

# Training of Counsellors for Male Circumcision

## PARTICIPANT MANUAL

July 2009

Participant's Name: _____
Service: _____



## Acknowledgements

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Society for Family Health/Zambia, *MC Counsellor Training Curriculum*, Lusaka, Zambia: SFH/Zambia, 2008.

Society for Family Health/South Africa, *MC Counsellor Training Curriculum*, Johannesburg, South Africa: SFH/South Africa, 2008.

National Cancer Institute, *Trainer's Guide for Cancer Education*, Bethesda, MD: National Cancer Institute; 2002. ([http://www.cancernet.gov/PDF/3b10af4f-4231-496f-bf62-8c47bab38ce6/Trainers\\_Book\\_m.pdf](http://www.cancernet.gov/PDF/3b10af4f-4231-496f-bf62-8c47bab38ce6/Trainers_Book_m.pdf))

DUMC Partners in Caring, Durham County Health Department, *Training of Trainers*, Durham, NC: Durham County Health Department; 2006.

Family Health International, *HIV Voluntary Counseling and Testing: Skills Training Curriculum*, Arlington, VA: Family Health International, 2005. (<http://www.fhi.org/en/HIVAIDS/pub/guide/vcttrain.htm>)

US Peace Corps, *Life Skills Manual*, Washington, DC: US Peace Corps; 2001. ([http://www.peacecorps.gov/multimedia/pdf/library/M0063\\_lifeskillscomplete.pdf](http://www.peacecorps.gov/multimedia/pdf/library/M0063_lifeskillscomplete.pdf))

WHO/UNAIDS/Jhpiego, *Manual for Male Circumcision under Local Anaesthesia*, Geneva, Switzerland: WHO/UNAIDS/Jhpiego; 2008.

American Medical Association, *Patient Confidentiality*. American Medical Association web site. <http://www.ama-assn.org/ama/pub/physician-resources/legal-topics/patient-physician-relationship-topics/patient-confidentiality.shtml>. 2009. Accessed February 11, 2009.

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## DAY ONE

# 1

One day in the hospital, two little boys were lying on stretchers next to each other outside of the operating theatre. The first boy leans over and asks, "What are you in for?"

"I'm here to get my tonsils out and I'm nervous," the second boy says.

The first kid says, "You've got nothing to worry about! I had that done when I was four. They put you to sleep and when you wake up they give you lots of ice cream. It's easy!"

"Well, what are you here for?" the second kid asks.

"A circumcision." The first kid replies.

The second kid says, "Wow! I had that done when I was born and I couldn't walk for a year!"

## Agenda

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Getting settled

Icebreaker: Introductions

Expectations and Workshop Overview

Overview of the MC Program

### **BREAK**

Just the Facts: Basic Information about MC

The Anatomy of the Penis

The MC Procedure

### **LUNCH**

Post-Operative Care for MC Clients

Policy and Client Consent

The MC Client Experience

Closing: Pluses and Wishes

## Goal and Objectives of the Training Programme

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The goal of this three-day training is to prepare counsellors and nurses to provide male circumcision counselling to men, women and parents. By the end of this training, participants will be able to:

- Correctly cite the principal risks, benefits and post-operative care procedures for male circumcision;
- Apply client-centred counselling techniques (such as active listening, open-ended questions, offering options) to MC and post-procedure risk reduction counselling; and,
- Explain the ethical and legal considerations that surround MC in our country.

**A word on note boxes:** Throughout this manual, formatted spaces (like the one here) are provided to give you space to make your own notes. This manual is intended to serve as a reference tool for you, so the more you personalize it with notes that are meaningful to you, the better!

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**Overview of the Project**

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**The Male Circumcision Project**

Goal and Rationale

**Project goal**

Decrease HIV prevalence by increasing the coverage of MC as part of a comprehensive HIV prevention strategy

**How will we do this?**

- Increase *access* to safe adult MC services;
- Increase *informed demand* for safe MC services;
- Ensure *safer sexual behaviors* among MC clients and partners of clients;
- Improve the *cost effectiveness, quality and efficiency* of MC services; and,
- Establish an *enabling environment* for the increased involvement of host country governments, other donors and organizations in expanding MC services and increasing MC prevalence.

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**How do we fit into the project?**

- Counselors are key to this project**
- Help men understand benefits and risks of MC
  - Help men plan for life after MC
  - Respond to fears of men accessing MC
  - Support men to make good decisions
  - Ensure quality services

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## Facts about Male Circumcision

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*Male circumcision* is the surgical removal of the foreskin from the head of a man or boy's penis.

Principal **BENEFITS** of male circumcision include:

- 1) Easier to keep penis clean
- 2) Reduced risk of some STIs, especially ulcerative diseases (chancroid and syphilis)
- 3) Reduced risk of HIV infection
- 4) Reduced risk of penile cancer
- 5) Reduced risk of cervical cancer for female sex partners

Principal **RISKS** of male circumcision include:

- 1) Pain
- 2) Bleeding
- 3) Infection
- 4) Reaction to the anaesthesia
- 5) Blood clots or redness at the site of the wound

Note: A circumcised man can still become infected with HIV and infect others. MC **does not** provide 100% protection from HIV.

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## Anatomy of the Penis

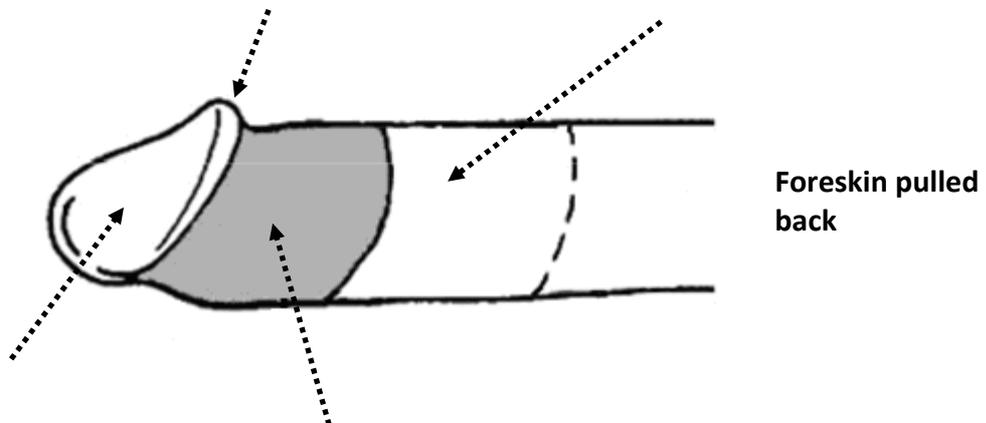
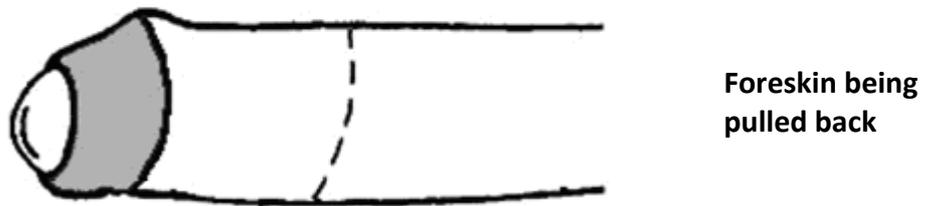
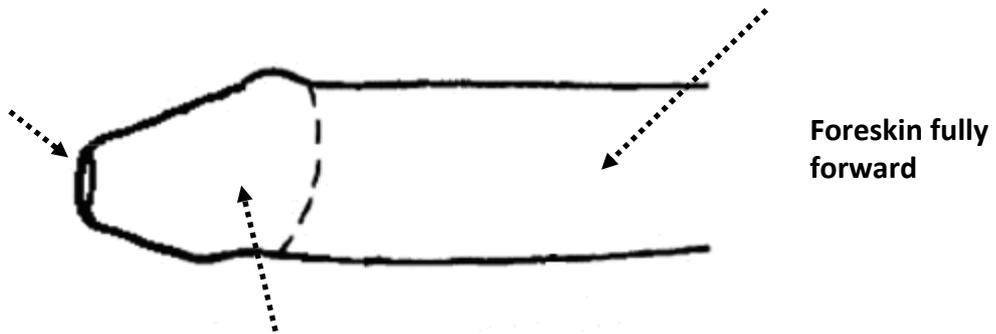
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Exercise 1: Label the diagram using the terms below.

Outer foreskin  
Testicle  
Scrotum

Shaft skin  
Coronal ridge  
Inner foreskin

Foreskin opening  
Glans  
Prostate



Graphic adapted from [www.info2sex.com](http://www.info2sex.com)

**How the inner foreskin increases the risk of HIV acquisition:**

- 1) Target cells are found in high concentration in the inner foreskin, and are close to the surface of the skin.
- 2) The surface of the inner foreskin can tear easily and bleed during sexual intercourse. These tears allow HIV to more easily enter the body.
- 3) Because it is moist, covered and soft, the foreskin is a perfect environment for organisms that cause most ulcerative STIs. These ulcerations in the foreskin allow HIV to more easily enter the body.

**How does removing the foreskin reduce the risk of HIV acquisition?**

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## The MC Procedure

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Once the client has been counselled and has provided their consent, the following steps occur:

1. The client undergoes a clinical assessment to determine his eligibility for MC.
2. If the client is determined eligible for MC, he is escorted to the procedure area where he is prepared for the procedure.
3. In the procedure room, the client places himself on the procedure table.
4. The penis and skin around the groin area are cleaned using iodine and a drape is placed over the groin, exposing only the penis.
5. Local anaesthesia is injected into the base of the penis using a sterile needle.
6. After some minutes, the surgeon will confirm that the client does not feel pain before beginning the procedure.
7. The surgeon begins the procedure to remove the foreskin and suture the wound.
8. The surgeon and nurse apply bandages to the wound.
9. The client is escorted to the recovery room where he can relax.
10. Two days and then seven days after the procedure, the client returns to the centre for a follow-up assessment.

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## Post-procedure care for MC clients

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Exercise 2: Match the sentences on the left with the sentences on the right to complete the list of post-procedure care instructions.

### During the healing process:

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|---|---|
| 1) Bathe as normal the day after your procedure...  | _____ this will help you heal more quickly.   |
| 2) Rest at home for one to two days; ...  | _____ but take care not to get your bandages wet.                                       |
| 3) Do not have sexual intercourse or masturbate for at least six weeks...                   | _____ your wound as it is healing.  |
| 4) Take any medications...  | _____ this can damage the wound. Any pain from erections will go away after a few days. |
| 5) Do not pull or scratch...  | _____ and be sure to always use a condom once you resume having sex.                    |
| 6) Erections may cause some pain. Urinating can usually help but do not masturbate since... | _____ as directed by your MC provider.  |

## Post-Procedure Care Instructions for MC Clients

### The Healing Process

- 1) Rest at home for one to two days; this will help you heal more quickly.
- 2) Bathes as normal the day after your procedure but take care not to get your bandages wet.
- 3) Do not pull or scratch your wound as it is healing.
- 4) Erections may cause some pain. Urinating can usually help but do not masturbate since this can damage the wound. Any pain from erections will go away after a few days.
- 5) Do not have sexual intercourse or masturbate for at least six weeks and be sure to always use a condom once you resume having sex.
- 6) Take any medications as directed by your MC provider.

### Reviews

- Return to the clinic for your two-day and seven-day post-procedure reviews. Your MC provider will remove your bandages and examine your wound to make sure it is healing properly.
- You may experience a little pain and swelling around the wound. This is normal but check occasionally to make sure it does not get worse.
- Return to the clinic or call your MC provider if you have any of the following problems:
  - Bleeding that does not stop or gets worse
  - Severe pain
  - Inability to urinate
  - Pus coming out of wound
  - Increased swelling
  - A fever within one week of your procedure
  - Severe lower abdominal pain

Notes: _____ _____ _____ _____ _____
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## Policy and Client Consent

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Countries should ensure that male circumcision is provided with full adherence to medical ethics and human rights principles, including informed consent, confidentiality, and absence of coercion. –WHO/UNAIDS, 2007.

**(1) Informed consent** is more than getting a client or parent/guardian to sign a written consent form. It is a discussion with your client that results in the client's authorization to undergo MC. In this discussion, you should explain the nature of MC, the risks and benefits, and what is required to maximize the benefits of MC (i.e. post-procedure care and protection). Your client should have an opportunity to ask questions so that he (or his parent/guardian) can make an informed decision to undergo or refuse MC. ***Non-consented MC cannot be justified in any circumstances.***

The ***age of consent*** in our country is \_\_\_\_ years. This means that a client age \_\_\_\_ or older can make the decision to have MC himself. For a client age \_\_\_\_ or younger, a parent or legal guardian's signed consent is required. MC counselling must also be provided to the parent or legal guardian to ensure their consent, on behalf of the minor, is informed.

**(2) Confidentiality** means that you will not share with others information revealed by your client or that you learn during the MC counselling process. By protecting the information disclosed during the counselling session your client will feel free to provide honest information that will help you understand better their situation and needs.

**(3) Absence of coercion** means that your client makes a decision to undergo MC based on his own free will, without pressure or coercion from you, his parents, or his sexual partners.

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## The MC Client Experience

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All clients follow a similar path in their journey through the MC centre. During your visit to the MC centre, note aspects of the various interaction points that a client will find in the centre.

Client reception/waiting area

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Counselling room

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Examination room

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Surgical theatre

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Recovery room

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## DAY TWO

# 2

“Don't walk in front of me; I may not follow. Don't walk behind me; I may not lead. Just walk beside me and be my friend.” —Albert Camus

## Agenda

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Review: MC Basics, Procedure and Post-Op Care

Icebreaker: Lion, Elephant, Giraffe, Crocodile

Introduction to the Counselling Protocol

Challenges in MC Counselling

### **BREAK**

Review of key client-centred counselling skills

Introduction to Counsellors' Aids and Observation Tool

### **LUNCH**

MC Counselling Role-play

Practicing MC Counselling: Act 1

Closing: Feedback Cards

## Counselling Protocol

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Below is a counselling protocol that outlines the important topics to cover with each client. The sample questions and cues are presented as simple ways to introduce the topic and keep the conversation focused on your client.

Topic	Sample questions and cues
<b>Introduction</b>	<i>Hello, my name is _____ and I am a counsellor here at _____. I understand that you would like to learn more about male circumcision, is that correct? Well, I am here to explain the MC process and answer your questions.</i>
<b>Confidentiality</b>	<i>To start, you should know that the conversation we will have today is confidential. What questions do you have about confidentiality?</i>
<b>Gather demographic information</b>	Collect demographic information for client in-take form
<b>Assess interest and concerns</b>	<i>Tell me what you know about MC. What are some of the reasons you are interested in MC? What are some of your concerns about MC?</i>
<b>Explain MC process</b>	<b>Opening:</b> <i>Now I would like to explain the process we follow for male circumcision. This process is designed to increase your comfort and help you get the most out of your MC procedure.</i> <b>Closing:</b> <i>What question do you have about this process?</i>
<b>Explore benefits</b>	<b>Opening:</b> <i>What are some of the benefits you hope to gain from circumcision? What other benefits have you heard about circumcision?</i> <b>Closing:</b> <i>Which of the benefits we have discussed interests you the most?</i>
<b>Explore HIV-MC link</b>	<b>Opening:</b> <i>Tell me what you have heard about circumcision in relation to HIV infection.</i> <b>Closing:</b> <i>Can you tell me what you understand about how MC makes it more difficult for HIV to enter the body?</i>
<b>Assess interest in HIV test</b>	<b>Opening:</b> <i>When were you last tested for HIV? What was the result? Why do you think it is important for you to get an HIV test before your circumcision?</i> <b>Closing:</b> <i>How do you feel about getting an HIV test today?</i>
<b>Offer HIV test</b>	<b>Opening:</b> <i>Would you like to get an HIV test today?</i>  If client accepts, refer to HIV testing protocol. <ul style="list-style-type: none"> <li>• If result is negative, continue with MC counselling.</li> <li>• If result is positive, refer to counselling protocol for HIV-positive clients.</li> </ul> If client refuses, respect his decision and inform him that he can get an HIV test at any New Start centre.

<b>Explore risks</b>	<p><b>Opening:</b> <i>We have already talked about the benefits of circumcision but there are also some risks. What have you heard about the risks of circumcision?</i></p> <p><b>Closing:</b> <i>Which risks worry you most?</i></p>
<b>Explain procedure</b>	<p><b>Opening:</b> <i>Now I would like to explain what happens when you enter the procedure/surgical area.</i></p> <p><b>Closing:</b> <i>What questions do you have about the surgery?</i></p>
<b>Explain recovery period</b>	<p><b>Opening:</b> <i>What have you heard about the recovery period following circumcision?</i> <i>Let me tell you more about the recovery period.</i></p> <p><b>Closing:</b> <i>What things worry you about the six-week recovery period? What might you do to address these concerns?</i></p> <p>Help the client to develop an action plan to address his concerns about the recovery period.</p>
<b>Explain follow-up visits</b>	<p><b>Opening:</b> <i>After your procedure, you will need to visit the centre at least two more times—after two days and again after seven days. It is very important that you complete these visits. Let me explain why these visits are important.</i></p> <p><b>Closing:</b> <i>How do you feel about these visits? What might prevent you from returning to the clinic? What can you do to make sure you come back to the clinic?</i></p>
<b>Discuss life after MC</b>	<p><b>Opening:</b> <i>How do you think your life will change after your MC procedure? It is important to know that some things will not change, like the need to protect yourself from HIV.</i> <i>What are some of the things you have done in the past to protect yourself from HIV?</i></p> <p><b>Closing:</b> <i>How might you build on or continue these things to protect yourself from HIV?</i></p> <p>Help the client to construct a risk-reduction plan for HIV.</p>
<b>Consent</b>	<p><i>What other questions do you have for me?</i> <i>If you have no more questions for me, would you still like to have MC?</i> (If yes) Explain contents of consent form and ask client to sign.</p>
<b>Wrap-up</b>	<p><i>Thank you again for choosing our centre for your MC. If you think of any more questions, you can find me or you can ask your clinician during your clinical assessment.</i></p>

## Challenges in MC Counselling

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Watch the role play, involving the following characters:

### Jerome

- 22-year-old male
- finished Standard 5
- interested in MC
- has a friend who underwent the procedure, has spoken with him
- heard that it protects against HIV
- concerned about pain or losing his ability to have sex
- has little experience with hospitals and medical terminology

### MC Counsellor

- Experienced counsellor
- has a good understanding of MC
- likes to show how much s/he knows
- believes that MC is not that painful
- wants men to focus on the benefits

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## Questions and strategies to assess a client's knowledge and attitudes

### The Basics of MC

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### Fears and Concerns

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### HIV Testing

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### Post-Procedure Behaviour

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## Review of key client-centred counselling skills

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### Key client-centred counselling skills

- 1) **Attending**—using open body language to communicate to our clients. Examples:
  - Smiling
  - Making eye contact
  - Leaning toward my client (slightly)
  - Keeping my arms open (not folding arms across my chest)
  - Maintaining a calm voice
  - Keeping my toes pointing in the direction of my client
  - Not allowing furniture or paperwork to come between me and my client
- 2) **Open-ended questions**—questions that allow for explanation and elaboration; cannot be answered with “yes” or “no.”
  - Ask questions that begin with who, what, where, when, and how
  - Use polite imperatives (ex. “Tell me about a time when you were able to use a condom.”)
  - Allow silence
- 3) **Using simple language**—avoiding technical jargon; using language that my client can easily understand
- 4) **Using the third person**—making statements that acknowledge and normalize concerns or feelings expressed by my client by referring to others in similar situations. Examples:
  - Many men also worry about pain...
  - A lot of my clients say...
  - Several people I’ve spoken with have worried about the six-week waiting period...
  - I’ve heard other women talk about the same worries for their boyfriends...
- 5) **Offering options**—discussing options with my client and allowing him/her to decide on what is best for him/herself

### Key steps in risk reduction counselling

- 1) Personalized risk assessment (what are they doing now?)
- 2) Personalized disease education
- 3) Goal setting (specific goal/s that the client wants to adopt that will directly prevent or greatly reduce HIV transmission after MC)
- 4) Risk reduction planning (specific steps that need to be taken to achieve their goal)

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## Practicing MC Counselling Sessions: Act 1

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Each participant will play each of the three roles:

1. **Client:** You will choose a character profile from the envelope and “play” the role as designated.
2. **Counsellor:** Use your *MC Counselling Aid* to facilitate a client-centred session to explore the benefits and risks of MC and your client’s concerns.
3. **Observer:** Use the *Counselling Observation Tool* to guide and record your feedback. Be sure to observe the rules of good feedback:
  - a. Be specific by indicating the exact behaviour you observed
  - b. Focus on something the person can change
  - c. Focus on the behaviour, not the person
  - d. Note good behaviours/skills as well as those that need improvement

Notes: _____ _____ _____ _____ _____ _____ _____ _____
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## DAY THREE

# 3

“He that gives good advice, builds with one hand; he that gives good counsel and example, builds with both; but he that gives good admonition and bad example, builds with one hand and pulls down with the other.” —Francis Bacon, Sr.

## **Agenda**

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Icebreaker: Skill and Concept Cards

Counselling Special Populations: Women and Parents

### **BREAK**

Practicing MC Counselling: Act 2

Group Counselling

Counselling to Prevent Risk Compensation

### **LUNCH**

Practicing MC Counselling: Act 3

Closing: Closing Statements

Evaluation and certificate distribution

## Counselling Special Populations: Parents and Women

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When counselling parents and women on MC, the following messages can be kept in mind while still maintaining a client-centred approach that responds to the needs and concerns of the client.

1. Key messages for **parents** about MC:

- Discuss with children the benefits and possible risks associated with MC
- Support children who want MC
- Understand their role in signed consent
- Monitor the healing process of the wound
- Understanding the long-term benefits of MC (especially for parents worried that MC might encourage their children to have sex)

2. Key messages for **women** (as sexual partners) about MC:

- Go for couples HIV counselling and testing to benefit fully from MC
- Talk about MC with your partner
- Go with your partner to MC counselling
- Support your partner during healing period
- Continue to use condoms and limit number of sexual partners
- Accompany partner to the clinic for the procedure

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## Practicing MC Counselling Sessions: Act 2

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Each participant will play each of the three roles:

1. **Client:** You will choose a character profile from the envelope and “play” the role as designated.
2. **Counsellor:** Use your *MC Counselling Aid* to facilitate a client-centred session to explore the benefits and risks of MC and your client’s concerns.
3. **Observer:** Use the *Counselling Observation Tool* to guide and record your feedback. Be sure to observe the rules of good feedback:
  - a. Be specific by indicating the exact behaviour you observed
  - b. Focus on something the person can change
  - c. Focus on the behaviour, not the person
  - d. Note good behaviours/skills as well as those that need improvement

Notes: _____ _____ _____ _____ _____ _____ _____ _____
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## Group Counselling

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During group counselling sessions, you can cover many of the topics normally reserved for individual sessions. By covering some topics during a group counselling session, you can maximize the time a counsellor spends in an individual session by allowing them to focus on the specific concerns of the individual.

### Topics that can be covered during group sessions

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### Topics reserved for individual sessions

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## Counselling to prevent risk compensation

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Together, read the following news article:

**New Vision (Kampala),**

**PRESIDENT Museveni has warned about statements that circumcision reduces the risk of HIV/AIDS**

by Cyprian Musoke, December 21, 2006

..."These days, there are many confusing messages. One of them is that if you are circumcised, you are less likely to catch AIDS even if you behave recklessly. Now what sort of message is that?" the President asked. "Sixty percent less at risk? Then what about the forty percent? If you have got one hundred circumcised people and they live recklessly, and sixty percent don't get AIDS but forty do, what are you looking for?" he mused.

Addressing the international medical students' convention on child health at Makerere University on Wednesday, Museveni said such messages were sending wrong signals to the population, and caused apathy in the fight against HIV/AIDS. He said Uganda's success was because of the clear message that there is no cure at all for AIDS. "The way we controlled AIDS was because of an unequivocal message that there is a sickness which is not curable, you get it through sex, and when you get it you die. Therefore, avoid all risky sexual behaviours,"...

**Strategies to help clients understand the need to protect themselves even after MC**

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## Practicing MC Counselling Sessions: Act 3

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Each participant will play each of the three roles:

1. **Client:** You will choose a character profile from the envelope and “play” the role as designated.
2. **Counsellor:** Use your *MC Counselling Aid* to facilitate a client-centred session to explore the benefits and risks of MC and your client’s concerns.
3. **Observer:** Use the *Counselling Observation Tool* to guide and record your feedback. Be sure to observe the rules of good feedback:
  - a. Be specific by indicating the exact behaviour you observed
  - b. Focus on something the person can change
  - c. Focus on the behaviour, not the person
  - d. Note good behaviours/skills as well as those that need improvement

Notes: _____
_____
_____
_____
_____
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_____
_____

## Closing Statements

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Please complete any or all of the statements to summarize your experience of this training workshop. You will be asked to share one with the group.

I learned...

I feel...

I was surprised...

I'm wondering...

I've re-discovered...

I figured out...

I appreciated...

I felt challenged...

I understand better...

## Training Evaluation Form

Your opinions about the training content, presenters, and format are very important to us. The responses that you give will be extremely useful in planning future trainings and in the development of training materials.

### I. Content

1. Please circle the appropriate response for your overall rating of the training content.
  - a. Very useful information
  - b. Useful information
  - c. Information not of much use

2. What is the most useful piece of information you will take away from this training?

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3. What were the least useful parts of this training?

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4. What information was missing from this training?

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5. What will you do differently as a result of having attended this training?

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### II. Trainer

Please check the box to rate the following aspects related to the trainer and add any comments you may have.

1. Training style  Excellent  Good  Poor

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2. Trainer's knowledge of the subject  Excellent  Good  Poor

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3. Trainer's responsiveness to participants  Excellent  Good  Poor

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### III. Logistics

Please check the box to rate the following aspects related to the logistics of the training and add any comments you may have.

1. Meeting room             Excellent     Good     Poor

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2. Accommodations         Excellent     Good     Poor

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3. Hand-outs               Excellent     Good     Poor

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4. Audiovisuals             Excellent     Good     Poor

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5. Food                       Excellent     Good     Poor

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### IV. Additional comments/suggestions for future training workshops:

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