:

1. Review Participant Handout I-1: Get That Autograph. You may use it as is or adapt it to the participants' needs and interests.
2. Make enough copies of the handout 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 under one category that applies to them on the other participants' handouts. Explain that each person may sign his or her name under only one category on each handout, but he or she can sign either the same category or a different category on other participants' handouts. The goal is for participants to have a different signature under every category on their handouts. Allow 10 minutes for completion.
3. After the participants have taken their seats, ask them to state their name, where they work, and what they do there, and to read one of the signed statements on their handout and the name of the person who signed it.

Participant Handout I-1: Get that Autograph

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

Find a person who...

1. Was born in the same month as you:

2. Has only male children:

3. Has only female children:

4. Has an adolescent son or daughter:

5. Is not married:

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

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

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

9. Has taught at a university or college:

10. Has traveled outside of the country:

◇ **Training Activity: Individual Introductions and Expectations**

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.
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 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**

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**

Advance preparation:

Make enough copies of Participant Handout I-2: 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-2: How to Get the Most from This Workshop

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

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

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

Knowledge and Opinions Survey

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

◆ Training Activity: Knowledge and Opinions Survey

Advance preparation:

Make enough copies of Participant Handout I-3: Knowledge and Opinions 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 handout to the participants, and instruct them to fill it out to the best of their ability. Explain to the participants that the survey is not a test, and assure them that all answers and information will be anonymous and confidential. Allow 30 minutes for completion.
3. Collect the tests, and inform the participants that the material on the survey will be covered in this training workshop. Inform them that the survey will be administered again at the end of the workshop to determine whether the group's knowledge or opinions changed in any way over the course of the workshop.
4. During a break or at the end of the day, grade the surveys using the answer key on page I-14. Then record the results on one copy of the Group Performance Matrix, which appears in Appendix B of this trainer's resource book. (The second copy will be used to record the results of the posttest.) *Note:* If you do not have access to a copy machine, use a pencil to record the results so that the matrix can be reused during subsequent men's reproductive health trainings.

() Training Options

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

Participant Handout I-3: Knowledge and Opinions Survey

Decide whether you agree (A) or disagree (D) with each of the following statements. Write your response (A or D) to each statement in the space provided.

1. ____ Men will not use reproductive or sexual health services if they are offered.
2. ____ A man is more of a “man” once he has fathered a child.
3. ____ Men and women can both be good parents.
4. ____ Family planning will always be a more important issue to a woman than a man because the woman is the one who can get pregnant.
5. ____ It is possible for a man to rape his wife.
6. ____ If any health care facility staff have fears or concerns about working with male clients, the men’s reproductive health program is sure to fail.
7. ____ In order for a men’s reproductive health program to be successful, the staff must have the same values about sex and sexuality as those of the male clients they serve.
8. ____ A service provider or counselor can effectively provide services to a male client even if his or her values differ from the client’s.
9. ____ Women’s voices and needs must be considered when men’s reproductive health services are incorporated into existing services.
10. ____ Men are curious about the male reproductive system.
11. ____ Men have many legitimate questions about sex that require honest and factual responses.
12. ____ In order for service providers to effectively communicate with male clients, they must be familiar with all the slang words men use to describe their sexual anatomy or behaviors.
13. ____ A service provider or counselor should never use slang words when working with a male client.
14. ____ When interacting with a male client, frontline staff (doormen, guards, receptionists) should never try to give him information about his condition.

15. _____ Masturbation is a healthy expression of one's sexuality.
16. _____ Clients who have sex with members of their own sex have the same rights to health care that clients who have sex only with members of the opposite sex have.
17. _____ Issues of sexual pleasure should not be discussed with clients. Rather, service providers should only offer accurate medical information about how to reduce risks and prevent disease.
18. _____ Condoms break easily and, therefore, are not effective in preventing pregnancy.
19. _____ Service providers should not bother discussing condoms with men because men will never use them.
20. _____ Clients with sexually transmitted infections (STIs) deserve their illness because of their behavior.
21. _____ Men should be blamed for passing on STIs to their partners.
22. _____ Most men would inform their sexual partner if they learned that they had an STI.
23. _____ The behavior of frontline staff (doormen, guards, receptionists) has little impact on the success or failure of a men's reproductive health program.
24. _____ Initiating men's reproductive health services can be a challenging task because men are often not interested in receiving such services.
25. _____ Men's reproductive health services are not an appropriate use of valuable resources and, therefore, should not be provided at reproductive health clinics.

Decide whether each of the following statements is true (T) or false (F). Write your response (T or F) for each statement in the space provided.

26. _____ In order for a facility to effectively incorporate men's reproductive health services, it must provide as many services to men on-site as possible.
27. _____ Incorporating men's reproductive health services into existing women's services will always cost a lot of money.

28. ____ Incorporating men's reproductive health services into existing services may lead to decreased rates of unintended pregnancies and STIs.
29. ____ While pre-ejaculatory fluid does not contain sperm, the fluid may transmit STIs to a partner.
30. ____ The scrotum helps control the temperature for sperm production by raising and lowering the testes toward and away from the body.
31. ____ There is clear evidence circumcision should be recommended for all boys as a preventive measure against infections.
32. ____ It is normal for a man to sometimes be unable to achieve or maintain an erection.
33. ____ Gender is one's status as being male or female based upon biological, anatomical, physiological, and genetic characteristics.
34. ____ Sexual orientation is determined by whom a person has sex with.
35. ____ The human sexual response cycle begins to function when an individual enters puberty.
36. ____ The brain is one of the most important sexual organs because it controls sexual responses and enables us to fantasize.
37. ____ Vasectomy is a safe method of contraception that does not change a man's ability to perform sexually.
38. ____ During a vasectomy, a man is given a general anesthetic that puts him to sleep.
39. ____ Aside from abstinence, the condom is the only contraceptive method that prevents both pregnancy and STIs.
40. ____ Fertility-awareness methods take time to learn and can be more effective when they are practiced in consultation with a service provider.
41. ____ Using oil-based lubricants like lotions and petroleum jelly (Vaseline) prevents condoms from breaking.
42. ____ STIs caused by viruses, including herpes and genital warts, can be cured with medications.

43. _____ Women are less likely than men to show signs and symptoms of most STIs.
44. _____ Anal sex is considered a high-risk activity for STI transmission.
45. _____ Oral sex does not carry any risk for STI transmission.
46. _____ The most important factor that men usually identify when seeking health care services is that the service provider be a man.
47. _____ It is important to consider men's socialization and gender roles when developing information, education, or communication (IEC) strategies.
48. _____ Men may be willing to pay for services they perceive as high quality.
49. _____ A facility can take many low- or no-cost steps to make its environment more hospitable to male clients.

The following are multiple-choice questions. Please circle the letter of the correct response. Only one option may be correct for each question.

50. Much evidence around the world suggests that constructively involving men in family planning and reproductive health improves the health of:
 - a. The man
 - b. The man's partner
 - c. The man's family
 - d. All of the above
51. Which of the following is *not* a men's reproductive health concern:
 - a. Prostate cancer
 - b. Sexual dysfunction
 - c. High blood pressure
 - d. Infertility
52. The length of time from ejaculation and orgasm until a man can have another erection is called:
 - a. Ejaculatory inevitability
 - b. Refractory period
 - c. Pre-ejaculatory period
 - d. Retrograde ejaculation

53. The following part(s) of the body may be considered an erogenous zone in women:
- a. The clitoris
 - b. The mouth
 - c. The ears
 - d. A and b only
 - e. A, b, and c
54. Withdrawal may not be a good method of contraception for men who:
- a. Have difficulty predicting when they ejaculate
 - b. Have repeated acts of sex within a short time
 - c. Are concerned about contracting an STI from their sexual partner
 - d. All of the above
55. Symptoms of an STI include:
- a. Discharge from the penis
 - b. Blisters or ulcers around the genitals
 - c. Blood in the urine
 - d. A and b only
 - e. All of the above
56. Ways to make men feel more comfortable at a health care facility include:
- a. Placing reading materials geared toward men in the waiting room
 - b. Designating a male rest room within the facility
 - c. Using a name for the facility/program that welcomes both men and women
 - d. All of the above

Answers to Knowledge and Opinions Survey

In the answer key below, the chapters from which the questions are drawn are provided to help you tailor to the survey to the participants' needs.

Attitudinal questions:

Introduction

1. Men will not use reproductive or sexual health services if they are offered. (D)
2. A man is more of a "man" once he has fathered a child. (D)
3. Men and women can both be good parents. (A)
4. Family planning will always be a more important issue to a woman than a man because the woman is the one who can get pregnant. (D)
5. It is possible for a man to rape his wife. (A)

Delivering Men's Reproductive Health Services

6. If any health care facility staff have fears or concerns about working with male clients, the men's reproductive health program is sure to fail. (D)
7. In order for a men's reproductive health program to be successful, the staff must have the same values about sex and sexuality as those of the male clients they serve. (D)
8. A service provider or counselor can effectively provide services to a male client even if his or her values differ from the client's. (A)
9. Women's voices and needs must be considered when men's reproductive health services are incorporated into existing services. (A)

Male Sexual and Reproductive Anatomy and Physiology

10. Men are curious about the male reproductive system. (A)
11. Men have many legitimate questions about sex that require honest and factual responses. (A)
12. In order for service providers to effectively communicate with male clients, they must be familiar with all the slang words men use to describe their sexual anatomy or behaviors. (D)
13. A service provider or counselor should never use slang words when working with a male client. (D)
14. When interacting with a male client, frontline staff (doormen, guards, receptionists) should never try to give him information about his condition. (D)

Sexuality

15. Masturbation is a healthy expression of one's sexuality. (A)
16. Clients who have sex with members of their own sex have the same rights to health care that clients who have sex only with members of the opposite sex have. (A)
17. Issues of sexual pleasure should not be discussed with clients. Rather, service providers should only offer accurate medical information about how to reduce risks and prevent disease. (D)

Contraception

18. Condoms break easily and, therefore, are not effective in preventing pregnancy. (D)
19. Service providers should not bother discussing condoms with men because men will never use them. (D)

Sexually Transmitted Infections (STIs)

20. Clients with sexually transmitted infections (STIs) deserve their illness because of their behavior. (D)
21. Men should be blamed for passing on STIs to their partners. (D)
22. Most men would inform their sexual partner if they learned that they had an STI. (A)

Management of Services

23. The behavior of frontline staff (doormen, guards, receptionists) has little impact on the success or failure of a men's reproductive health program. (D)
24. Initiating men's reproductive health services can be a challenging task because men are often not interested in receiving such services. (D)
25. Men's services are not an appropriate use of valuable resources and, therefore, should not be provided at reproductive health clinics. (D)

Knowledge questions:

Delivering Men's Reproductive Health Services

26. In order for a facility to effectively incorporate men's reproductive health services, it must provide as many services to men on-site as possible. (F)
27. Incorporating men's reproductive health services into existing women's services will always cost a lot of money. (F)
28. Incorporating men's reproductive health services into existing services may lead to decreased rates of unintended pregnancies and STIs. (T)

Male Sexual and Reproductive Anatomy and Physiology

29. While pre-ejaculatory fluid does not contain sperm, the fluid may transmit STIs to a partner. (T)
30. The scrotum helps control the temperature for sperm production by raising and lowering the testes toward and away from the body. (T)
31. There is clear evidence circumcision should be recommended for all boys as a preventive measure against infections. (F)
32. It is normal for a man to sometimes be unable to achieve or maintain an erection. (T)

Sexuality

33. Gender is one's status as being male or female based upon biological, anatomical, physiological, and genetic characteristics. (F)
34. Sexual orientation is determined by whom a person has sex with. (F)
35. The human sexual response cycle begins to function when an individual enters puberty. (F)

36. The brain is one of the most important sexual organs because it controls sexual responses and enables us to fantasize. (T)

Contraception

37. Vasectomy is a safe method of contraception that does not change a man's ability to perform sexually. (T)

38. During a vasectomy, a man is given a general anesthetic that puts him to sleep. (F)

39. Aside from abstinence, the condom is the only contraceptive method that prevents both pregnancy and STIs. (T)

40. Fertility-awareness methods take time to learn and can be more effective when they are practiced in consultation with a service provider. (T)

41. Using oil-based lubricants like lotions and petroleum jelly (Vaseline) prevents condoms from breaking. (F)

Sexually Transmitted Infections (STIs)

42. STIs caused by viruses, including herpes and genital warts, can be cured with medications. (F)

43. Women are less likely than men to show signs and symptoms of most STIs. (T)

44. Anal sex is considered a high-risk activity for STI transmission. (T)

45. Oral sex does not carry any risk for STI transmission. (F)

Management of Services

46. The most important factor that men usually identify when seeking health care services is that the service provider be a man. (F)

47. It is important to consider men's socialization and gender roles when developing information, education, or communication (IEC) strategies. (T)

48. Men may be willing to pay for services they perceive as high quality. (T)

49. A facility can take many low- or no-cost steps to make its environment more hospitable to male clients. (T)

Multiple-choice questions:

Delivering Men's Reproductive Health Services

50. Much evidence around the world suggests that constructively involving men in family planning and reproductive health improves the health of:

- a. The man
- b. The man's partner
- c. The man's family
- d. All of the above (CORRECT)

51. Which of the following is *not* a men's reproductive health concern:
- Prostate cancer
 - Sexual dysfunction
 - High blood pressure (CORRECT)
 - Infertility

Male Sexual and Reproductive Anatomy and Physiology

52. The length of time from ejaculation and orgasm until a man can have another erection is called:
- Ejaculatory inevitability
 - Refractory period (CORRECT)
 - Pre-ejaculatory period
 - Retrograde ejaculation

Sexuality

53. The following part(s) of the body may be considered an erogenous zone in women:
- The clitoris
 - The mouth
 - The ears
 - A and b only
 - A, b, and c (CORRECT)

Contraception

54. Withdrawal may not be a good method of contraception for men who:
- Have difficulty predicting when they ejaculate
 - Have repeated acts of sex within a short time
 - Are concerned about contracting an STI from their sexual partner
 - All of the above (CORRECT)

Sexually Transmitted Infections (STIs)

55. Symptoms of an STI include:
- Discharge from the penis
 - Blisters or ulcers around the genitals
 - Blood in the urine
 - A and b only (CORRECT)
 - All of the above

Management of Services

56. Ways to make men feel more comfortable at a health care facility include:
- Placing reading materials geared toward men in the waiting room
 - Designating a male rest room within the facility
 - Using a name for the facility/program that welcomes both men and women
 - All of the above (CORRECT)

Values and Attitudes Assessment

◆ Training Activity: Values and Attitudes Assessment

Advance preparation:

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

Instructions:

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

Statements

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

? Discussion Questions

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

⇒ Training Tip

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

NOTES FOR

1 Delivering Men's Reproductive Health Services

These notes refer to the content provided on pages 1.1–1.13 of the text.

Chapter Purpose and Objectives

This chapter provides:

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

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

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

Training Time

2 hours, 30 minutes to 3 hours, 45 minutes, depending on which training activities you use. You may use the sample agenda on the next page to help plan your activities and time for this chapter.

Sample Agenda

Training Content	Training Method	Estimated Time	Recommended
Introduction (<i>no corresponding content in the text</i>)	Trainer presentation	5 minutes	✓
Importance of Involving Men in Reproductive Health (<i>pages 1.1–1.3 of the text</i>)	Trainer presentation	15 minutes	Recommend using one of these training methods
	Large-group activity: Video Viewing	15 minutes	
The Range of Men's Reproductive Health Services (<i>pages 1.4–1.7 of the text</i>)	Large-group activity: Men's Reproductive Health Model Graffiti Wall	30 minutes	✓
Advantages of and Challenges to Providing Men's Reproductive Health Services (<i>pages 1.8–1.11 of the text</i>)	Large-group activity: Advantages of and Challenges to Providing Men's Reproductive Health Services	1 hour	Recommend using one of these training methods
	Small-group activity: Visualizing the Success of Men's Reproductive Health Services	1 hour	
Addressing Staff Concerns about Working with Male Clients (<i>pages 1.11–1.13 of the text</i>)	Individual/large-group activity: Addressing Staff Concerns about Working with Male Clients	30 minutes	✓
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).
- Find out which men's reproductive health services are offered in the participants' locale.
- Read the article "New Perspectives on Men's Participation." [This article will be provided in the final version of the text.]
- Create transparencies or flipcharts, as needed.

Introduction

Introduce this chapter by reading aloud the purpose and objectives, which appear on page 1-1 of this trainer's resource book.

Importance of Involving Men in Reproductive Health

(pages 1.1–1.3 of the text)

⇒ Training Tips for This Session

During this session, highlight the following content:

- While women have traditionally been the focus of reproductive health services, providing such services to men as well can be beneficial to both men and women.
- The HIV infection/AIDS pandemic has highlighted the need for men's involvement in reducing the risk for transmitting sexually transmitted infections (STIs).
- Men's reproductive health services can be provided without costing a lot of additional money or requiring other resources and without jeopardizing services for women.

◇ Training Activity: Video Viewing

Advance preparation:

1. Obtain a copy of *Reaching Out to Men As Partners in Reproductive Health*, a video produced by AVSC International. (Copies are available free of charge to institutions in the developing world and for a fee of \$90 to institutions elsewhere. For more information, please contact AVSC International.)
2. Arrange to have a television/monitor and videocassette recorder available at the time of the viewing.

Instructions:

Show *Reaching Out to Men As Partners in Reproductive Health*, a 13-minute video that provides helpful background information on the importance of men's constructive involvement in reproductive health and family planning. The video also shares examples of programs in various parts of the world that have provided men with reproductive health services. Developed for a global audience, it is appropriate for any group of participants.

The Range of Men's Reproductive Health Services

(pages 1.4–1.7 of the text)

⇒ Training Tips for This Session

- When introducing the men's reproductive health model, emphasize that:
 - The model represents an ideal, illustrating all the possible services that a program or facility could offer men; the model is not a prescription of services that all facilities or any one facility must provide. With some rare exceptions, it is unlikely that a program would be able to offer all of the services described in the model.
 - Each facility will need to select and tailor the most appropriate services for its population and circumstances.
 - The model is split into three sections: (1) screening, (2) clinical diagnosis and treatment, and (3) information, education, and communication (IEC).
- Try to get as many of the participants as possible to join in discussions on this topic, not just administrators or managers. Frontline staff may have different information or perceptions about the services offered.
- When covering Part 1 of the model, Screening, point out that screening should be performed only if treatment or referral is available. Resources should not be spent on screening if follow-up care cannot be provided.
- *Note:* The men's reproductive health model and the services provided at the participants' facilities will be reviewed in Chapter 6: Management of Services. Be sure to keep the flipcharts generated during this session for use then.

◆ Training Activity: Men's Reproductive Health Model Graffiti Wall

Advance preparation:

Write the question "What are men's reproductive health services?" at the top of four pieces of flipchart paper, holding the papers horizontally.

Instructions:

1. Tape the flipcharts together so that they form one long stretch of paper and display them on a wall.
2. Distribute markers to the participants, and ask them to write whatever responses come to mind on the "graffiti wall." Encourage them to write as much as they wish and to include services that are not provided at their facilities. Allow 10 minutes for completion.
3. Refer the participants to the Men's Reproductive Health Services Model, which appears on pages 1.5–1.7 of the text, and explain why it was developed. Compare the participants' written responses with the services listed in the model.
4. Facilitate a discussion by asking the questions on the next page.

? Discussion Questions

- Which men's reproductive health services listed in the model, if any, are offered at your facility, either on-site or through outreach activities? (Supplement the discussion with information you collected during your advance preparation.)
- Which services does your facility provide that you had not considered to be men's reproductive health services?
- What ideas do you have about new men's reproductive health services that might be added to those already provided at your facility?
- What services listed in the model seem to be particularly needed or of high priority in your community? Which seem to be of particularly low priority? Why?
- How would you facilitate access to men's reproductive health services needed in your community that your facility does not provide?

Advantages of and Challenges to Providing Men's Reproductive Health Services

(pages 1.8–1.11 of the text)

⇒ Training Tips for This Session

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

◇ Training Activity: Advantages of and Challenges to Providing Men's Reproductive Health Services

Advance preparation:

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

Instructions:

1. Starting with male clients, ask the participants to call out the potential advantages and disadvantages of providing men's reproductive health services from the perspective of each group. Allow 20 minutes for completion.
2. Divide the participants into small groups and give each group one of the flipcharts. Ask the groups to pick one of the challenges listed on their flipchart and consider how they would address it; advise them to be prepared to report their strategy to the other groups. Allow 10 minutes for the small-group work and 10 minutes for reporting back to the large group.
3. Close the activity by discussing the questions below.

❓ Discussion Questions

Questions regarding strategies for addressing challenges

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

Questions regarding support from each group

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

⇒ Training Tips

- If the participants have difficulty devising strategies, provide some of the suggestions listed on page 1.11 of the text. However, the objective of this activity is to have the participants provide most of the ideas and suggestions themselves.
- This activity may arouse strong feelings in the participants. Therefore, plan to take a short break before resuming training after the activity.

◇ Training Activity: Visualizing the Success of Men's Reproductive Health Services

Advance preparation:

Make enough copies of Participant Handout 1-1: Visualizing the Success of Men's Reproductive Health Services to distribute to all the participants.

Instructions:

1. Instruct the participants that you will be leading them in a visualization activity that will require them to consider and dream about what their facility's men's reproductive health program might be like after they have received training and done all they can to establish the best services possible.
2. Distribute the handout to the participants. Divide the participants into four small groups. If the participants are from more than one facility, make sure participants from the same facility are in the same group.
3. Read aloud the passage in the handout, and refer the participants to the questions following the passage. This will help them envision what their men's reproductive health program will look like in the future.
4. Ask each group to either write a newsletter article about their facility's future program or take notes about their responses to the questions, which you will ask them to share with the group later. Read aloud the sample agency newsletter on the participant handout as an example. Allow each group 20 minutes to develop its newsletter article or notes. Provide flipchart paper, if needed.
5. Allow each group five minutes to read its article or summarize its notes.

6. After all the groups have presented, ask the members of each one to spend 10 minutes discussing a challenge or barrier they had to address along the way to success. Refer the participants to the questions below, which are also listed on the participant handout.

? Discussion Questions

- What were some of the barriers or challenges that might have prevented your facility from reaching these successes?
- How might these barriers be broken down? What steps could be taken to implement a successful men's reproductive health program?

⇒ Training Tips

- Before concluding the activity, refer the participants to the challenges or concerns and steps to breaking down the barriers shown on page 1.8–1.11 of the text.
- Each group may want to generate a flipchart with barriers and challenges and how to address them. This flipchart may be useful during Chapter 6: Management of Services.

Participant Handout 1-1: Visualizing the Success of Men's Reproductive Health Services

Imagine that it is two years from now. You have received comprehensive training on initiating and enhancing a men's reproductive health program, and the program is a great success. Now a reporter wants to write an article about the program for your facility's newsletter—specifically, about the positive changes that have contributed to the success of the men's reproductive health program.

The reporter will be visiting your facility tomorrow to interview you for the article. When visualizing what your facility's men's reproductive health program might be like, consider the questions below. (*Note:* The questions are only a guide; you are not required to answer all of them.) Then either write a newsletter article (see the sample on the next page) or take notes that relate to the following questions:

Since men's reproductive health services were initiated at your facility:

- What new services have been established?
- What family planning services are offered to men?
- How are men's needs for diagnosis and treatment of sexually transmitted infections (STIs) handled?
- Has the facility's client caseload increased? Are more men coming in by themselves, with their partners, or with other family members?
- Do new funds exist for men's services? Where did they come from?
- What do the staff members say about the program?
- What do clients or other community members say about the program?
- What success stories do you hear from clients, either male or female?
- What changes have taken place in the facility environment?
- What new responsibilities do staff members have? Have new staff members been hired? If so, what were they hired to do?
- What new brochures, posters, or other information, education, or communication (IEC) materials were developed?
- What new efforts to promote services—such as new outreach, education, or marketing programs--have occurred?
- What new partnerships has the facility formed in the community?

Now that you have visualized the future success of your facility's men's reproductive health program, consider the challenges that may have occurred along the way of the program achieving its level of success, as follows:

- What were some of the barriers or challenges that had to be overcome to achieve these successes?
- How were those barriers broken down? What steps were taken to implement a successful men's reproductive health program?

Sample Newsletter Article

Planned Parenthood of Mansfield County Serves Its 50th Spanish-Speaking Male Client

Since the inception of its new Hispanic Education Program in 1997, Planned Parenthood of Mansfield County (PPMC) has just provided contraceptive and STI/HIV infection prevention services to its 50th Spanish-speaking male client. The project has been made possible by generous funding from the State Department of Health.

"I feel really comfortable at Planned Parenthood," reports Jorge Rodriguez, the 50th client. "The staff are friendly, and even though I speak little English, they were able to talk to me in my own language, which made me feel even more welcome."

Planned Parenthood staff are very excited about this new program since many immigrants from Spanish-speaking countries have been moving into the community. "There is a big need to provide non-English-speaking people with reproductive health services," says Nancy Abernathy, Director of Training and Education. "It can be challenging for many clients to get the services they need in a safe, economical, and culturally sensitive environment. We have changed the way we deliver services by purchasing and producing more Spanish materials, putting up Spanish posters, and training our staff to the sensitivities of providing services to clients of Latin American descent. In fact, facilities that are serving Latinos are now calling us to find out about our services."

Success, awareness, and an increased client load was also attributed to a rigorous public relations and social marketing campaign launched in Mansfield County over the past year.

Addressing Staff Concerns about Working with Male Clients

(pages 1.11–1.13 of the text)

⇒ Training Tips for This Session

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

◇ Training Activity: Addressing Staff Concerns about Working with Male Clients

Instructions:

1. Introduce this activity by explaining to the participants that the idea of providing men’s services typically raises a number of concerns for staff and that it is normal to have such concerns.
2. Ask the participants to write on a piece a paper one or more responses to the following question: What are you most afraid of, personally, in your own job about:
 - Providing services to men?
 - The presence of male clients in your facility?
 - Interacting with male clients?
3. Allow the participants five to 10 minutes to write their responses. Collect the responses, and then give the participants a 10-minute break.
4. During the break, review and categorize the responses. Record them by similar themes on a piece of flipchart paper.

5. When the participants return from their break, ask them to review the responses.
6. Choose three or four common responses from the flipchart, and ask the participants to brainstorm possible strategies to address them.
7. Consult pages 1.12–1.13 of the text for some suggested strategies.
8. Facilitate a discussion by asking the questions below.
9. Direct the participants to the concerns and strategies listed on pages 1.12–1.13 of the text, and suggest that they write in any concerns or strategies raised during this activity that are not shown in the text.

? **Discussion Questions**

- Given these concerns, how might staff support each other in the goal of providing sensitive, professional, and respectful care to male clients?
- Why is the process of verbalizing concerns or fears about working with male clients an important component to be incorporated into the planning of a men’s reproductive health service program?

Closing

◆ Training Activity: Reflection

Advance preparation:

Make enough copies of Participant Handout 1-2: Delivering Men's Reproductive Health Services 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 for volunteers to share their responses to one or more of the statements.

NOTES FOR

2 Male Sexual and Reproductive Anatomy and Physiology

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

Chapter Purpose and Objectives

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

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

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

⇒ Training Tips for This Chapter

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

🕒 Training Time

2 hours, 10 minutes to 2 hours, 25 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	✓
Communicating with Clients about Sexual Anatomy and Behaviors (<i>page 2.1 of the text</i>)	Large-group activity: Brainstorming Sexual Terms	20 minutes	✓
Overview of the Male Reproductive System (<i>pages 2.2–2.5 of the text</i>)	Trainer presentation	45 minutes	✓
	Large-group activity: Penis Size	5 minutes	
Anatomy and Physiology Myths and Facts (<i>pages 2.5–2.7 of the text</i>)	Individual activity: Anatomy and Physiology Myths and Facts	30 minutes	✓
Common Client Concerns (<i>pages 2.7–2.9 of the text</i>)	Small-group activity: Common Questions Cards	30 minutes	✓
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).
- Find out whether male circumcision (after infancy) is practiced in the participants’ locale. If so, find out specific practices and local customs and values about the practice(s), and be prepared to discuss these topics.
- Create transparencies or flipcharts, as needed.

Introduction

Introduce this chapter by:

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

Communicating with Clients about Sexual Anatomy and Behaviors

(page 2.1 of the text)

⇒ Training Tips for This Session

- One of the challenges that health care workers may face when working with male clients is communicating about sexual anatomy and behaviors. Some staff may not be familiar with some of the common or slang terms that male clients may use when seeking services or information at a facility. A key to successfully working with male clients lies in being familiar and comfortable with terms that clients may use
- Acknowledge 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 clients have. It is also important to introduce and use common or simpler nonmedical terms when communicating with clients.
- If this material elicits laughter from the participants, you may want to bring it to their attention, mentioning how laughter can often help defuse a tense situation. Because men who visit health care facilities for sexual or reproductive health concerns are often anxious or embarrassed, humor may be appropriate in certain clinical situations to lighten the atmosphere and help the client relax. Remind the participants, however, that humor directed *at* the client or his situation will inevitably be counterproductive and that use of humor is not appropriate in every situation.

◇ Training Activity: Brainstorming Sexual Terms

Advance Preparation:

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

Instructions:

1. Post the flipcharts on the wall, and tell the participants that they are going to be engaging in a brainstorming exercise about anatomy and sexual behaviors.
2. Distribute markers to the participants, and ask them to write all of the common or slang terms they know for each term on the corresponding flipcharts. Allow five to 10 minutes for completion.
3. Review the responses with the participants, and clarify any meanings of the common or slang terms.
4. Facilitate a discussion using the questions on the next page.
5. Distribute the handout to the participants, and ask the participants to record the common or slang terms listed on the flipcharts on their handout. Tell them to keep the list to help them remember the terms.

? Discussion Questions

- Why do you think you were asked to perform this exercise?
- How was this exercise challenging for you?
- Have you ever heard clients use words like these before? If so, how did you handle it? If not, do you think it is likely that a client might use such words at some time during a visit to your facility?
- Do you ever want to use a word like one of these with a client? If so, under which circumstances? What terms would you use when talking to clients, since there are variations for some of them?
- Are you unfamiliar with any of the words on these lists? What other common or slang terms about other parts of anatomy or sexual practice do you feel are important to define?

⇒ Training Tip

The participants may initially be reluctant or too embarrassed to participate in this activity, especially if the group includes both men and women. The participants may also be embarrassed to acknowledge that they know or use the common or slang terms. To help get them started:

- Provide one or more local common or slang terms.
- Ask the participants which terms *other* people might use. For example, you might ask, “What term would an educated person use to describe that?” or “What term do men use to describe that when talking to other men?” or “What do kids call that?” or “What have you heard people in the facility use to describe that?”

() Training Options

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

- Divide the participants into four groups, give each group a flipchart with one of the terms, and ask the participants to complete the activity with the other members of their group. After they are done, ask one person to report back to the larger group.
 - Distribute the participant handout, and ask the participants to write the common or slang terms individually.
- In both cases, complete the activity by facilitating a discussion using the questions below.

Participant Handout 2-1: Brainstorming Sexual Terms

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

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

Overview of The Male Reproductive System

(pages 2.2–2.5 of the text)

⇒ Training Tips for This Session

During this session:

- Use transparencies or flipcharts of the diagrams of the external and internal male genitals, if possible, to help present the content.
- Acknowledge that the participants may have varying levels of knowledge of this content, and encourage those participants who have more expertise to share their knowledge with the rest of the participants. If desired, ask one or more of the service providers or a qualified health professional to present this content.

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

◇ Training Activity: Penis Size

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 their co-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).

Anatomy and Physiology Myths and Facts

(pages 2.5–2.7 of the text)

⇒ Training Tips for This Session

[Training tips will appear in the final version of this trainer’s resource book.]

◇ Training Activity: Anatomy and Physiology Myths and Facts

Advance preparation:

Make enough copies of Participant Handout 2-2: 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 read each statement to themselves, and write *M* (for *myth*) or *F* (for *fact*) next to each one, as appropriate. Tell the participants not to spend a lot of time on each statement; if they are unsure of the answer, they should guess and move on to the next one. Allow 10 minutes for completion.
3. Ask for volunteers to read aloud the statements and provide their responses and explanations for them. After each participant has responded, ask the other participants whether they agree with the response. Allow them to discuss their views.
4. Provide the correct answer, and clarify any responses by referring to the text.

() Training Options

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

Participant Handout 2-2: Anatomy and Physiology Myths and Facts

Review the statements below, and write the letter *M* (for *myth*) or *F* (for *fact*) 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 dream.
4. ____ A longer penis is more likely to satisfy a woman than a shorter one.
5. ____ Men are usually capable of holding back their ejaculations as long as they want.
6. ____ Even as men get older, they still can have erections.
7. ____ A man always knows whether his female partner has had an orgasm.
8. ____ Just like women, most men are capable of having multiple orgasms.
9. ____ Having sex too frequently can be harmful to a man.
10. ____ A man can still reproduce into older age.
11. ____ In men, ejaculation and orgasm are the same process.
12. ____ Once a man gets an erection, it is physically harmful to him if he does not ejaculate.
13. ____ A man cannot impregnate a woman while she is menstruating (has her period).
14. ____ You can tell how long a man's penis is by looking at the size of his hands, feet, or nose.
15. ____ The penis is a muscle.
16. ____ A man's penis grows larger with frequent use.

Common Client Concerns

(pages 2.7–2.9 of the text)

⇒ Training Tips for This Session

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

◆ Training Activity: Common Questions Cards

Advance preparation:

Select five or more of the questions on pages 2.8–2.9 of the text, and write them on index cards or small pieces of paper, one question per card.

Instructions:

1. Divide the participants into five groups, and give each group one or two of the cards.
2. Ask each group to imagine that a male client has either come to the facility's reception desk or called on the phone and asked a frontline staff member the question on the card. Next, ask each group to decide how that staff member might respond in a way that meets the client's needs. Allow each group five to 10 minutes to discuss how they would respond.
3. Ask for a volunteer from each group to read aloud the group's question and summarize the group's response. Encourage members of the other groups to suggest ways to address the question.
4. Facilitate a discussion by asking the questions below.
5. Remind the participants that frontline staff do not necessarily need to be experts or provide all the answers or explanations when interacting with clients. Many ways exist for frontline staff to address men's common concerns about anatomy and physiology in a respectful, helpful manner that can meet a client's needs.

❓ Discussion Questions

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

(C) Training Options

- If time permits, you may wish to allow each group to come up with some of its own questions that men might have about their anatomy and physiology. Pass out blank index cards to each group for writing down questions. You can collect the cards, shuffle them, and then pass them out to the small groups to work on.
- If time is limited, choose and read aloud a select number of questions and ask the participants as a large group how they would respond as a frontline staff member.

Closing

◇ Training Activity: Reflection

Advance preparation:

Make enough copies of Participant Handout 2-3: Anatomy and Physiology 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 for volunteers to share their responses to one or more of the statements.

NOTES FOR

3 Sexuality

These notes refer to the content provided on pages 3.1–3.15 of the text.

Chapter Purpose and Objectives

This chapter provides an introduction to sexuality, including sexual arousal, sexual behaviors, sexual orientation, and gender. The chapter's purpose is to increase the participants' comfort with and understanding of the more behavioral/practical aspects of sexuality so that they can better meet the needs of their male and female clients.

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

- List some reasons why sexuality is an essential part of reproductive health
- Describe ways in which health care workers' attitudes about sexuality and sexual orientation can affect service delivery
- Identify some milestones in human sexual and social development
- Describe the range of sexual behaviors and their implications for health
- Describe aspects of women's sexuality that are important for men to know about
- Describe how to respond professionally and respectfully to male clients on issues related to sexuality and sexual behavior

Note: Content on the physiological aspects of sexuality—including the male reproductive system, sexual response, and sexual dysfunction—is covered in Chapter 2: Male Sexual and Reproductive Anatomy and Physiology.

⇒ Training tips for this chapter appear on page 3-3.

Training Time

3 hours, 25 minutes to 5 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
Introduction (<i>no corresponding content in the text</i>)	Trainer presentation	5 minutes	✓
Defining Sexuality (<i>pages 3.1–3.3 of the text</i>)	Large-group activity: Defining Sexuality	45 minutes	✓
	Large-group activity: The Connection between Sexuality and Reproductive Health	10 minutes	✓
Gender Roles and Gender Identity (<i>pages 3.3–3.4 of the text</i>)	Small-group activity: Gender Roles: “I’m Glad I’m a ..., but if I Were a....”	40 minutes	✓
Sexual Orientation (<i>pages 3.4–3.5 of the text</i>)	Individual activity: Confidential Surveys on Same-Sex Sexual Activity	30 minutes	✓
Sexual and Social Development (<i>pages 3.6–3.7 of the text</i>)	Large-group activity: Sexual Development Time Line	45 minutes	
Sexual Arousal (<i>pages 3.8–3.9 of the text</i>)	Large-group activity: Body Maps	30 minutes	Recommend conducting one of these activities
	Small-group activity: Sensuality Brainstorm	45 minutes	
Common Sexual Behaviors (<i>pages 3.10–3.12 of the text</i>) and Health Considerations of Sexual Behaviors (<i>pages 3.12–3.13 of the text</i>)	Large-group activity: Values about Sexual Behaviors	45 minutes	✓
Sexuality Myths and Facts (<i>pages 3.13–3.15 of the text</i>)	Individual activity: Sexuality Myths and Facts	30 minutes	
Closing (<i>no corresponding content in the text</i>)	Individual activity: Reflection	10 minutes	

⇒ Training Tips for This Chapter

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

Advance Preparation

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

Introduction

Introduce this chapter by:

- Reading aloud the purpose and objectives, which appear on page 3-1 of this trainer's resource book.
- Explaining that while all of the participants may not use this information directly in their work, everyone who has direct client contact in a facility that offers men's reproductive health services, as well as those who supervise those who do, should have a basic understanding of sexuality, sexual behaviors, and sexual orientation. The reason all the staff of a facility are participating in this chapter is because the entire staff's increased knowledge of and comfort with sexuality can contribute to making a men's reproductive health program successful.

Defining Sexuality

(pages 3.1–3.3 of the text)

⇒ Training Tips for This Session

[Training tips will appear in the final version of this trainer’s resource book.]

◇ Training Activity: Defining Sexuality

Instructions:

1. Explain that a common understanding of key terms is critical for understanding the relation of sexuality to reproductive health and for clarity in communicating with colleagues.
2. Write “Sexuality” and “Sex” in separate columns on a piece of flipchart paper.
3. Ask the participants what the term *sexuality* means to them. Allow a few participants to share their thoughts; record their responses in the “Sexuality” column on the flipchart. Then read aloud the definition provided on page 3.1 of the text, and ask the participants for any comments on the definition.
4. Ask the participants what the term *sex* means to them. Allow a few participants to share their thoughts; record their responses in the “Sex” column on the flipchart. Then read aloud the definitions of *sex* and *sexual intercourse* provided on page 3.1 of the text. Ask the participants for any comments on the definitions.
5. Explain that while many people often associate the term *sexuality* with the terms *sex* or *sexual intercourse*, it encompasses much more than that. Refer to the explanation in the text.
6. Ask the participants to look at the section “Different Aspects of Sexuality,” which begins on page 3.1 of the text. Explain each aspect of sexuality, and then facilitate a discussion by asking the questions below.

? Discussion Questions

- **Gender roles**
 - When do we begin learning what it means to be a boy or a girl? What messages do we receive about gender, and where do they come from?
 - What can be bad about gender roles? How can they limit people?
- **Sensuality**
 - What five senses do humans have?
 - What are some examples of individuals enjoying these senses? (This is an aspect of a person’s sexuality.)

- **Body image**
 - How does the way we look relate to how we feel about ourselves? (For example, how does a person feel when he or she gets dressed up for a special occasion?)
 - What messages does society send about how an individual should look? In what ways can these messages be harmful?

- **Relationships**
 - What are some different types of relationships? (friends, family, lovers, close, casual)
 - What is intimacy? (sharing special thoughts, feelings, etc.)
 - What is sexual intimacy?
 - Can two people be intimate without being sexual?
 - Can two people be sexually intimate without being physical?

- **Love/affection**
 - What is love? What is affection? Are they the same?

- **Sexual health**
 - What do you think are the most important sexual health issues in your country/community today?

- **Using sexuality to control others**
 - How can sexual messages in the media be unhealthy?
 - What factors do you believe contribute to the incidence of rape and sexual assault?

Adapted from *Men As Partners: A Program for Supplementing the Training of Life Skills Educators. Guide for MAP Master Trainers and Educators*. AVSC International and PPASA (Planned Parenthood Association of South Africa), 1999, pp. 45-47.

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

Instructions:

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

Gender Roles and Gender Identity

(pages 3.3–3.4 of the text)

⇒ Training Tips for This Session

[Training tips will appear in the final version of this trainer’s resource book.]

◇ Training Activity: Gender Roles: “I’m Glad I’m a ..., but if I Were a....”

Instructions:

1. Separate the participants into four same-sex groups. Tell them to pick one person to serve as the recorder for the group. Give each group a piece of flipchart paper and a marker, and ask the participants to come up with as many endings as they can for the following sentences:
 - Female group: “I’m glad I’m a woman because....”
 - Male group: “I’m glad I’m a man because....”Give a sample ending for each sentence to help the groups get started. Encourage the participants to complete the sentences with responses that illustrate positive aspects of their own gender rather than responses that illustrate not having to experience something the other gender experiences. For example, instead of the male participants making such statements as “I’m glad I’m a man because I don’t have a period,” they should concentrate on such statements as “I’m glad I’m a man because I’m strong.” Ask the groups to record their sentences on the flipchart paper. Allow 15 minutes for completion.
2. Give the groups another piece of flipchart paper, and ask them to come up with as many endings to a second sentence:
 - Female group: “If I were a man, I could....”
 - Male group: “If I were a woman, I could....”Allow 15 minutes for completion.
3. Tape the sheets on the wall, and facilitate a discussion by asking the questions below.

? Discussion Questions

- Were any of the responses the same for both sexes?
- Was it harder for members of either group to think of reasons for being glad to be the gender that they are? If so, why do you think it is so?
- What was challenging about discussing the advantages of being the other sex?
- How does the first set of responses of one group compare to the second of the other group? (For example, is there an overlap of the items the female participants list as being glad about and what the male participants list as what they could do if they were female?)

- Are any of the responses stereotyped? Which ones? Why do these stereotypes exist? Are they fair?
- Which items are interchangeable—could be on the lists of either group?
- What did you learn from this activity?

⇒ **Training Tip**

This activity is most effective when both male and female participants are present to share their perspectives. However, to conduct the activity with a same-sex group, the participants would simply answer the two questions “I’m glad I am a man/woman, because...” and “If I were a woman/man, I could...” and discuss the two responses. Then the trainer could ask the participants to discuss their ideas about how the opposite sex would answer those questions. The important issue is that the participants acknowledge the enjoyable and difficult aspects of both genders.

Adapted from *Life Planning Education*, Center for Population Options, Washington, DC, 1985.

Sexual Orientation

(pages 3.4–3.5 of the text)

⇒ Training Tips for This Session

During this session:

- Acknowledge that sexual orientation is a difficult topic for many people to discuss, and provide the participants with the rationale for discussing the issue of sexual orientation during this training. Refer to the section “Sexual Orientation Is an Important Issue to Address,” which appears on page 3.4 of the text, to provide this information.
- Remind the participants that because certain sexual behaviors may have negative health consequences, their focus with clients must be on learning what behaviors the client is engaging in—not their client’s sexual orientation or identity—so that proper advice or treatment can be given.

The values and attitudes the participants have toward homosexuals and individuals who engage in same-sex sexual activity may affect how well they serve their clients. Because not all of these values will be positive, it is important for the participants to clarify their values so they can address them constructively. It is also important to address any negative or ambivalent attitudes about homosexuality and clients who engage in same-sex sexual activity that you encounter from the participants, though this can be difficult to facilitate. The following process may help you address difficult statements.

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

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

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

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

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

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

- *Homosexuality is not a character defect or a mental illness.* Scientific research has shown that people who have sex with members of their own sex can be just as

Training Tips *(continued)*

emotionally healthy as those who have sex exclusively with members of the opposite sex.

- *Sexual orientation is not something that a person can change at will.* No scientifically valid studies have indicated that people can change their sexual orientation by wanting to do so. However, an individual's sexual orientation may change over time.
- *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 parents are no more likely to become homosexual themselves than are children of heterosexual parents.*

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

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

◇ Training Activity: Confidential Surveys on Same-Sex Sexual Activity

Advance preparation:

Make enough copies of Participant Handout 3-1: Attitudes about Men Who Engage in Same-Sex Sexual Activity and/or Participant Handout 3-2: Attitudes about Providing Services to Men Who Engage in Same-Sex Sexual Activity to distribute to all the participants.

Instructions:

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

? Discussion Questions

- How did it feel to express your opinion about these statements?
- Were some statements easier or harder to express an opinion about? Why?

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

Participant Handout 3-1: Attitudes about Men Who Engage in Same-Sex Sexual Activity

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

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

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

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

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

Sexual and Social Development

(pages 3.6–3.7 of the text)

⇒ Training Tips for This Session

To set the stage for presenting information about sexual practices and to present issues of client communication in a cultural context, orient the participants to the cultural milestones in boys' and men's sexual and social development, and compare them with those of girls and women.

◇ Training Activity: Sexual Development Time Line

Advance preparation:

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

Instructions:

1. Tell the participants that they are going to participate in an activity to determine when certain aspects of sexual development begin in a person's life. The numbers 0 through 100 will account for the ages of an individual throughout his or her lifetime.

2. Pass out the cards with the milestones of sexual development to the participants, and ask the participants to place the cards on the time line at the ages at which they think the events occur. Encourage the participants to seek help from the other participants, if they desire.
3. Once all the cards are placed on the time line, ask the participants to discuss whether or not they agree with where each card was placed. After the participants have discussed each card, provide the correct answers by referring them to the section “Milestones in Male and Female Sexual and Social Development,” which appears on pages 3.6–3.7 of the text. Move the cards to the correct place on the time line, as needed.
4. Facilitate a discussion by asking the questions below.

? Discussion Questions

- When on the time line does most sexual development occur?
- Were you surprised about where any of the cards were placed? Which ones? Why?
- Which placements were very different for males and females? Which ones were similar?

⇒ Training Tip

Be sure to point out to the participants where the card “Experiencing sexuality in later life” was placed on the time line. If it was placed anywhere before the 100 mark, mention that individuals can remain sexually active to the end of their life, regardless of their age.

Sexual Arousal

(pages 3.8–3.9 of the text)

⇒ Training Tip for This Session

Encourage the participants to think broadly about what an individual may find sexually arousing. The goal of this section is to expand their focus from genital sources of arousal and provide examples of alternative and possible safer-sex behaviors.

◇ Training Activity: Body Maps

Advance preparation:

Draw two sketches of the male body and two sketches of the female body on pieces of flipchart paper, one sketch per page.

Instructions:

1. Display the sketches.
2. Ask for five male and five female participants to volunteer to identify the erogenous zones on the sketches. Divide the volunteers into same-sex groups and assign one sketch of the male body and one sketch of the female body to each group. Ask the groups to place Xs on the parts of the body that they consider to be erogenous zones. Label the flipcharts to indicate the sketches each group marked. Allow five minutes for completion.
3. Review the sketches with the large group, and facilitate a discussion by asking the questions below.

❓ Discussion Questions

- How do you feel about the areas identified as erogenous zones on these sketches? Are the sketches complete, or is anything missing?
- How do the men's depictions of erogenous zones compare with the women's depictions? Do either the male or female sketches seem to have more erogenous zones than the others?
- What do these sketches illustrate about how men and women may think about sexual arousal and behavior?
- How can communication about erogenous zones between partners potentially improve individuals' sex lives and sexual health?

◆ **Training Activity: Sensuality Brainstorm**

Advance preparation:

Make enough copies of Participant Handout 3-3: Sensuality to distribute to all the participants.

Instructions:

1. Divide the participants into five groups. Distribute the handout to the participants, and give one piece of flipchart paper to each group.
2. Assign one of the five senses to each group. Ask the groups to read the information pertaining to the sense they were assigned, work together to brainstorm responses to the questions, and write their responses on their piece of flipchart paper. Allow 10 minutes for completion.
3. Ask each group to report its responses to the larger group. Allow five minutes for completion.
4. After the groups have finished, facilitate a discussion by asking the questions below.

❓ Discussion Questions

- Which of the five senses do you *most* associate with sexuality? Why?
- Which of the five senses do you *least* associate with sexuality? Why?
- Do you feel that all of the senses are related to human sexuality? Why or why not?
- How might sexual fantasy improve or impair an individual's sexual health?
- How might broadening one's understanding of the wide range of sexual arousal lead to a healthier and more fulfilling sex life?

Participant Handout 3-3: Sensuality

Read the following information about sensuality and the sense to which your group was assigned. Then answer the questions or provide the information requested.

Sensuality is an aspect of sexuality that is related to our sense organs. Our senses can play an important role in our sexuality and sexual functioning. Touch, smell, sight, hearing, and taste are all senses that provide pleasure. This pleasure can affect an individual's capacity to become sexually aroused.

Touch

Our entire bodies are sensitive to touch and pressure.

1. Which areas of the body may people consider erotically sensitive to touch?
2. Generate a list of erotically sensitive areas of the body for men and for women. (Generate a separate list for men and women, if needed.)

Smell

Some species of animals emit chemical attractants, or pheromones, that attract sexual partners. Men and women may find some aromas, scents, or smells pleasurable and sexually arousing, too.

1. Generate a list of scents or smells that people may find pleasurable or sexually arousing.

Sight

Sight 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.

1. Generate a list of erotic stimuli or visual sights that may be arousing to men and to women. Generate a separate list for men and women, if needed.

Hearing

Some people report that certain types of music, poetry, or other kinds of sounds can raise their level of sexual arousal. Sometimes hearing certain phrases or the sound of someone's voice may be arousing.

1. Generate a list of sounds that may be arousing to men and to women. Generate a separate list for men and women, if needed.

Taste

Some people believe that certain foods may stimulate sexual arousal. For example, chocolate contains endorphins. These can create a sense of calm and good feeling for an individual, thus potentially making the person feel more relaxed for sexual activity.

1. What other foods or tastes may people find sexually arousing or put people "in the mood"?

Common Sexual Behaviors and Health Considerations of Sexual Behaviors

(pages 3.10–3.12 and 3.12–3.13 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

Advance preparation:

1. Print the following statements in large letters on large colored cards or pieces of paper, one statement per card: "OK for me," "OK for others," and "Not OK."
2. Print each of the following sexual behaviors on a large card or piece of paper, one behavior per card:
 - Kissing
 - Masturbation
 - 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. Gather pieces of tape or blue tack to stick each of the cards or pieces of paper on the wall.

Instructions:

1. Tape the three statement cards high on a wall in a horizontal row, leaving space between each one.
2. Distribute the sexual behavior cards to the participants, and ask the participants to write their personal responses—“OK for me,” “OK for others,” or “Not OK”—on the cards. Tell them *not* to write their names on the cards. Then ask them to place the cards face down in a pile.
3. Mix up the cards, and ask the participants to pick up a card and place it in the appropriate category (“OK for me,” “OK for others,” or “Not OK”) on the wall, according to what is written on it. Remind them to put the card in the category that is written on it even if they personally do not agree with it.
4. When all the participants have placed their cards on the wall, ask them to look at the categories in which the different cards were placed. Facilitate a discussion by asking the questions below.
5. Review the section “Safer Sex: Protecting against STIs,” which appears on page 3.12 of the text. Allow time for any questions or discussion.
6. Ask each group to consider the health consequences of the various sexual behaviors, making sure to focus the groups’ attention on the possibly harmful sexual behaviors presented on page 3.13 of the text.

[?] Discussion Questions

- Are you surprised by the categories in which some of the cards are placed?
- How common are some of these behaviors in your country?
- How would you feel if you were told that some of the behaviors are “right” or “wrong,” based on the category in which they are placed 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 clients might feel when service providers ask them about their sexual behaviors?

- How do you think service providers' values, attitudes, and biases about sexuality might affect their work?
- Which of these behaviors poses obvious consequences for a client's health? Why?

🕒 Training Option

If time is limited, read aloud the names of each sexual behavior provided on pages 3.10–3.11 of the text, and ask the participants to share the possible harmful health consequences of each one.

Sexuality Myths and Facts

(pages 3.13–3.15 of the text)

⇒ Training Tips for This Session

[Training tips will appear in the final version of this trainer’s resource book.]

◇ Training Activity: Sexuality Myths and Facts

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

⌚ Training Options

- Divide the participants into four small 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 have that participant and the large group 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 *M* (for *myth*) or *F* (for *fact*), as appropriate, in the space provided.

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

Closing

◆ Training Activity: Reflection

Advance preparation:

Make enough copies of Participant Handout 3-5: Sexuality 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 for volunteers to share their responses to one or more of the statements.

Participant Handout 3-5: Sexuality Closing Activity

Reflect on the ideas and information shared in this chapter by completing the following sentences:

1. This chapter has taught me....

2. I was surprised to find....

3. When it comes to my values, I....

4. I want to think more about....

NOTES FOR

4 Contraception

These notes refer to the content provided on pages 4.1–4.21 of the text.

Chapter Purpose and Objectives

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

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

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

⇒ Training Tips for This Chapter

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

🕒 Training Time

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

Sample Agenda

Training Content	Training Method	Estimated Time	Recommended
Introduction (<i>no corresponding content in the text</i>)	Trainer presentation	5 minutes	✓
Overview of Contraceptive Methods (<i>pages 4.1–4.3 of the text</i>)	Trainer presentation	15 minutes	✓
Condoms, Withdrawal, Vasectomy, and Fertility-Awareness Methods (<i>pages 4.4–4.5, 4.10–4.11, 4.12–4.13, and 4.13–4.14 of the text</i>)	Small-group activity: Discussion of Male Methods	50 minutes	✓
Condom Instructions (<i>pages 4.6–4.10 of the text</i>)	Large-group activity: Condom Steps	25 minutes	
	Small-group activity: Practice Putting on a Condom	25 minutes	
Female Methods (<i>pages 4.15–4.18 of the text</i>)	Trainer presentation	10 minutes	
Men's Role in Contraception (<i>pages 4.18–4.19 of the text</i>)	Large-group activity: Supporting and Hindering Contraceptive Use	20 minutes	✓
Contraception Myths and Facts (<i>pages 4.19–4.21 of the text</i>)	Individual activity: Contraception Myths and Facts	20 minutes	✓
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).
- Gather the following supplies:
 - Sample of contraceptive methods, if possible
 - Penis model (optional)
 - Enough condoms so that each participant can practice putting one on a penis model or substitute. If possible, obtain a range of different types of condoms (e.g., latex, polyurethane, lambskin, lubricated, unlubricated, etc.).
- Create transparencies and flipcharts, as needed.

Introduction

Introduce this chapter by:

- Reading aloud the purpose and objectives, which appear on page 4-1 of this trainer's resource book.
- Explaining that while all of the participants may or may not use this information directly in their work, everyone in the facility should be able to give clients accurate information about the availability of male contraceptive methods, their proper use, and their typical effectiveness.

Overview of Contraceptive Methods

(pages 4.1–4.3 of the text)

⇒ Training Tips for This Session

During this session:

- Review the definition of *contraception* that appears on page 4.1 of the text. For most of the participants, this information will be review, so be brief. Then distinguish between temporary and permanent methods and between male and female methods.
- Briefly describe the five events that must occur for pregnancy to occur, using Figure 4-1 to illustrate how different contraceptive methods disrupt one or more of these events. [*Note:* This figure will be provided in the final version of the text.]
- Mention that to protect against sexually transmitted infections (STIs), clients often will find it helpful to use condoms in addition to another contraceptive method.

Condoms, Withdrawal, Vasectomy, and Fertility-Awareness Methods

(pages 4.4–4.5, 4.10–4.11, 4.12–4.13, and 4.13–4.14 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 4.6–4.10) directly follows the section "Condoms" (pages 4.4–4.5). 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 4-1 and 4-2 when discussing how condoms work and their features. [*Note:* Figure 4-1 will be provided in the final version of the text.]
- Tell the participants that they will be discussing and practicing the correct use of condoms after all four male methods have been described.

Withdrawal

- Use Figure 4-1 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 4-1 and 4-3 to describe how vasectomy works.
- Describe the differences between incisional and no-scalpel vasectomy.
- Remind the participants that vasectomy does not affect sexual functioning.

continues

Training Tips *(continued)*

Fertility-awareness methods

- Use Figure 4-1 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; they should not try to use this method on their own.

◇ Training Activity: Discussion of Male Methods

Instructions:

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

Condom Instructions

(pages 4.6–4.10 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 properly.
- Describe the additional information that clients need to know about the effective use of condoms. Emphasize what to do if a condom breaks or slips during sex.
- Highlight the fact that because breakage due to degradation is a common reason for condom failure, clients need to pay particular attention to lubricants that are safe and unsafe to use with condoms. Refer to the chart on page 4.10 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

Advance preparation:

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

- Talk about condom use
- Buy/get latex or polyurethane condoms
- Store the condoms in a cool, dry place
- Check the condom’s expiration date
- The male partner has an erection
- Establish consent and readiness for sex
- Open the condom package
- Make sure the condom is facing the correct direction over the penis
- Leave room at the tip of the condom
- Roll the condom onto the base of the penis
- Pinch the tip of the condom
- Have protected sex
- The male partner ejaculates
- Hold the condom at the base of the penis
- Remove the penis from the partner
- Take the condom off
- Throw the condom away

Instructions:

1. Distribute the cards to the participants at random.
2. Ask the participants to hold up their cards so that others can see them. Have the participants arrange themselves in the order that the steps should be in. If a participant does not have a card, he or she can help the others arrange themselves in the correct order. (If the group has fewer than 18 participants, ask the participants to place the cards on the floor in the order of first step to last.)
3. Facilitate a discussion by asking 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

Instructions:

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

? Discussion Questions

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

() Training Options

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

Female Methods

(pages 4.15–4.18 of the text)

⇒ Training Tips for This Session

During this session:

- Review each of the methods listed in the chart on pages 4.15–4.17 of the text, focusing on those methods used in the participants' locale.
- Explain to the participants that this information is provided as reference so that they will be aware of and can inform clients of the various female methods available in their area.
- Emphasize the importance of emergency contraception, explaining that many service providers and clients are not aware of this method, and that all clients who receive information about contraception should be told how to use it properly.

Men's Role in Contraception

(pages 4.18–4.19 of the text)

⇒ Training Tips for This Session

[Training tips will appear in the final version of this trainer's resource book.]

◇ Training Activity: Supporting and Hindering Contraceptive Use

Advance preparation:

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

Instructions:

1. Divide the participants into two groups. Tell the members of group 1 that they will be discussing ways that a man can *support* his partner’s use of a female method. Tell the members of group 2 that they will be discussing ways that a man can *hinder* his partner’s use of a female method.
2. Using a fishbowl process, ask the members of group 1 to sit in the middle of the room and discuss their topic loudly enough for the members of group 2 to hear it. Ask the members of group 2 to sit in a circle around group 1 and listen but not participate in the discussion. Allow 10 minutes for group 1 to discuss the topic. Then write their responses on the flipchart labeled “Ways to Support Partner’s Contraceptive Use.”
3. Next, ask the members of group 2 to sit in the middle of the room and discuss their topic, with the members of group 1 sitting around them and listening but not participating. Allow 10 minutes for group 2 to discuss the topic. Then write their responses on the flipchart labeled “Ways to Hinder Partner’s Contraceptive Use.”
4. Bring the groups back together, and facilitate a discussion by asking the questions below.
5. Refer to pages 4.18–4.19 of the text, and mention any points that the groups did not discuss.

❓ Discussion Questions

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

⇒ Training Tip

Make sure 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.

Contraception Myths and Facts

(pages 4.19–4.21 of the text)

⇒ Training Tips for This Session

[Training tips will appear in the final version of this trainer’s resource book.]

◇ Training Activity: Contraception Myths and Facts

Advance preparation:

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

Instructions:

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

Ⓢ Training Options

- Divide the participants into four small 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 have that participant and the large group respond.
- If time is limited, choose and read aloud select statements, and ask the participants to respond to them.

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

Closing

◆ Training Activity: Reflection

Advance preparation:

Make enough copies of Participant Handout 4-2: Contraception 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 for volunteers to share their responses to one or more of the statements.

Participant Handout 4-2: Contraception Closing Activity

Reflect on the ideas and information shared in this chapter by completing the following sentences:

1. This chapter has taught me....

2. I was surprised to find....

3. When it comes to my values, I....

4. I want to think more about....

NOTES FOR

5 Sexually Transmitted Infections (STIs)

These notes refer to the content provided on pages 5.1–5.11 of the text.

Chapter Purpose and Objectives

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

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

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

Note: This chapter builds on the content covered in Chapter 3: Sexuality.

Training Time

2 hours, 30 minutes to 3 hours, 40 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	✓
Overview (<i>page 5.1 of the text</i>)	Large-group activity: STI Handshake	20 minutes	✓
Common STIs (<i>pages 5.2–5.4 of the text</i>)	Trainer presentation	30 minutes	Recommend conducting one of these activities
	Small-group activity: Matching Game	30 minutes	
Gender and STIs (<i>pages 5.4–5.5 of the text</i>)	Large-group activity: Discussion Topics	45 minutes	✓
Risk Factors for Contracting STIs (<i>pages 5.6–5.7 of the text</i>) and Reducing Risk (<i>pages 5.7–5.9 of the text</i>)	Large-group activity: Levels of Risk	50 minutes	✓
STI Myths and Facts (<i>pages 5.9–5.11 of the text</i>)	Individual activity: STI Myths and Facts	30 minutes	
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).
- Determine which STIs are most common in the participants’ locale. (The Ministry of Health, reproductive health care providers, and STI clinics may all be good sources of information.)
- Identify the resources in the community available for diagnosing, treating, and providing education about STIs, such as health care facilities that provide prenatal and postnatal care for women, clinics specifically dedicated to treating STIs, and general health clinics.
- Create transparencies and flipcharts, as needed.

Introduction

Introduce this chapter by:

- Reading aloud the purpose and objectives, which appear on page 5-1 of this trainer's resource book.
- Explaining that while all of the participants may not use this information directly in their work, understanding about STIs will help them communicate better with clients and their co-workers. In addition, because everyone who works at a facility that provides men's reproductive health services is a potential representative of that facility in the community, the participants may have informal opportunities to learn about community members who should be referred for STI assessment and treatment. The participants may also have chances to correct misunderstandings about STIs, which can result in nontreatment and further spread of disease. The information may also apply to the participants' own lives and the lives of their family members.

Overview

(page 5.1 of the text)

⇒ Training Tips for This Session

During this session, highlight the following content:

- Because some STIs often produce no symptoms, they are often transmitted between sex partners without the knowledge of either partner.
- The impact of HIV infection/AIDS and other STIs is most serious in developing countries.

◇ Training Activity: STI Handshake

Advance preparation:

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

Instructions:

1. Distribute one card to each participant, and ask the participants to write their names in the top right-hand corner of the card. Tell them to hold onto the card throughout this activity.
2. Ask the participants to walk around the room, shake hands with five other participants, and then sign each other's cards. (*Note:* If the group contains fewer than 15 people, ask each participant to shake hands with only three other participants.) Once each participant has shaken hands with five people, his or her card should contain five signatures. When the participants complete the task, ask them to return to their seats.
3. Inform the group that this is an exercise to demonstrate how quickly STIs can spread within a community. Review the definition of STIs and how they are transmitted, which appears on page 5.1 of the text.
4. Ask the participants if STIs can be transmitted between two people who are uninfected. Acknowledge that STIs cannot be transmitted in that manner and that they can be transmitted only via an infected person. Explain that for the purposes of this exercise, one participant will represent a person who is infected with an STI. Remind the participants that this person does not really have an STI, but that he or she is being used to make a point during this activity.
5. Ask the participants to look at their card and see if there is an *X* on it. Ask the one person with the *X* to stand up. Explain that for the purposes of this exercise, this person will be considered to have an STI. Make the point that you cannot tell simply by looking at a person whether or not he or she has an STI. In fact, often those who have STIs do not themselves know that they are infected.

6. Ask the participants if STIs can be transmitted by shaking hands. Acknowledge that while STIs cannot be transmitted this way, for the purpose of this exercise shaking hands will represent having sex with another person. Therefore, the participants will be considered at risk for STIs from anyone with whom they shook hands.
7. Ask the participant with the *X* card to read aloud the names of the people who signed his or her card. Next, ask those people to stand up. Note that all of the people who are standing are now also 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 has had his or her name called more than once, remind the participants that this signifies a reinfection.
8. Now that everyone is standing, ask the participants to see if they have an *N* on their card. Inform the group that everyone with an *N* on his or her card said “no” to sex and, therefore, is not infected with the STI. Tell those individuals that they may be seated.
9. Ask the participants if they have a *C* on their card. Inform the group that those with a *C* on their card used a condom consistently and correctly every time they had sex and, therefore, were protected from STIs. Tell those individuals that they may be seated.
10. Inform the participants that everyone who is still standing did not decline sex and did not use a condom and are, therefore, infected. Remind the participants that this is just a game, and allow everyone to be seated.
11. Facilitate a discussion by asking the questions below.
12. Briefly cover the section “Importance of Learning about STIs,” which appears on page 5.1 of the text.

[?] Discussion Questions

- How many people were infected with an STI at the beginning of the activity?
- How many people were infected with an STI at the end of the activity?
- Did the person who was originally infected directly infect every person in the room?
- How does this activity help explain how STIs can spread so quickly in a community?
- Did anyone realize that he or she was infected before transmitting the STI to someone else? Do you think that in real life STIs are often transmitted from one person to another without someone realizing that he or she is infected? Why?

Common STIs

(pages 5.2–5.4 of the text)

⇒ Training Tips for This Session

During this session, explain that this content is being provided to help the participants become familiar with the signs and symptoms of STIs that clients are most likely to describe or present when coming to the facility’s reception area, calling on the phone for an appointment, or during an examination.

◇ Training Activity: Matching Game

Advance preparation:

1. Prepare three sets of differently colored small cards or pieces of paper as follows:
 - On 10 cards of one color, write the name of each common STI listed in the chart on pages 5.2–5.4 of the text, one STI per card.
 - On 10 cards of another color, write the signs and symptoms of each common STI listed in the chart on pages 5.2–5.4 of the text, one STI per card.
 - On 10 cards of a third color, write “curable” on six cards and “incurable” on four cards.
2. Gather tape and prepare some wall space on which to place the cards.

Instructions:

1. Place the index cards with the names of the STIs in a horizontal line on the wall.
2. Divide the participants into pairs (or groups of three, if you are training more than 20 participants).
3. Distribute the “signs and symptoms” and “curable/incurable” cards among the pairs. Tell the participants that the objective of the activity is to place the cards that they have in their hands on the wall under the corresponding STI. Explain that the cards of the first color indicate the signs and symptoms of the STI, and the cards of the second color represent 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 there is anything on the wall that they do not agree with. Allow them to move cards around, even if they are ones that they did not put up, and to explain their reason for moving the cards. When they are finished, 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 on pages 5.2–5.4 of the text.

Gender and STIs

(pages 5.4–5.5 of the text)

⇒ Training Tips for This Session

This content builds on the material in Chapter 3: Sexuality about the influence of gender roles in decision-making and behavior for both men and women. To help the participants make this transition, inform them that this session will cover how certain male gender roles produce risk-taking behavior in men, which puts their partners and children at risk for disease and death.

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

- No pressure will be put on any participants to share their personal views and experiences.
- All information that is shared during this session should be kept confidential.
- All participants should respect the rights of others to hold opinions that they may not agree with.
- Everyone should have the opportunity to speak if they desire.

◇ Training Activity: Discussion Topics

Instructions:

Facilitate a discussion by asking the participants the questions below. Consult the text to correct any misinformation on 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?
- Why 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 exercise, divide the participants into three small groups and give each group one of the three discussion topics. Allow each group 10 minutes to discuss the topic and write its responses on a flipchart. Afterward, ask one participant from each group to report the small group's responses to the large group.

Risk Factors for Contracting STIs and Reducing Risk

(pages 5.6–5.7 and 5.7–5.9 of the text)

⇒ Training Tips for This Session

During this session:

- Review the risk factors provided on page 5.6 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

Advance preparation:

1. Gather pieces of tape or blue tack to stick cards or pieces of paper on the wall.
2. In large letters, print each of the following titles on colored cards or pieces of paper, one title per card: “High risk,” “Medium risk,” “Low risk,” “Very low risk,” “No risk.”
3. In large letters, print each of the following sexual behaviors (or other behaviors that are applicable to your area or client population) on a separate card or piece of paper:
 - 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

Instructions:

1. Tape the title cards high on the wall, and tell the participants that they are now going to do an activity that illustrates the concept of the risk 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 pick a card and place it on the wall under the appropriate column (“high risk,” “medium risk,” “low risk,” “very low risk,” “or no risk”) with respect to the transmission of STIs.
3. Once the participants have placed all of the cards, 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 of the cards
 - Do not understand the placement of any of the cards
 - Had difficulty placing any of the 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

STI Myths and Facts

(pages 5.9–5.11 of the text)

⇒ Training Tips for This Session

[Training tips will appear in the final version of this trainer’s resource book.]

◇ Training Activity: STI Myths and Facts

Advance preparation:

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

Instructions:

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

Ⓞ Training Options

- Divide the participants into four small 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 have that participant and the large group respond.
- If time is limited, choose and read aloud select statements, and ask the participants to respond to them.

Participant Handout 5-1: 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 an STI if he withdraws before ejaculation.
2. _____ You can be cured of an STI by having sex with a girl who is a virgin.
3. _____ It is possible to get an STI from having oral sex.
4. _____ A monogamous person cannot contract an STI.
5. _____ If you have an STI once, you become immune and cannot get it again.
6. _____ You can become infected with more than one STI at a time.
7. _____ You cannot contract AIDS by living in the same house as someone with the disease.
8. _____ You can always tell if a person has an STI by his or her appearance.
9. _____ Condoms reduce the risk of contracting STIs, including HIV infection.
10. _____ A person infected with an STI has a higher risk of contracting HIV infection.
11. _____ STIs are a new medical problem.
12. _____ Alternative herbal treatments are effective in curing STIs.
13. _____ People usually know they have an STI within two to five days of being infected.
14. _____ Abstinence is the only 100% effective safeguard against the spread of STIs.
15. _____ It is possible to get some STIs from kissing.

Closing

◇ Training Activity: Reflection

Advance preparation:

Make enough copies of Participant Handout 5-2: STIs 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 for volunteers to share their responses to one or more of the statements.

Participant Handout 5-2: STIs Closing Activity

Reflect on the ideas and information shared in this chapter by completing the following sentences:

1. This chapter has taught me....

2. I was surprised to find....

3. When it comes to my values, I....

4. I want to think more about....

NOTES FOR

6 Management of Services

These notes refer to the content provided on pages 6.1–6.16 of the text.

Chapter Purpose and Objectives

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

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

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

⇒ Training Tips for This Chapter

The more closely the training can be linked to expected activities at the participants' own facilities, the easier it will be for them to apply what they learn to their own circumstances. Therefore, adapt the content of this chapter, as follows:

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

Training Time

3 hours, 50 minutes to 5 hours, 15 minutes, depending on which training activities you use. You may use the sample agenda below 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	✓
Management Issues (<i>pages 6.1–6.5 of the text</i>)	Small-group activity: Management Case Studies	45 minutes	✓
Cost Considerations (<i>pages 6.6–6.7 of the text</i>)	Large-group activity: Cost Continuum	45 minutes	✓
Creating a Male-Friendly Environment (<i>pages 6.8–6.9 of the text</i>)	Large-group activity: Facility Walk-Through	60 minutes	✓
	Large-group activity: Client Panel	45 minutes	
Role of Frontline Staff (<i>pages 6.9–6.16 of the text</i>)	Trainer presentation	30 minutes	✓
	Small-group activity: Role Plays for Frontline Staff	30 minutes	
Problem-Solving Plan (<i>no corresponding content in the text</i>)	Individual activity: Problem-Solving Plan	45 minutes	✓
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).
- Ask those participants whose facilities offer men's reproductive health services to bring to the workshop samples of any materials their facilities have developed relating to the services, such as printed materials about the services, facility schedules, procedure manuals, or data forms. If any of the participants' facilities offered men's reproductive health services in the past but have discontinued them, ask those participants to find out the circumstances surrounding the decision to discontinue the services.
- Arrange a time for the participants to walk through the reception/waiting and clinical areas of either their own facility (if training is conducted on-site) or a nearby facility (if training is conducted off-site), 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 join the group for about one hour for the facility walk-through, if possible. (These individuals can include staff members, advisory board members, or spouses or adult children of the participants.)
- Ask the managers and those involved in the decision-making process about men's reproductive health services to read the management appendixes before the session if possible.
- Create transparencies or flipcharts, as needed.

Introduction

Introduce this chapter by reading aloud the purpose and objectives, which appear on page 6.1 of this trainer's resource book.

Management Issues

(pages 6.1–6.5 of the text)

⇒ Training Tips for This Session

[Training tips will appear in the final version of this trainer's resource book.]

◇ Training Activity: Management Case Studies

Advance preparation:

1. Make enough copies of Participant Handout 6-1: Management Case Studies to distribute to all the participants.
2. Write questions about the case studies on flipcharts. Some possible questions include:
 - What were the various obstacles facing the facility?
 - Which of these issues did the facility address?
 - Was the facility successful in its efforts? If so, why?
 - What were the critical issues in the program's success or failure?
 - What strengths and weaknesses, if any, did the staff and management exhibit in dealing with the situation?
 - How do you think male clients and male staff would feel about the solution?
 - What alternative solutions may have been successful?
3. Write the headings "Obstacles," "Strengths and Critical Issues for Success," "Weaknesses and Critical Issues for Failure," and "Male Client and Staff Concerns" on flipcharts, one heading per flipchart.

Instructions:

1. Distribute the handout to the participants.
2. Divide the participants into small groups, and assign one case to each group. Tell each group to read the case study and then respond to the questions written on the flipcharts. Allow 20 minutes for completion.
3. Bring the groups together and ask for a volunteer from each group to summarize the case study and present the group's responses.
4. Allow for discussion. Record key points on the appropriate flipchart pages and help the participants identify what elements, across cases, appeared to contribute to the success and failure of the men's reproductive health programs.

⇒ Training Tip

Use homosexual men as the example population in Case Study 4 in any area in which a men's reproductive health program may attract a large number of homosexual men, such as large cities, tourist/resort areas, and places where no clinical services for homosexuals exist. If the chances of attracting

homosexual clients are thought to be remote, suggest that the participants substitute another group in the case study.

(c) Training Options

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

Participant Handout 6-1: Management Case Studies

Case Study 1: Sex of the Staff

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

Case Study 2: Staff Resistance to Men's Services

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

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

Case Study 3: Condom Variety

A private, multiclinic facility that provides family planning and STI services in diverse communities was facing a financial crisis. Services for low-income women were being subsidized by government funding, but men's services were not being subsidized, so many men were treated on a sliding-scale basis, paying whatever they could afford. The facility purchased one brand of latex condoms for all its clinics at low cost through a central purchasing program, and the clinics provided condoms for free to male and female clients. However, the clients complained that the condoms broke, had an unpleasant smell, and interfered with sex.

Case Study 4: Special Populations

Note: The following case study deals with a clinic gaining a reputation for serving primarily homosexual clients. However, the same situation might be applied to serving members of any number of groups--such as men with STIs, adolescents, very poor men, men of a certain ethnic group, or men from certain employers--who might be perceived as driving away other clients that the clinic might attract. If desired or more appropriate, you might consider other such groups instead of homosexuals when thinking about this case study.

A government-sponsored, urban family planning and STI clinic for women decided to offer services to men. To recruit men, the clinic staff advertised on the radio, contacted local health professionals, and displayed posters in the local community. Relatively few male clients came for services during the first year of the program. But during the second year, a number of homosexual men living in the area came for services, saying that they could not get medical care anywhere else. Some had even been referred by private service providers who did not want to examine or treat homosexuals. Although by the third year, the number of male clients had grown considerably, an increasing proportion of them were homosexuals. The facility was gaining a reputation as a "homosexual clinic."

Case Study 5: Outreach Strategies

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

Cost Considerations

(pages 6.6–6.7 of the text)

⇒ Training Tips for This Session

[Training tips will appear in the final version of this trainer’s resource book.]

◇ Training Activity: Cost Continuum

Advance preparation:

1. Write the terms “No-cost services,” “Low- cost services,” “Moderate- to high-cost services,” and “High-cost services” on cards or large pieces of paper, one term per card.
2. Write the name of each of the men’s reproductive health services or activities listed on pages 6.6–6.7 of the text on a separate card or large piece of paper.

Instructions:

1. Place the term cards along the top side of one wall from left to right in the order in which they are listed above and in the text.
2. Distribute two or three of the services cards to each participant. Ask the participants to judge the cost or resource expenditure for instituting that service or concept, and then place the card (using tape or blue tack) under the appropriate cost card.
3. Allow the participants to review the placement of the cards, commenting on the categories in which the cards have been placed, and allow them to move the cards to another category if they choose. Allow 10 to 15 minutes for completion.
4. Facilitate a discussion by asking the questions below.

❓ Discussion Questions

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

Creating a Male-Friendly Environment

(pages 6.8–6.9 of the text)

⇒ Training Tips for This Session

- Mention to the participants that even programs that currently serve men can benefit from looking at their facilities and procedures with “fresh” eyes.
- Highlight that the client’s perspective can easily be forgotten and needs to be a central consideration when selecting men’s reproductive health services and building a program. Emphasize the subtle messages the facility’s physical appearance sends.

◇ Training Activity: Facility Walk-Through

Advance preparation:

Make enough copies of Participant Handout 6-2: Facility 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 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 the:
 - Physical environment (colors, pictures, furniture)
 - Appearance of cleanliness, efficiency, and professionalism
 - Client-education materials and condoms on display, if any
 - Items that address the needs of men, women, or children specifically
 - Reading materials or items for clients to pass the time while waiting for an appointment
 - Sex of staff and clients who are visible in the facility
 - Any indicators of attitudes that might be considered hostile toward men or insensitive to their needs
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).
4. Allow 30 to 40 minutes for the walk-through. Afterward, ask the participants to discuss their observations, encouraging the 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 of the participants are female, try to arrange to have two to six men join them during the walk-through. (These individuals can include other staff members, advisory board members, or spouses or adult children of the participants.)

Ⓒ **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 of the participants in one large group, or you can break the participants into small groups of five to 10 people. If using small groups, vary their composition, if possible, by mixing men and women, individuals of various ages, and frontline and clinical staff.

Participant Handout 6-2: Facility Walk-Through Checklist

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

	Yes	No
Identity		
1. Does the name of the facility seem welcoming to men?		
2. As you approach the facility, is it obvious that it is a suitable place for a man to seek services?		
Services Provided		
3. Is there a sign or wall poster indicating that services are provided for men?		
4. Does the sign or poster list the hours, eligibility, free/low-cost options for services?		
5. Are brochures or handouts with information about services for men readily available?		
Reception/Waiting Area		
6. Are the colors and decor in the reception/waiting area comfortable for a man (as opposed to seeming more intended for women/children)?		
7. Are magazines, newspapers, or other items that appeal to men readily available?		
8. Are brochures, pamphlets, posters, or other client-education materials that deal with men's health issues readily available?		
9. Is the area clean, neat, and efficient-looking?		
10. Do you see any other male clients in the area?		
11. Do you see any male staff members?		
12. Is a men's rest room available?		
13. Is it clear where you would go to register for services?		
14. Do the staff appear to be polite and respectful toward men?		
15. If you just wanted to get some condoms and did not want an examination, is it clear where you would get them?		
16. Are appropriate water-based sexual lubricants displayed?		
17. Is illustrated literature or a diagram of how to use a condom readily available?		
Service Areas and Examination Rooms		
18. Are the colors and decor in the service areas comfortable for a man (as opposed to seeming more intended for women/children)?		

Facility Walk-Through Checklist, page 2

	Yes	No
19. Is client-education material dealing with men's health issues readily available?		
20. Are posters about male anatomy and male genital self-examination readily available?		
21. Do you think you could speak confidentially with a service provider or counselor here, without being seen or overheard?		

◆ **Training Activity: Client Panel**

Advance preparation:

1. Check with supervisors or administrators of the participants' facilities to see if it is possible to invite four or five former clients to share their experiences seeking reproductive health services at the facilities. (This has worked well in Ghana, for example, where a group of "satisfied clients" tour the community and tell potential clients and health professionals about their experiences with the health care system and how family planning and reproductive health services have improved their own and their family's health.) Such clients may include older men who have had vasectomies and can dispel myths about the procedure, as well as younger men who have learned to use condoms and make responsible sexual decisions. Sometimes the men volunteer their time and sometimes they are paid.
2. To prepare the former clients to discuss their experiences, ask them to think about the following questions:
 - Why did you go to the facility?
 - What did you want when you went there?
 - Why did you choose to go there instead of somewhere else?
 - What were some of the concerns you had before going to the facility?
 - What do you remember most about your experience at the facility? What aspects were especially good? Was there anything you did not like?
 - What staff did you interact with? How did it go?
 - If you were going to advise the facility staff about ways they could make their services even better, what would you suggest they do?
 - Would you tell a friend to go there? For which services? Why?

Instructions:

1. Introduce the panel, and ask each panel member to present his story.
2. Afterward, invite the participants to ask questions and respond to what they heard.

⇒ **Training Tip**

Ask the presenters to bring their partners, if they desire, so they can share their experiences as a couple. Be sure to ask the women how they feel about their partners receiving services.

Role of Frontline Staff

(pages 6.9–6.16 of the text)

⇒ Training Tips for This Session

- This content may be used either to provide frontline staff with tips about their role in providing men’s reproductive health services or to sensitize managers and service providers to the importance of frontline staff in making a men’s reproductive health program a success (or a failure).
- Appendix B of the text provides more comprehensive coverage of this content. It is intended for use by managers or in training frontline staff.

◇ Training Activity: Role Plays for Frontline Staff

Advance preparation:

1. Determine how many participants will be playing the roles of the “visitor/caller” and the “receptionist.” Keep in mind that the participants will be divided into groups of three, with one participant in each group playing each role.
2. Make enough copies of the information for each role on Participant Handout 6-3: Frontline Staff Role Plays to enable each player to have a copy of the information appropriate to his or her role. (*Note:* To ensure that the players do not know in advance how the other players will respond during the role play, cut the copies so that each player receives only the information for his or her role.)

Instructions:

1. Divide the participants into groups of three, and assign one role play to each group.
2. Ask one participant in each group to play the “visitor/caller” and one to play the “receptionist.” Give each player a piece of paper containing the appropriate information for his or her role.
3. Tell the rest of the participants in the group to observe the interaction by trying to understand the visitor/caller’s perspective and to identify which of the receptionist’s behaviors appear to be effective or ineffective in dealing with the visitor/caller. Allow two to five minutes for completion.
4. After the role play, ask the visitor/caller, receptionist, and observers to discuss what went well during the role play and what they felt could have gone better. If you observed the role play, comment on what you observed and suggest other techniques that may have been useful in dealing with the visitor/caller if needed.

Ⓒ) Training Options

- If time is limited:
 - Instruct the participants who are frontline staff to practice the role plays after the training with their colleagues, family members, or friends.
 - Demonstrate the role play by playing one of the roles yourself and asking a participant to play the other, or ask for two volunteers to perform the role play in front of the large group. After the role play, ask the participants who observed the role play to discuss what they observed, paying particular attention to identifying different effective ways of dealing with the situations portrayed.
- If time is available, ask the participants in each group to take turns playing the different roles so that each group plays out more than one interaction.

⇒ Training Tips

- Direct the participants to play their assigned roles as written, rather than trying to do the “right thing” in their particular situation.
- Role Play # 6: Angry Client may provoke strong feelings. The role play may need to be played through more than once so that the participants can try out various ways of dealing with angry confrontations. Nevertheless, the role play can be useful in helping managers understand the issues facing frontline staff and preparing them to back up their frontline staff when necessary.

Participant Handout 6-3: Frontline Staff Role Plays

Scenario 1: Reluctant Male Client

Visitor/Caller

- You think you have an STI because you have penile discharge, a burning pain when you urinate, and a genital sore.
- You want information and treatment, but you are embarrassed and reluctant to say what you want and generally act evasive.
- You demand to speak with a man.

Scenario 1: Reluctant Male Client

Receptionist

- You are a woman alone on duty.
- No one else is available to respond to the man.

Scenario 2: Angry Wife

Visitor/Caller

- You suspect that your husband has been having an affair.
- You think your husband has come to the clinic to be tested and treated for an STI.
- You are worried that your husband may have infected you or may do so in the future. Since he does not use condoms with you, you know that if he has an infection, you will have to convince him to use condoms or risk becoming infected yourself.
- You want information about his situation.

Scenario 2: Angry Wife

Receptionist

- You know that you cannot discuss a client's situation with anyone, even if it is her husband.

Scenario 3: Medical Emergency

Visitor/Caller

- You want to see a service provider as soon as possible.
- Your foreskin has been pulled up behind the head of your penis, and you cannot pull it back down over the head of your penis. The foreskin is now swollen and painful.

Scenario 3: Medical Emergency

Receptionist

- The next scheduled men's clinic is three days from now, in the evening.
- The obstetrics and gynecology clinic schedule is full today and tomorrow, and a female physician is on duty both days.

Scenario 4: What Does He Want?

Visitor/Caller

- You are a man in your 40s who recently has had difficulty maintaining an erection.
- As a result, you have been avoiding having sex with your wife.
- You want information and help, but you do not even know whether this is a problem with which you can be helped.
- You are embarrassed and reluctant to say what you want.

Scenario 4: What Does He Want?

Receptionist

- You have to stay at the reception desk.
- Other staff (service providers, counselors, and support staff) are available; you can call on them for help if you feel it is needed.

Scenario 5: Young Men

Visitor/Caller

- A group of three to six young men enter the reception area.
- You go together for mutual support and to see what the place is like--but as a group, you are noisy and comment freely and loudly on what you see around you.
- Some of you tease the staff or make inviting remarks to the female staff.
- Despite your behavior, you are interested in getting condoms and finding out about the available services.

Scenario 5: Young Men

Receptionist

- You want to keep the clinic moving along peacefully without disrupting the other clients in the reception/waiting area.
- Other staff are present in the facility, but they do not often come into the reception area, where you are.

Scenario 6: Angry Client

Visitor/Caller

- You came to the clinic three days ago to be examined for a possible STI and were told to return today for the test results. The results are not available.
- You are angry--angry about the possible STI, angry at the person who may have given it to you, and angry at the facility for not having the results available.
- You begin to scream at the receptionist.

Scenario 6: Angry Client

Receptionist

- You do not know what happened to the test results.
- No one is around to help you find the test results right now.

Scenario 7: Male Client Who Has Sex with Other Men

Visitor/Caller

- Because you performed oral sex on another man and have a sore throat, you tell the receptionist you would like to be checked for STIs and want a throat examination.
- You become annoyed when she tells you that you do not need a throat examination and does not ask you whether you have had sex with other men or want to be tested for HIV infection.
- You tell her you are a homosexual and deserve the same treatment as anyone else.

Scenario 7: Male Client Who Has Sex with Other Men

Receptionist

- The clinic's usual routine for STI testing is to swab the urethra for gonorrhea and chlamydia and check for skin lesions. Your clinic does not perform throat examinations, which are considered part of general medicine.
- You do not know much about AIDS, which has not spread to your small, rural community. You think the only people in your country who have AIDS are the prostitutes and homosexual tourists in the large city 80 km away.
- You are a conservative, religious person with traditional values. To your knowledge, you have never spoken with a homosexual before, and you wish to end the encounter as quickly as possible.

Problem-Solving Plan

(This section does not correspond with any content in the text.)

◆ **Training Activity: Problem-Solving Plan**

Advance preparation:

Make enough copies of Participant Handout 6-4: Problem-Solving Plan to distribute to all the participants.

Instructions:

1. Distribute the handout to the participants.
2. Explain to the participants the rationale for creating a problem-solving plan, ways to identify the three most important problems in their program, and elements to consider when creating the plan. (If desired, read aloud the content of the handout or ask the participants to read it to themselves.)
3. Ask the participants to identify and prioritize the three most important problems at their facility that need to be changed and to develop a problem-solving plan based on those problems. Allow 30 to 45 minutes for completion.
4. When the participants are finished, ask for volunteers to share their plans; allow for discussion.
5. Inform the participants that the problem-solving plan may be used during a follow-up visit to their facility to evaluate how successful they have been in implementing changes and solving problems. Instruct them to save their problem-solving plan for review at that time.

🕒 **Training Options**

- If some of the participants are from the same facility or same department, ask them to work together to select priority problems and/or prepare problem-solving plans.
- If time is limited, ask the participants to address only one problem.
- If the Sample Men's Reproductive Health Services Assessment Guide, which appears in Appendix A of this book, was filled out and submitted to the trainer before the training, raise issues mentioned in the guide during the discussion.
- If time constraints make it impossible to develop problem-solving plans during the training workshop, help the participants come up with a strategy to create the plans at a later time. For example, you might suggest the participants create a task force or working group to create the problem-solving plans when they return to their facility after the training workshop has ended.
- If you have access to a copy machine during the training, make a copy of each participant's problem-solving plan and keep it for use during the follow-up visit.

Participant Handout 6-4: Problem-Solving Plan

One of the most important parts of this (or any) training course is taking all the information that has been presented, as well as the experience you have had, and determining how to apply it to your daily work. Exactly how you do this may differ from how other participants do it since your work roles and responsibilities may differ from theirs. What is important is to figure out how *you* can best implement the behaviors and concepts you have learned in this training in order to improve the men's reproductive health services at your facility.

To create a problem-solving plan:

Select the three most important problems in the men's reproductive health program.

When deciding on the three most important, choose ones for which:

- The consequences of performing the current practice are or may be serious
- The resources needed to resolve the problem are currently available or are possible to obtain
- The problem affects most or many of the services provided in your program

When completing the problem-solving plan, consider the following:

- What information, skills, supplies, staff training, and so forth are needed to solve the problem?
- What are some difficulties that might be encountered in solving the problem?
- What specific steps can be taken to implement or change the practice?
- Who is the best person to help solve the problem?
- By what date might the problem be solved?

Sample Problem-Solving Plan

Note: This sample problem-solving plan contains many problems to help you understand the types of responses to fill in. Remember to concentrate on only three problems when developing your problem-solving plan.

Problem/Cause	Recommendation	By Whom/When	Status/Comments
The men's reproductive health program is short-staffed.	Pay existing staff to work overtime, and recruit two volunteers to work in the men's clinic.	Outreach coordinator; within the next month	Outreach coordinator knows several men who may be interested. The clinic manager will train them to do reception and clinic assistant tasks.
Responsibility for the success of the men's reproductive health program has not been made a clear priority for the clinic staff.	Write new performance objectives into employee work plans for the next evaluation period.	Executive director, clinic manager, other managers; three months	Executive director needs to meet with the two staff members who are still resisting the men's reproductive health program to make it clear that their performance evaluation will include their level of support for the program. One may quit.
Clinic service times have not yet been established.	Draft schedule, get input, finalize.	Main clinic manager; this week.	Talk with some men about the best times for men's reproductive health clinics. Do not overlap with women's clinics if doing so will present a problem for staff or clients. <i>continues</i>

Not all staff can answer questions about men's reproductive health clinic location, hours, services, and eligibility.	All staff will be sent a copy of the pamphlet for male clients. In-service training will be provided at department meetings.	The secretary and department managers; as soon as the pamphlets are printed	Need to print more pamphlets. Main clinic manager will develop training and knowledge test. Other managers will use it for their own departments.
Community members do not know the location of the men's reproductive health services clinic.	Draw a map and post it in key locations in the community.	Outreach worker; draft it this week, review and finalize it next week.	Include major landmarks and streets. Include a separate diagram of the building to show the entrance to the men's reproductive health clinic.
The clinic needs instructional tools, such as flipcharts, wall posters, models, and samples of male family planning methods.	Get at least one anatomy diagram and information on male methods.	Outreach coordinator, clinicians, others?; as soon as possible.	Try to find sources through Public Health Department, colleagues. If not available or too expensive, diagrams and charts may need to be drawn.

Problem-Solving Plan: Problem 1

Problem/Cause	Recommendation	By Whom/When	Status/Comments

Problem-Solving Plan: Problem 2

Problem/Cause	Recommendation	By Whom/When	Status/Comments

Problem-Solving Plan: Problem 3

Problem/Cause	Recommendation	By Whom/When	Status/Comments

Closing

◆ Training Activity: Reflection

Advance preparation:

Make enough copies of Participant Handout 6-5: Management 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 for volunteers to share their responses to one or more of the statements.

Appendix A

Men's Reproductive Health Services Assessment Survey

Assessment Survey for Facilities That Provide Men's Reproductive Health Services

1. Why did your facility begin to provide men's reproductive health services? Who was involved in the decision-making process?
2. When did your facility first begin providing men's reproductive health services?
3. How have the men's reproductive health services evolved, if at all?
4. What changes have been made in your facility's mission or policies as a result of the men's reproductive health program?
5. What challenges has your facility faced by serving male clients? What has been rewarding or beneficial about serving male clients?
6. What is your staff's experience in working with men? What training (formal or informal) has your staff received to work with men? Specifically, have they received any gender training?

**Assessment Survey for Facilities That Provide Men's Reproductive Health Services,
page 2**

7. What efforts has your facility made to make the facility environment "male-friendly"?
(Please explain.)
8. Where in your facility do you provide reproductive health services to men (in relation to other departments in your facility)? What are the dates and times for men's reproductive health services? Are men's reproductive health services provided during specific hours? Are the services provided by appointment or on a walk-in basis? Can the clients choose to see only a male or female service provider?
9. What services do you provide for men? (Check all that apply.)
- Full general examination
 - Sports physicals
 - Contraceptive services:
 - Condom distribution
 - Vasectomy services
 - Counseling on other methods, such as withdrawal
 - Testing for sexually transmitted infections (STIs), including HIV infection
 - STI treatment
 - Testicular cancer screening
 - Prostate cancer screening
 - Education/counseling on women's reproductive health issues
 - Education/counseling on other issues (please explain)
 - Referrals (please explain for what and where)
 - Other services (please explain)

Assessment Survey for Facilities That Are Initiating or Considering Providing Men's Reproductive Health Services

1. Why did your facility decide to begin (or consider) providing men's reproductive health services? Who was involved in the decision-making process?
2. What possible changes do you envision being made in your facility's mission or policies as a result of providing men's reproductive health services?
3. What challenges do you foresee in beginning to work with male clients? What rewards or benefits do you envision in working with male clients?
4. What previous experience, if any, does your staff have in working with male clients? What training (formal or informal) has your staff received to work with men? Specifically, have they received any gender training?
5. What efforts might you foresee being undertaken to make your facility "male-friendly"? (Please explain.)

Assessment Survey for Facilities That Are Initiating or Considering Providing Men's Reproductive Health Services, page 2

6. Do you foresee designating a special space in your facility to provide reproductive health services to men? Have you thought about dates and times for men's reproductive health services; whether men's reproductive health services would be provided during specific hours; whether the services would be provided by appointment or on a walk-in basis; and whether clients would be able to choose to see only a male or female service provider?

7. Which of the following services have you considered providing for men? (Please check all that apply.)

Full general examination

Sports physicals

Contraceptive services:

Condom distribution

Vasectomy services

Counseling on other methods, such as withdrawal

Testing for sexually transmitted infections (STIs), including HIV infection

STI treatment

Testicular cancer screening

Prostate cancer screening

Education/counseling on women's reproductive health issues

Education/counseling on other issues (please explain)

Referrals (please explain for what and where)

Other services (please explain)

Appendix B

Group Performance Matrix

Group Performance Matrix

This matrix can be used to assist in comparing the group's knowledge and attitudes at the beginning of the course with those at the end of the course. To do so, complete one copy of the matrix after the participants have completed the Knowledge and Opinions Survey at the beginning of the course and one copy of the matrix after they have completed the survey at the end of the course.

The question numbers are listed along the left side of the matrix, and the participant numbers are listed across the top of the matrix. (Note that each matrix has been split over two pages, with 28 questions on each.) Transfer the results of each survey onto the matrix by filling in the boxes that correspond to the questions that the participants answered correctly, as shown in the sample on the next page. This allows for easy identification of questions that many of the participants answered incorrectly.

Group Performance Matrix: Sample Matrix Filled in for Five Participants (for questions 1–28 only)

Course Location: _____ Dates: _____

Trainer(s): _____

Question #	Participant #																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
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Group Performance Matrix

Course Location: _____ Dates: _____

Trainer(s): _____

Question #	Participant #																		
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Group Performance Matrix, page 2

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Group Performance Matrix

Course Location: _____ Dates: _____

Trainer(s): _____

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Group Performance Matrix, page 2

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Appendix C

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	Neither agree nor disagree	Somewhat 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

continues

End-of Training Evaluation Form, page 2

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. Comments

