



Men's sexual health matters



Acknowledgements

This publication was compiled by Neil Davidson and devised by Chris Castle. It was edited by Nina Behrman and designed by Ingrid Emsden.

Cover photographs by Beryl Goldberg, Judy Harrison/Format, Health Education Authority, Caroline Penn, Armando Waak/PAHO, Mo Wilson/Format and Gisele Wolfsohn.

Healthlink Worldwide would like to thank the following organisations and individuals for contributing towards this publication: Oron Baron, Marge Berer, Helen Cressey, Nel Druce, Antonio Gerbase, Peter Gordon, Hilary Homans, John Howson, Siân Long, Taweesak Nopkesorn, Cheryl Overs, Arletty Pinel, Rakesh Rajani, Sundari Ravindran, Manuel Sepulveda, Michael Tan, Veriano Terto and Celia Till.

Healthlink Worldwide is grateful to the Overseas Aid Committee of the States of Jersey, SIDA and HIVOS for funding the development, printing and distribution of this publication.

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Published by Healthlink Worldwide, London, UK.

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Printed by Russell Press Ltd.

ISBN 0 907320 43 0

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DEFINITIONS

AIDS Acquired Immune Deficiency Syndrome, a group of illnesses and conditions affecting people infected with the human immunodeficiency virus (HIV). People may not develop AIDS for several years after being infected with HIV, but they can pass the virus to others. AIDS is life threatening and there is no cure.

Anal sex When a man inserts his penis into the anus of his partner, who can be a man or a woman.

Anus The entrance into the rectum or back passage of the body, which faeces pass through.

Aphrodisiac A substance which is said to increase sex drive or sexual performance. There is no scientific proof that any aphrodisiacs work. Many are harmless but some can be dangerous.

Bisexual Someone who is sexually attracted to both men and women.

Ejaculation When a man reaches orgasm, or 'comes'. White fluid (semen) passes out of the end of his penis.

Genitals Male or female sexual organs.

Heterosexual Someone who is sexually attracted to people of the opposite sex. (A heterosexual, or 'straight', man is attracted to women.)

HIV Human Immunodeficiency Virus, the virus which can lead to a number of illnesses and conditions, known as AIDS. HIV is transmitted through sex, blood (such as through blood transfusions or sharing injecting drug equipment), or from mother to child before or during birth or through breastmilk. HIV can be easily transmitted through unprotected, penetrative sex. However, condoms and safer sex methods can reduce the risk of transmission.

Homosexual Someone who is sexually attracted to people of the same sex. (A homosexual, or 'gay', man is attracted to other men.)

Infertility Not being physically able to have children. Infertility can happen to men and women. Some men use sterilisation, which makes them infertile, as a contraceptive method (see 'Vasectomy').

Intercourse See 'Sexual intercourse'.

Masculinity The feelings and qualities associated with being a man.

Masturbation When a person touches his or her own genitals for pleasure.

Mutual masturbation When two people use their hands to rub or stroke each other's genitals.

Oral sex Contact between one person's mouth and another person's genitals. This can mean licking, kissing or sucking.

Penetration When a man's penis is inside the vagina or anus of a woman or the anus of another man.

Penetrative sex Sex that involves a man's penis being inside his partner's vagina or rectum.

Puberty The age at which boys' and girls' bodies develop into women's and men's bodies and when they become capable of having children. Puberty usually starts between the ages of 9 and 12 and continues until 16 to 18 years.

Rectum The back passage of the body, which is penetrated during anal sex.

Reproductive tract infection (RTI) An infection of the reproductive organs, which may be transmitted by vaginal sex, or bacterial infections that result from changes in the body or illness.

Safer sex Sex with a reduced risk of infections being transmitted. Sex is safer if semen, vaginal fluids and blood are not exchanged between partners. Safer sex includes sex that does not involve penetration, or penetrative sex using a condom. Oral sex is safer than unprotected sexual intercourse. Other forms of contact, such as hugging, stroking or rubbing, carry no risk of HIV or STI transmission.

Sex drive The desire for sex or the urge to have sex.

Sexual intercourse Sexual activity in which a man's penis penetrates a vagina or rectum.

Sexual orientation Whether a person is sexually attracted to people of the same sex, the opposite sex or both sexes.

Sexuality A person's sexual feelings and qualities, often connected with sexual identity or sexual orientation.

Sexually transmitted infection (STI) or sexually transmitted disease (STD) An infection transmitted during vaginal, anal or oral sex.

Sterilisation See 'Vasectomy'.

Unsafe sex Sex with a risk of infections being transmitted. Unsafe sex includes penetrative sex without a condom, unless both partners are sure that they have no infections.

Vasectomy An operation to make men infertile. It involves cutting the vas deferens (the tube that passes semen from the testicles) to prevent sperm being released into the semen.

INTRODUCTION

Sex is an important part of everyone's lives. Whether a person is sexually active or not, their sexual health and sexuality affect their life.

There are many organisations and groups across the world that provide information and support to promote happy and healthy sexual and reproductive lives. Most of these focus on women's needs. Many boys do not learn, for example, how women's bodies develop or how contraception works. Family planning clinics are usually used by women. Many men would like to talk about sex, sexuality or relationships but find it difficult. Men often have concerns about how their body works, but do not know where to find information.

This publication provides practical information for people who are working with men on sexual health or would like to start working with men. It looks at ways of engaging men in discussions about sexual health and sexual responsibility, and men's role in reducing the incidence of unwanted pregnancy, sexually transmitted infections (STIs) and sexual abuse.

What is in this publication?

This publication includes:

- information on sexual health issues that concern men
- exercises to support working on sex and sexuality with men
- strategies for working with men on sex and sexuality, with examples from Africa, Asia and Latin America
- basic information on men's bodies, growing up, what happens during sex, keeping safe during sex, and other concerns that men face.

When Healthlink Worldwide started collecting information for *Men's sexual health matters*, it became clear that very little information existed. However, there are many people – both men and women – who are doing interesting work and producing materials. On page 45 some of these materials are listed. If you have produced materials or know of any others which you have found useful, please contact Healthlink Worldwide so that more people can learn from your ideas.



Maggie Murray/Format

Learning about how men's and women's bodies work can be fun, as well as informative.

WORKING WITH MEN

What is sexual health?

Sexual health means both physical and emotional health in matters relating to sex, sexuality and reproduction. Sexuality is more than just sexual acts or reproduction. It includes our desires, feelings, what we do, our values and attitudes. Reproductive health includes safe development into adults, the avoidance of sexual and reproductive illnesses, the ability to choose when to have children, to conceive safely and to avoid unwanted pregnancy. It also involves good health care to avoid the complications of childbirth, abortion, use of contraceptive methods and the long-term effects of sexually transmitted and reproductive tract infections.

People learn about their sexuality, and about sex and sexual health, from different sources: parents, friends, teachers, radio, newspapers and television, work colleagues, community elders. When people have a concern about sexual health, it may be possible to go to formal health care services, such as clinics or hospitals, or to traditional health healers. Anyone to whom people go for advice or treatment is a sexual health carer or educator.

Why work with men?

Many sexual and reproductive health services focus only on the needs of women. In recent years, great effort has been made to improve women's health, including their sexual and reproductive health. This has involved challenging the view that women are less important than men, and that inequality between men and women is the nature of things and cannot be changed. Real improvements have been made, and yet many people working with women have found that there are limits to what can be achieved unless they also work with men.

Excluding men from sexual health promotion means that women often have to take all the responsibility for both their own and their partner's sexual health. If men and women understand how each other's bodies work, they can understand each other better. Many men want to be involved in planning their families and looking after the health of their partners and their children.

SEX AND SEXUALITY FOR MEN

- Both men and women should be able to make choices about their sexual lives.
- Men and women should be as free as possible from physical harm and from feelings of shame, guilt or fear.
- Both men and women should have access to care and support services.
- Men need information about issues relating to sex and sexuality that affect themselves, and other men and women.
- Health workers, community workers and educators should involve men in sexual health education. This will benefit women and children as well as men.
- Benefits in women's and children's lives will be limited unless men are also involved in sexual and reproductive health activities.
- Working with men is not a substitute for working with women or young people.
- Working on sex and sexuality may encourage men to examine wider social issues such as the changing roles of men and women.



Caroline Penn

Involving men in sexual health programmes is good for men, women and children.

INDIA INVOLVING MEN FOR CHANGE

RUWSEC is a social development organisation in south India. After working with women for ten years, RUWSEC workers felt they would only be able to promote sexual health and better relationships between men and women if they also worked with men.

Most men accepted that women should be able to do more outside the home. Women, however, said: 'We are still tied, only the length of rope is longer'. As women became involved in RUWSEC's education work, many reported cases of domestic violence.

RUWSEC therefore decided to involve men in their work. They started with the husbands of staff members. Discussions were held on relationships between husbands and wives. The aim was to look at inequalities between men and women, examine attitudes, help women seek treatment for sexually transmitted infections and promote safer sex. These discussions raised many more topics, such as alcoholism, violence and suicide. After some time, the husbands began working with other men in the community. One wife and husband team began working with community leaders.

RUWSEC now works with groups of men, both in the community and in schools, to answer their questions and provide information about issues such as masturbation and impotence. Groups sometimes include 'problem' sessions when common questions are read out and discussed by the group.



RUWSEC volunteers visit men at home to talk about the programme.

Sex is enjoyable!

Many programmes that aim to promote sexual health focus on problems – on HIV or sexually transmitted infections (STIs), or difficulties between men and women. This is very important. The World Health Organization estimates that over 100 million men become infected each year with a sexually transmitted infection. By 1998 over 30 million people were living with HIV infection worldwide and numbers are growing.

However, it is important to remember that for most people, sex is pleasurable in itself and a very important part of their lives. Working on sex and sexuality with men includes:

- learning about the sexual and reproductive functions of men's own bodies and women's bodies and being able to discuss sex in a positive way, avoiding secrecy
- providing the opportunity for men to express anxieties about issues such as sexual activity and performance, infertility, masturbation, penis size, possible illnesses or infections, or problems in relationships
- ensuring access to sexual health services or advice to help with problems so that men know how to protect themselves and their partners from HIV and other infections.

BRAZIL FIRST STEPS

ECOS works with young people on communication and sexuality in São Paulo, Brazil. They have done a lot of work on sexuality, teenage pregnancy and STIs with girls and young women, but very little with boys and young men. They decided that this was important.

First they had to find out what the boys might be interested in. Most of the information they had about boys came from what girls told them. ECOS decided to find out what young teenage boys thought about sex. The workers first learned as much about the boys' world as possible, by reading their magazines, listening to their music and watching their favourite TV shows and videos.

Then they arranged meetings with groups of boys and videotaped some of their discussions. The groups started by discussing the meanings of words such as 'love' and 'hate'. Then the workers asked the boys what issues they wanted to discuss. The most popular subjects were boy-girl relationships, virginity and first sex, and homosexuality. The boys wrote down questions, which were put into a box and then picked out and discussed.

The opportunity of being videoed made the boys enthusiastic about coming to these discussions. The purpose was to deepen the boys' awareness of what they were saying and the impression that this created, and to enhance their communication skills, rather than to try to produce a high-quality video.

ECOS found that there was real pressure on boys to 'act like real men'. Boys were unsure about how 'macho' to be. The boys criticised the idea of being macho, yet acted defensively when girls talked about what they found difficult about boys' behaviour. Many boys were caught between wanting information about sexuality and being afraid to bring up a doubt or question in front of their friends. This led to much ignorance, particularly about women. The boys also talked about pressure from their fathers to become sexually active, with some suggesting that their fathers feared they were homosexual if they did not.

ECOS is now doing this work with families and teachers, especially men. Brazil's changing society is demanding a lot of men – they must be strong, brave and in control. Yet at the same time, they are expected to be sensitive and not to become violent or emotional. It is not surprising they feel

STARTING WORK WITH MEN

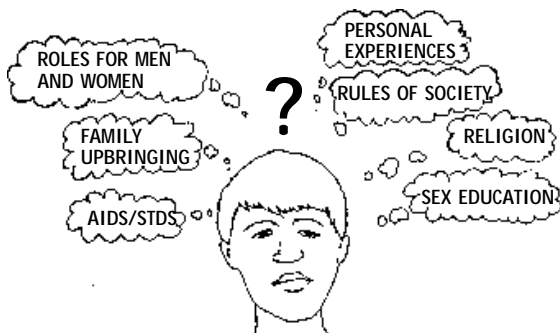
Finding out about men and sexuality

It is important that anyone planning to work with men on sexual health first looks at their own ideas, assumptions and feelings about sex and sexuality. It is important to know what we think and feel, and to be able to step back from personal feelings and emotions in order to consider other people's needs.

Before starting to work with men, it is important to remember that all of us are sexual beings ourselves. What we say and do to others when we are working on sex and sexuality is influenced by our own thoughts and feelings. There are issues that we may be unsure about or embarrassed about. This section suggests some exercises which may help men and women who are talking to others about sex and sexual health feel comfortable about the issues.

ACTIVITY

UNDERSTANDING MEN



This activity aims to help you think about possible approaches to sexual health work with men in your community. Find a quiet space and time to think about the following questions. After you have done this, if possible, ask a colleague to do the same. Then discuss your answers.

Questions

- *What are the main concerns about sex and sexuality among the men you know? Are your concerns about their sexual health the same as theirs?*
- *How do the men that you know talk about sex? Do they talk differently about sex to different people or in different situations?*
- *Do different groups of men that you know have different attitudes, behaviours, values and language about sex and sexuality?*
- *Think of any assumptions that you might be making about how the men that you know think, feel and behave about sex. For example, do you assume that they are sexually active, heterosexual or have only one sexual partner?*
- *Do you already talk about sex with the men you work with?*
- *Do you have any concerns about the way that the men that you work with talk or behave about sex, relationships, and health?*
- *What do you like about the way that the men that you will be working with deal with sex, relationships and health?*



Caroline Penn

More than a game – sexual health is important for all of us.

ACTIVITY**ENJOYING SEX**

This activity aims to encourage men to begin thinking about sexual health as something that they can choose and influence. It can be done with a group of men or one-to-one. It is useful for the person who is facilitating this exercise to have done the exercise with colleagues first.

Some men assume that enjoying sex comes naturally, and that some men are naturally good lovers and some are not. They may not have had the chance to think about the reasons for this. In fact, most men can change and improve their sexual lives if they want to, and if they are helped to.

1 Ask the group to think:

What would be the ideal situation for having sex for you?

Where, what kind of sex, who with and when?

They do not have to answer out loud.

2 Then ask the group to think about sexual experiences from their past. *What made the good times good? What made the bad times bad?*

Encourage them to think in detail about the experiences – about what they or their partners said or did, and how they were feeling.

3 Now ask each man to write down three things that would help him to enjoy sex more.

4 Ask men to go away and try to make these three things happen.

If appropriate, ask them to talk over their ideas with their partners.

If the men are willing, you can discuss what changes this activity has made to their relationships when you meet at a later date.

ACTIVITY**MEN'S BELIEFS ABOUT SEX**

This activity aims to focus on what makes men the way they are. It encourages you to think about needs and strategies for working with men on sexual health for the first time.

It helps you develop your own list of what men need to know.

There are no right or wrong answers. You can do this activity alone or in a group with other workers.

1 On your own or in a group, look at some of the following statements about men's beliefs about themselves and their sexuality.

In general, men learn to:

- *hide certain kinds of feelings*
- *be independent and not ask for help*
- *avoid talking about personal matters*
- *compete with each other*
- *be brave and strong, and take risks*
- *have a need to prove their 'manhood'*
- *measure their value by their ability to earn money and support their family*
- *distinguish between a public and a private self.*

About sex, men:

- *pretend they know all about it*
- *feel that having sex keeps them healthy*
- *find it hard to talk about it seriously*
- *feel that their sexuality is uncontrollable*
- *feel the need to perform*
- *find it difficult to be intimate*
- *use it as a way of getting close or getting comfort*
- *use it as a way of dominating someone else and feeling powerful*
- *repress their softer sensual side because it is seen as feminine.*

2 Ask yourself the following questions:

Are any of these statements true for the men you will be working with?

What further information will you need to get a more accurate picture of the possible influences on the men you know?

Are any of these statements true of some men and not others?

3 Do this activity again, but think about women instead of men.

4 Think about what the main differences are between your answers.

5 Discuss your answers with someone you work with and see whether you have similar or different ideas.

ACTIVITY**THREE-WAY ROLE PLAY**

If you are working with a group of men, it is likely that some men will want to talk to you privately about their concerns. This exercise gives workers a chance to practise talking about sex and sexual behaviour with men in one-to-one situations.

TIME At least 90 minutes

MATERIALS Paper and pen for the observer

This activity is done in groups of three workers. Each worker has a role: a man who wants to talk to someone, a worker, and an observer.

- 1 Decide who will play each role.
- 2 The 'man' chooses a problem from those listed below (or you can make up your own). He then thinks of an underlying problem, which is connected to the problem he wants to talk about, but which he is nervous of talking about.
- 3 The man and worker act out a role play for 10 minutes. The man with the problem talks about the problem, but tries not to reveal the underlying problem. The worker has to find out what the underlying problem might be. He or she must try to address both the problem mentioned and the underlying problem.
- 4 The observer watches and says nothing during the role play. He or she notes down what the worker is doing and what effect this has on the man.
- 5 When the role play has finished, the worker tells the observer what he or she thinks is the underlying issue and what he or she has done to help.
- 6 Then all three discuss what has happened (in their role) and describe how they feel. Did the man feel that his problems were understood? Was the information and support given useful?
- 7 Come out of your roles. Discuss what you have learned. What worked and what didn't work?
- 8 Change roles and use other problems until everyone has had a turn in each role.

Problems to discuss:

- *You are married and travel away from home for your work. You have sex with other partners and are worried about what will happen if your family finds out.*
- *You can't get 'satisfaction' with your wife. You want to know what kind of help she could get.*
- *You have made several visits to the clinic because you think you have an STI. The doctor cannot find anything wrong.*
- *Your friends laugh at you because you have a small penis. You want to know how you can make it bigger.*

Improving communication

One of the most useful ways to work with men on sexual health is to talk about feelings. Talking can be the best medicine there is when it comes to dealing with sexual worries. Talking about sex may be hard to begin with but it gets easier with practice.

- Better communication between sexual partners is likely to make sex itself better because both partners will learn more about how to please each other.
- Talking can reduce anxiety about disease or unwanted pregnancy.
- If problems in a sexual relationship are discussed, they are less likely to affect other aspects of life, and problems in other aspects of life are less likely to cause problems in sexual relationships.
- Women often like men who talk and who are willing to take their share of responsibility.

ACTIVITY

TALKING ABOUT SEX

The aim of this activity is to help workers get used to talking about sex and hearing others talk about sex. Try this activity with a colleague. It is important that you both agree that what you each say will be kept in complete confidence.

- 1 Choose one or more of the topics below. Talk about it for five minutes while your colleague listens to you without interrupting. Say as little or as much as you want. The listener should give their full attention. They can make notes if they wish, but it is important to give most attention to you.
- 2 After you have finished, change roles with your colleague. Listen for five minutes to your colleague.
- 3 After you have both finished, discuss how it felt to do the talking and the listening. It is important to focus on the feelings of talking and listening, rather than on the topic you were talking about.

Being aware of your feelings as you talk can help you think about how the people you may talk to in the future will feel. Being aware of your reactions as a listener is also useful for learning about any strong reactions, fear or prejudices you have.

Possible topics

- *What you like most about sex*
- *What you find most difficult about sex*
- *The first sexual feeling or experience you can remember*
- *The first sexual experience you can remember with another person*
- *The messages picked up from your mother and father about sex*
- *The first time you masturbated*
- *What you like best about your own body*
- *How you feel as you look at and touch a condom (do this by using a real condom).*

Or, you can make up your own topic — it can be anything at all to do with sex and feelings about it.

Sensitive issues

Most men find it difficult to talk honestly and openly about sex and relationships. Some topics are particularly difficult, especially when they involve activities that may be illegal or cause emotional or physical harm, or activities that do happen but are often not acknowledged, such as sex with animals (bestiality).

ACTIVITY

WORKING ON SENSITIVE ISSUES

This activity aims to help you if you are talking to men about sensitive issues, such as rape or sexual abuse. It encourages you to think about what you may find difficult to talk about and think about how you may respond in a helpful way.

- 1 Use the following questions to help you decide which issues you feel you can address and which may be too difficult.
- 2 Talk over your answers with colleagues.
- 3 Discuss what support you have if you are faced with an issue you do not feel comfortable with.

Questions

- *Why is work on sexual health important to you?*
- *Have you done any thinking about your own sexuality or sexual life?*
- *How do you feel generally about talking to others about sexual matters?*
- *How do you feel about talking to others about your feelings?*
- *What aspects of this work are you unsure of?*
- *Are there any areas of your own sexuality or sexual life which you do not feel prepared to discuss? Why is this?*
- *How have you reacted in the past when an issue that is difficult for you personally has come up?*
- *What makes you a good person to work on these kinds of issues?*

Rape and unwanted sex

Any unwanted sex is abusive to the person who is being forced to have sex, whether or not physical violence is used. Rape is the sexual penetration of a person's body against their will. Both men and woman can be raped (men can be anally raped).

Although most men never rape anyone, many have sexual fantasies about controlling, overpowering or hurting women or other men. These feelings have a number of origins. Men may have experienced being overpowered themselves (though not necessarily sexually). Men who are abusers are likely to have seen others being overpowered and possibly been frightened by it.

Men are not to blame for having these feelings, but they are responsible for making sure that they do not hurt others. Giving men the opportunity to talk about these feelings and where they might come from can be important for preventing rape. Men who have raped need the opportunity to talk about what they did and how they felt, to help them avoid doing it again.

Most people who are raped are women. However, boys and men are also raped by other men. Male rape is more widespread than is realised. Men are even more unlikely than women to tell anyone they have been raped because male rape is so stigmatised. It is particularly hard for men to report being raped because, in most societies, men are encouraged to be 'strong' and not seek help, and because they may not want to be seen as homosexual or feminine. Both men and women who have been raped may feel shame, guilt and confusion, as well as anger.

Sexual abuse of children

Child sexual abuse (violation or defilement) is common in many societies, although it is often denied. Abuse includes involving children in sexual activity, even if the children are not physically harmed, or if they appear willing.

Child sexual abusers are usually men, but also include women. As with rape, the reasons why people abuse children are complex. There is evidence to suggest that many people who abuse children were themselves abused in some way when they were young.

Abuse may also be based on myths and misinformation about sex. For example, in some countries, men have sex with girls and young women because they believe that girls and young women will not have HIV. Some people wrongly believe that sexual infections can be 'cleansed' by having sex with a virgin.



This cartoon from Zimbabwe encourages children to talk about sexual abuse. Men could also talk about this cartoon.

Talking to men who have fantasies about abusing children requires special training and support. But any person who is working on sexual health and sexuality may come into contact with men who describe fantasies about abuse, or who admit to acting on these desires.

It is also possible that men will talk about being abused when they were young, once they start discussing other sexual issues. The damage caused by being abused may be expressed through abusive behaviour with others or through behaviour that is self-harming.

ACTIVITY

PREPARING TO DEAL WITH DISCLOSURE OF SEXUAL ABUSE

Sexual abuse is likely to be one of the hardest issues that you may face, and it is important to be prepared. This exercise gives you time to think about what you may do and say, and a chance to practice with colleagues.

- Discuss your own feelings about sexual abuse with colleagues or friends. Think about what you might feel and do in such situations.
- Think about how you might react if someone tells you they are being sexually abused or are abusing someone.
- If you yourself have been raped, or abused in another way, consider what support you may need when a man tells you about his experiences of sexual abuse.
- Discuss with colleagues in advance what you will do if someone tells you that they have been abused or have abused someone else. Find out the legal situation. Find out if other organisations deal with sexual abuse locally, and whether they can support you or whether you can refer men to them. It is often better to contact someone for help, rather than to try to do more than you are able.

DEALING WITH DISCLOSURE OF SEXUAL ABUSE

- If you are willing to deal with sexual abuse in your organisation, put up posters or distribute other materials telling people what you will and will not do. Make it clear that you will preserve confidentiality.
- If someone talks to you about abuse, listen carefully to what they are saying and let them know that you are taking them seriously. Your initial reaction is important. People revealing a secret are often very afraid of being disbelieved or judged. Some people, particularly men, have been known to keep their experience of abuse secret for years.
- Put aside your personal feelings as much as possible. Try not to decide that the person is a victim, or whether they have done right or wrong.
- If you cannot deal with the case yourself, make sure that the person talking to you knows that you will find someone else who can.
- Don't panic yourself by expecting to deal with this on your own. Simply by getting appropriate help you will have done someone a great service.

3

EFFECTIVE APPROACHES

Health and community workers need to learn how to communicate with men, and to find out about men's needs. Because men do not often talk about personal matters, it is often difficult to find out what men are really doing and thinking. What men say and do in public, such as in a health clinic, at work or in a bar, may be very different from what is happening in private.

Focusing on particular groups of men

Specific groups of men may share needs, attitudes and concerns. Boys and young men, for example, may have similar anxieties about body changes, developing sexuality or new relationships. Migrant workers may share concerns about being away from home and learning how to protect themselves and their families from sexually transmitted infections.

On the other hand, some men may find it difficult to identify themselves as part of a group with common needs and concerns. For example, men who have sex with men, but who do not see themselves as gay or bisexual, or who fear violence if they are discovered, may avoid being publicly identified as gay or bisexual.

Focusing on particular issues

You may prefer to include work on sex and sexuality issues as part of the work that you are already doing. For example, you might talk to young men about contraception and safer sex, distribute condoms to male sex workers, or encourage men to attend your clinic for sexual health check-ups and treatment.

The advantage of dealing with a single issue is that it is practical and clearly focused. This makes it a good way to start working with men. It also puts the focus on the issue (such as condom use) rather than on the men themselves. This may make it easier for men to talk, and to start thinking about, wider health issues, such as communication and enjoyment of sex.

A danger of working on a single issue is that the focus may become too narrow, making it easy to avoid discussing more difficult issues. Increasing men's condom use, for instance, is not simply a practical matter of providing condoms, because it also involves wider issues of increasing knowledge and understanding, and changing attitudes, feelings and behaviour.

REACHING AND INVOLVING MEN

- What are the men in your area interested in finding out? Are there any common sexual health issues raised by others working with men in your area? Talk to local health service providers or researchers based at universities.
- Talk to men and find out what they think about sex, health and relationships, and what their sexual health needs are.
- What could affect men's views on their needs (e.g. age, ethnicity, class, religion or sexual orientation)?
- What might be a good starting point? Start with an issue that you know is of interest to the men that you are going to work with.
- Take the initiative in talking about sexual health, but be sensitive to men's feelings and conditioning.
- Learn to tell the difference between how men present themselves in public and private.
- Identify the barriers to men's use of existing sexual health services. Use this information to develop your work on men's sexual health.



Caroline Penn

Fishermen in Sierra Leone meet together to chat – a good time to talk to them about sexual health.

Creating the right environment

Below are some ideas for different ways to start working with men. You will need to adapt these ideas to suit the concerns and circumstances of the men you are working with.

Listening and giving information

Men are often expected to know everything about sex. In reality, boys and men often lack basic, accurate information about sex and relationships, and rely instead on myths and half-truths.

If you are a health worker or educator, and men say that they know it all already, one strategy is to say that giving this information is routine practice at the clinic, and not a reflection on their ignorance or lack of experience. Using leaflets or other printed materials can be a good idea, but the materials should be written and designed to be relevant to men. Men may disregard more general materials as 'not for me'.

It is sometimes said that men are not interested in sexual health, and are unwilling to take responsibility for it. This is because men may not always express their true feelings on the subject to a 'professional'. A man who always jokes about other men's sexual performance may actually be worried about his own abilities. Someone who continually insults other men's sexuality may be confused about his own. It is important to pay attention to what men's words and actions actually mean. It may be useful to try to interpret or 'read' such behaviour, rather than accepting it at face value.

Using opportunities for health promotion

There are key times when men are more willing to think about their sexual health, such as when a man goes to a clinic with an STI, or when a man becomes a father for the first time.

If a man comes to a clinic for treatment of an STI, this is an opportunity to talk with him about how to prevent other infections, and how to protect his sexual partners. It may also be possible to answer questions about related issues, such as the safety of particular sex practices or communication with partners. It is important not to put men off by making them feel criticised or giving them too much information at once. Sometimes the first contact a worker has with a man is when he is having a crisis. At these times it is especially important to react sensitively. Otherwise a man may become even more isolated and less likely to be able to ask for help in future.



Educators talking to truck drivers when they stop for food and rest, Tamil Nadu, India.

INDIA

DRIVING THE MESSAGE HOME

There are many truck drivers in India, many of whom have unprotected sex, with more than one sexual partner, while they are travelling. Truck drivers and their partners are therefore at high risk of getting and transmitting HIV and other STIs. At the same time, they are also potentially very effective health promoters.

The AIDS Research Foundation of India (ARFI) talked to truckers about their sexual beliefs and behaviours. They then developed some key health messages, which were intended to:

- be simple and easy to remember – many truckers have unprotected sex with multiple partners each day
- focus on immediate needs (safer sex options, fewer partners) rather than distant goals (challenging beliefs or recommending abstinence)
- give truckers confidence in using safe alternatives to unsafe sex, rather than induce fear
- use the truckers' own words and beliefs
- appreciate the dangers faced by truckers on the roads which make them feel fatalistic
- look at *what* is being done which is unsafe – that is, penetrative sex – rather than whether the partner is male or female
- recognise that truckers want to have penetrative sex, and therefore not spend much time explaining non-penetrative options.

The education materials suggest a range of alternatives to unsafe sex. They provide information without being bossy. Most truckers do not have regular access to radio, TV or newspapers, so young men have been selected by ARFI to work as 'anchor educators'. They are knowledgeable about the truckers' lifestyle, available when needed, and are trusted by the drivers.

Flip charts, flash cards, story-boards and videos are shown at truck stops where drivers stop for food, rest and entertainment.

SOUTH AFRICA PUPPETS IN PRISON

HIV transmission is a huge problem in prisons. In one South African prison, a project was started to promote awareness of HIV and AIDS among prisoners, and encourage prisoners to think about a range of sexual health issues. Workshops were held where prisoners were taught about AIDS. The prisoners designed and produced a puppet play. The prisoners wrote the stories, made the puppets and performed the show to other prisoners.

Puppets allow the prisoners to address very difficult and painful issues of prison life – HIV, anal sex, rape, drugs and prostitution. Through puppets, prisoners can talk about their experiences more directly than they could otherwise. The involvement of the prisoners themselves in raising awareness of what really happens in prison has had more impact than lectures on the dangers of unprotected sex, or mass distribution of condoms. Puppets are a way of distancing the pain and humiliation of certain sexual acts. They allow people to act out their experiences without fear of personal embarrassment.

Puppets can be very useful in work on sensitive issues because they can reach people in ways that human actors cannot. Puppets can:

- break down barriers and stereotypes
- be more controversial than humans
- cost less than human actors and are easy to transport
- deliver a serious message in a humorous way without frightening or



Working with groups

Men often behave very differently when they are in a group from when they are alone. In a group, they may hide their own concerns in their desire to be accepted by other group members. Yet the approach to use when working with a group is basically the same as for working with individuals. It takes time, but with experience workers can learn to read the real concerns which may be hidden behind joking or hostility.

Single-sex and mixed groups

There are both advantages and disadvantages to working with just men. Men often feel more free to talk openly in a men-only group. However, mixed groups give men the chance to hear what women think and feel, and vice versa. It might be useful to work with both men-only and mixed groups.

Male or female workers?

Different men will have different preferences, but some feel very strongly about whether they would prefer to talk to a man or a woman. Ideally, a man should be able to choose whether he sees a male or a female worker.

Male workers may feel that they lack experience of talking with other men about social or emotional issues, and that they need some training and support. For women workers, working with men can provide challenges. Discussing sexual issues with a member of the opposite sex may be embarrassing or potentially threatening for women. In both cases, it is important to set clear boundaries and ground rules for acceptable behaviour. No worker of either sex should be forced to work with any particular client or group.

Using resources

Even when men are willing to take part in group work on sexual health, for example, at school or at work, they may be worried about drawing attention to themselves or being exposed as ignorant or inadequate.

It can be useful to direct attention away from individuals by using a resource such as a leaflet or video. This allows discussion without focusing on any particular person. It is more likely that men will later relax enough to talk about their own specific sexual health concerns.

In many STI clinics, for example, workers have found it helpful to use a standard questionnaire to gather information on sexual histories and also to begin discussion on wider issues. This questionnaire raises many issues, making it easier for men to ask for further information.

USING RESOURCE MATERIALS

- Don't be afraid to use teaching aids or activities with men. Men are often keen to talk, although they may not show it. They can be very willing to try new things.
- Always look at materials before you use them with a group or client, to make sure that they are suitable.
- Not all materials are appropriate for all settings. What is right for a classroom, for example, may not be right for work with street children.
- Do not rely on materials as a key to success; they are only tools. Effective work with men relies on your understanding, skills and motivation.
- If you are trying a teaching resource for the first time, always have an alternative prepared, in case your first choice does not work very well.
- Use a range of different activities and materials if you are doing regular sessions with men. Variety helps to keep interest and attention.
- Make up (or adapt) your own resources. There is no such thing as a 'perfect' resource for men. Experiment, and share your experiences with other workers.

ACTIVITY**UNDERSTANDING OTHER PEOPLE**

The aim of this activity is for men and women to have a chance to hear what the other sex thinks and feels.

TIME At least one hour

MATERIALS A board or large sheet of paper with the following questions written on them:

- *What do you think it means to be faithful in a relationship?*
- *What do you think the opposite sex should know about your feelings and thoughts on this subject?*
- *Would you like the opposite sex to behave differently to the way they do at present?*

1 Ask the group to agree that discussions will be confidential, and to agree any other ground rules which are important for the group.

2 Divide the group into pairs of men and pairs of women.

3 Ask everyone to discuss the questions in their pairs.

4 Ask for three or four volunteers of each sex to come up to the front of the group and say what they have been discussing.

5 Once both men and women have spoken, ask the group to discuss the following questions:

Did all the men in the group have the same answers?

Did all the women?

What were the differences?

What differences were there between men and women? Why was this?

This activity can be adapted for different topics and different groups, for example, adults and teenagers, gay and straight men, or people of two different religions.

Outreach work

Because men may be reluctant to attend sexual health clinics and other services, some workers take the services to the men. This is known as 'outreach work'. Possible settings for outreach work include: schools, workplaces, prisons, bars and nightclubs, sports clubs, youth clubs and street corners.

Men are often more willing to attend a health lecture, discussion group or check-up if they can go with friends or workmates. Men are also sometimes more willing to use outreach services because they can stay in a familiar environment where they feel comfortable.

Football grounds or other sports settings have the advantage of already being connected with healthy activities. Sporting stars can be used as role models. Many young men attend youth clubs. These have a relaxed atmosphere which can help to create a good environment for sexual health education.

It is a good idea to make links with other organisations. Alliances can be built between different health services, with employers, social clubs or schools. These can help to make sexual health services available to more men, and can involve health promotion more generally in men's lives.

**GHANA
OUTREACH WITH MEN**

The Planned Parenthood Association of Ghana (PPAG) planned to increase men's involvement and support of their wives in using contraceptives. They worked with men in a variety of community settings. Daddies Clubs were set up in places where men worked, such as plantations and mines. Along with information and discussion on sexual and reproductive health, the clubs provided a social element with activities, such as films and football matches. At industrial centres and national vocational training institutes, lectures and discussion groups were organised for men, together with leisure activities. Condom campaigns and distribution programmes were run in hotels and bars alongside training sessions for staff. Sexual and reproductive health issues were discussed at literacy groups (for both men and women). Now more men are attending clinics



Caroline Penn

THAILAND HEALTHY ARMY CONSCRIPTS

The Royal Thai Army collaborated with the Ministry of Public Health to develop an AIDS education programme for military conscripts. Most conscripts were unmarried young men with only a few years' education.

First, the educators ran focus groups with conscripts to find out what they might need to know and how they would like to learn it. They found that the conscripts knew little about HIV transmission. The conscripts had a strong preference for informal peer education without relying on fear as a motivation for changing their behaviour.

Peer educators were chosen by the conscripts and trained during a three-day course. The course started with a welcome party and moved on to basic knowledge-based sex education, skills for communication and teamwork and some information on teaching methods.

Those who passed the course went on to work with over 3500 recruits, running three-hour sessions for groups of 30 men. The sessions included ice-breaking games, a video on AIDS, and games on safer sex, condom use and risk exposure. Free condoms were then made available to conscripts. The rate of new HIV infections among young Thai men now seems to be reducing.

Peer educators

Peer educators are members of a community who have volunteered to learn about a subject and pass on information and skills to their peers (people who share similar backgrounds and interests). Peer education can be a useful way to encourage discussion among people who do not find it easy to talk to health workers because they are nervous or suspicious of them. Peer education projects have been successful with, for example, young people, sex workers and drug users.

To be successful, peer educators must be respected by other people in their peer group. They will need support and training in sexual health information and how to talk about sexual health with their peers. They also need support in when and how to refer cases that they cannot deal with.

Media campaigns

Radio, newspapers and television can reach large numbers of people. Media campaigns can help to spread basic information to men who may not be in touch with sexual health services. Health messages can be presented as news or information, or included in stories, cartoons or dramas.

Mass media messages can be listened to without a man drawing attention to himself. Media campaigns and public information messages can play a vital role in making everyone aware of the importance of men's sexual health, and advertising services.

However, media campaigns can only give general information, or stimulate thought. They cannot address an individual's specific needs. Public health campaigns are most successful when they use a mixture of strategies, such as radio and newspaper advertising combined with outreach work and clinic and counselling services.

Support groups

All sexual health workers need training and support. Suitable resources and support from managers is important, but sexual health workers can also support each other.

Forming a support group is one way to share ideas and have the chance to talk things over together. Support groups can provide time away from everyday work, making it easier to step back and reflect. Promoting sexual health with men is for many people a new area of work, making it especially important to share experiences and difficulties, and to learn from these. Belonging to a group can help workers to feel less isolated.

FORMING A SUPPORT GROUP

- Agree to meet regularly. Many people find asking for help more difficult when they need it most. Regular sessions provide a forum for questions and concerns.
- Decide ground rules which every member can agree on. For example, agree that nothing said in the group will be repeated outside the group, and that people will not speak when someone else is speaking.
- Choose a group leader, or agree that different people will take turns to lead the group. The leader must make sure that meetings start and finish on time, must see that everyone has a turn to speak, and can decide when to leave a topic.
- Give everyone a few minutes to talk about what they have been doing, what is going well and what they are having difficulties with.
- You could also use a support group to test new resources or working methods before trying them with clients. For example, you could try some of the activities included in this publication.

Men and health services

Traditional health service settings, such as family planning clinics, are attended largely by women. It is important to create environments in which men feel welcome and relaxed. This can mean taking sexual health services to where men work or socialise. It can also mean improving existing services.

Men are not often encouraged to be involved in family planning or looking after the health of their babies and children. Therefore, many health services are not used to working with men and are not accessible to them. For example, they are often only open during hours when men are working.

Many men have had no positive experience of talking about sexual matters, so seeking help for the first time can feel like a big risk. Men often see sexual health services (where they exist) as impersonal and unwelcoming.

Some health workers may make it hard for men to trust them. They may feel uneasy or afraid of men. Many workers feel that they don't know enough about men's sexual health needs and problems. Men may feel that health workers want to restrict their behaviour or criticise them.

Some men may feel uncomfortable about seeing a woman about sexual matters. Other men may prefer talking to a woman. Ideally, services should offer men the choice of seeing either a male or a female health worker. If this choice is not available, many men may find it hard to use sexual health services.

MEN-FRIENDLY HEALTH SERVICES

- Try to avoid embarrassing situations, for example, time spent in public waiting areas.
- Make it clear that what is said will be confidential.
- Put leaflets and posters in private areas such as toilets, as well as in public areas, so that men can look at them in private.
- Many posters on health issues are aimed at women. Make sure that posters or other materials are aimed at men also.
- Make sure that clinic opening times suit men's working hours.
- Consider providing clinics for men only, or having particular times when services are reserved for men.
- Services that include practical elements may appeal to men. For example, a source of condoms may attract more men than a general men's clinic.
- Try to get feedback from men about what they think of the services offered, so that you can improve the services. You could have a suggestions box, or you could ask men to fill in a questionnaire on their way out, or ask them what they feel about the service.
- Can you offer a 'one-stop shop' for men where all sexual and reproductive health services are provided together in the same place?



Visitors to this UK clinic can choose to see either a man or a woman.

COLOMBIA MEN-ONLY CLINICS

In Colombia, far fewer men than women attend clinics for sexual health services. At most clinics in the capital city, Bogotá, only 16 per cent of men go to family planning clinics, compared with 35 per cent of women.

Three clinics for men have been opened, in Bogotá and two other cities, by Profamilia, the family planning association. The new clinics have their own entrances and waiting areas. They provide services in reproductive tract, bladder and prostate problems, sex therapy, infertility, STI treatment, family planning and outpatient surgery.

The clinic in Bogotá is in a separate building to the main family planning clinic. This is a key factor in encouraging men to attend. A counsellor also plays a key role in reaching men. He or she provides confidential advice suited to each person. Men arrive at the clinic for health reasons and often seek counselling on issues concerning relationships and emotions. For example, one client first requested a prostate examination, and later talked about his relationship with his daughters.

Providing separate services for men has resulted in a dramatic rise in numbers of men attending clinics. In mixed clinics, staff have been encouraged to be more sensitive to men's needs and try to involve them. For example, in one clinic a counsellor works mainly with couples seeking family planning services, to encourage men's involvement in family planning.

Men at both types of clinics say that they find the services valuable. Profamilia's experience suggests that men-only clinics are a good way, but not the only way, to attract more

NIGERIA TRADITIONAL HEALTH

The Planned Parenthood Federation of Nigeria trains traditional healers, most of whom are men, about contraceptives that do not require a health worker to prescribe them, such as condoms. A two-week participatory course is run for groups of healers. It includes an introduction to reproductive health, male and female bodies, and human reproduction. Teaching methods and counselling skills are also taught, as are ways of involving people through the use of songs, drama and role-plays. This course has become very popular, with nearly 600 healers attending throughout Nigeria.

The healers gain knowledge and also recognition from modern doctors. Referral is now much more common between the traditional healers and modern health workers. *Adebola Adejo, 1996, Africa Link (see Resources, page 45).*

Traditional health practitioners are often approached about health issues, especially sexual matters. It is essential that traditional health practitioners are involved in men's sexual health care and education. Some practitioners provide very good support and counselling. Others provide inaccurate information or inappropriate treatment for sexual health issues, or rely on cultural beliefs about sexual health or sexuality, which do not respond to men's concerns.

Different men, different needs

Boys and young men

Many men lack good sex education as boys. Boys and young men need information designed specifically for them, and not just as an add-on to information for girls.

Boys are curious about their own and girls' bodies from an early age, but adults often ignore or punish this curiosity. Sometimes it is assumed that boys need only factual information. However, most boys want to know about emotional and social issues as much as girls do.

Some people believe that sex education encourages young people to have sex earlier. A recent WHO survey has shown that this is not true. Sex education can help young people to say 'no' to sex until they are ready for it. It also helps young people to use contraception and to protect themselves and their partners against infections.

Older men

As men grow older there are gradual changes in their physical and sexual capacity. From their forties onwards, men may have less rigid erections, less ejaculation and fewer erections without direct stimulation. Some men may worry that these changes mean that something is wrong, but they are a normal part of ageing. Many men continue to be interested in sex when they are older, and to have full and happy sexual relationships.

Older men are often left out of sexual health programmes because it is assumed that they do not have sex. However, it is important to teach older men about HIV and STIs, and problems such as prostate enlargement (see page 40) which affect older men in particular.

Homosexual and bisexual men

Men who are sexually attracted to other men (homosexual or gay) or to both men and women (bisexual) have the same needs and problems as other men. However, they may face additional problems such as oppression from those in the wider community. Sex between men is often illegal and in most cultures is disapproved of by society. Health services are often unsympathetic or hostile. This can make it harder for gay men to maintain their sexual health and to get the information and support they need.

Not all gay men have the same lifestyles and sexual practices, nor do gay men necessarily have different practices to heterosexual (straight) men. Some gay men have many sexual partners, but so do many straight men. Anal intercourse may be practised by both gay and straight men.

Men who have sex with men

Many men have sexual experiences with other men at some point in their lives, without feeling that they are gay or bisexual. Some men may keep their sexuality secret, because they feel that it is shameful, or



Caroline Penn

In Sierra Leone, this boy goes to a sympathetic older man for information and support.

because they fear disapproval. Men who engage in any sexual activity that is secret are even less likely to come into contact with sexual health services.

Some men have sex with other men only when they are away from women – for example, when they are working away from home in an all-male workplace. This is sometimes known as ‘opportunistic sex’. They may think that sexual contact with other men is ‘not real sex’ and so may dismiss the need to think about protection.

Transgenderism

‘Transgenderism’ is the word used for transsexuals and transvestites. A transsexual is a person who is born as one sex (either male or female) and identifies completely as the opposite sex. A transvestite is someone who sometimes dresses as the opposite sex – men dressing in women’s clothes or women dressing in men’s clothes.

Transgenderism can happen, for example, if a woman feels that she is a man in every sense except her physical body, and that she has the desires, thoughts and feelings of a man. Sometimes people who feel this way have medical treatment, including surgery, so that their bodies become more like those of the other sex. For instance, men can have their penises removed by surgery, and can grow breasts and become less hairy by taking hormones.

Sex work (prostitution)

Many men of all ages pay for sex with a sex worker (a woman or man who sells sexual services) for many reasons, for example, when they are without partners, because they are away from home or when their primary relationships are not satisfying.

Men may wish to have unprotected sex with sex workers. However, many sex workers are aware of the risks of STIs including HIV, and insist on condom use and safer sex.

Prostitution does not necessarily involve abuse of the prostitute by the client. However, economic pressure and lack of education and civil rights can make sex workers – both men and women – vulnerable to violence, unsanitary conditions and unsafe sex.

Many men report that their first sexual experience is with a sex worker. Sex with a sex worker may provide one of the few opportunities a man will have to learn about sex and safer sexual practices, particularly in communities that are reluctant to provide sexual education and information.

Fathers and fatherhood

Even when mothers have the main responsibility for looking after children, fathers are an important influence on their sons and daughters. Some fathers would like to be more involved in their children’s lives but do not know how, and feel excluded.

DISCUSSING FATHERHOOD

Try to:

- work with young men to allow them to think about being a father
- talk to individual men about being a father, and find out more about their feelings
- encourage men to be more involved in pregnancy and childbirth
- involve men in decisions about their children’s health
- work with women to gain their support and co-operation for men’s involvement
- explore men’s feelings about daughters and about sons.

JAMAICA FROM BOY TO FATHER

The Teenage Mothers Project in May Pen, Jamaica, encourages young fathers to become more involved in their children’s upbringing. Inadequate education for family life, unstable family structures and poverty all contribute to teenage pregnancies. Another factor is men’s attitudes. Men see themselves as not being involved in bringing up children.

Many young men have no clear ideas about how to bring up boys. The legacy of slavery in Jamaica has played a part in not encouraging men to settle or enter permanent relationships. The plantations needed children and the men were required to produce them. These days, without job security, men are not encouraged to be a permanent part of a household.

At first there was little support for the project from young men. The project worked hard to make meetings relaxed and informal. The staff ran ‘rap’ sessions (informal discussion groups), video presentations and question-and-answer sessions. More young men began to attend, and the project launched their ‘Male Responsibility Programme’. The programme focuses on family-life education, parenting skills, training and personal development, to encourage young men to have a more positive view of the future.

Joyce Jarrett, ‘Jamaica: young men



Joyce Jarrett

In May Pen, young men learn tailoring and other skills, as well as father’s responsibilities.

USA BACK TO SCHOOL FOR FATHERS

Fathers in New Mexico, USA, usually see themselves as the family wage earner and leave involvement in their children's schooling to women. A project in New Mexico has been trying to get fathers involved in their children's schooling.

Men often feel inadequate when they have to participate in their children's schooling. 'Am I doing OK?', they often ask during father-child nights at the Escuelita Alegre pre-school. 'I never play like this with my kids. Work feels much easier than this'. It also seems that many men do not become involved because they feel they do not need assistance as fathers, and they are not used to being with other fathers.

The project has developed the following guidelines, based on their experience of increasing men's involvement.

- Make contact with men in person. Assume that the man wants to be a good father.
- Try to recruit male staff.
- Create special events for fathers. A 'father-child night' is less threatening than a 'men's group'.
- Get together in an informal setting, such as a school community centre, and create an informal atmosphere. This allows men to have fun and be more relaxed. Include food!
- Balance discussion with action. Help fathers to play a game or read a story to a child.
- Invite fathers to create their own projects to carry out with their children, which are appropriate to their skills and interests, such as helping to coach football or teach woodwork.
- Organise activities for whole families, as well as just fathers and children.
- Support men who emerge as leaders, because they will come to function as role models for other fathers.

Jim Kavanaugh, 1992, 'Getting Daddy involved', *Bernard van Leer Foundation*

ACTIVITY

ME AND MY FATHER

This activity aims to help young men reflect on what it is like to be a son, to enable them to think about being a father in future.

TIME At least one hour

1 Read out the following questions to the group. Ask each person in the group to answer in turn, or write the questions on pieces of paper and ask people to discuss them.

- *How much time do you spend with your father each day?*
- *If your father is not around is there someone else who does what a father should do? How much time do you spend with him?*
- *Would you like to spend more time with your father? What would you like to do with him?*
- *Did you get on better with your father when you were younger?*
- *How has your relationship changed over the years?*
- *What is the best thing about your relationship with your father?*
- *What is the worst thing?*
- *Are you like your father?*
- *How much do you know about your father's life? Do you want to know more?*
- *Do you want to be a father when you grow up? Why?*
- *At what age would you like to be a father?*
- *If you become a father, how would you behave differently with your child from the way your own father behaved with you?*
- *If you were a father, what would you enjoy about it?*
- *What do you think you would find most difficult?*

2 When the group has had about 30 minutes to discuss the questions, in the large group discuss any questions or issues which have arisen.



Ulrike Preuss/Format

Father and son spending time together.

SEXUAL DEVELOPMENT AND FUNCTION

Sexual response and sexual feelings

It is often believed that men and women have different sexual desires and needs – men are always ready for sex and want to achieve orgasm quickly, whereas women are less interested in sex, more passive, and more interested in affection and love. These assumptions are rarely true. However, common beliefs affect all of us, especially in our relationships with the opposite sex. Many of the problems men encounter in sex are connected to expectations about how men and women should behave, and what men and women are expected to feel during sex.

Assumptions about men's and women's sexual feelings are also based on limited information about how men's and women's bodies behave during sex. Often men do not know about women's sexual desires and have unrealistic expectations of their own sexual capabilities. The same is true for women.

Sexual development and puberty

Sexual development starts when an egg is fertilised by a sperm. It continues throughout life. Small babies, both male and female, take pleasure in their own bodies and will often touch their genitals. This happens before birth and throughout childhood.

The major change from boy to man occurs when puberty is reached. Puberty starts at any age between the ages of 9 and 14 years old, with the average age being 11 or 12 years. Boys often become more interested in sex when they reach puberty. They may start to ejaculate by masturbation and when sleeping (having 'wet dreams', see page 27). Their bodies become more muscular and more hairy, and their voices change and deepen.

Because a boy's body and emotions are changing very quickly, puberty can be confusing or worrying. The messages given to boys at this time about sex, relationships and sexual health have an enormous influence in later life.

Boys may learn about sex at school or from friends, brothers, magazines or films. Fathers, mothers and other relatives also play an important role in passing on information about sex and discussing feelings and values.

Some fathers feel awkward or restricted in what they can say to their sons. In many cultures, older men in the community teach boys about growing up and sexual health. If these traditional structures are not there, people working with men can help fathers and other significant men in a boy's life (such as grandfathers, uncles, older boys or youth workers) to be open with and listen to boys at puberty.

4



J and P Hubley/WHO

Learning about sex, sexual relationships and sexual health – a healthy start in life.

TALKING TO BOYS ABOUT PUBERTY

- Support fathers, or other older men. Many boys look to their father and other elders for guidance on many issues. Sex and changes in puberty can be part of this.
- Encourage men to answer boys' questions, or to take the initiative in talking with their sons. Being silent may add to a boy's feelings that sex should not be talked about.
- Men may be embarrassed about discussing sexual matters with boys. Acknowledge this, but encourage men to go ahead anyway. Boys will often appreciate a father being honest about his own embarrassment. Alternatively, encourage other men, such as village elders, or older boys, to have a role in boys' sex education.
- Adult men can use their own life story and experiences to illustrate doubts, fears and questions that a boy may have but cannot express openly.
- Give any information that older men may need.
- Encourage adult men to be there for boys to talk to over time. A single chat is not enough. Letting boys know that their father, or another trusted man, can be approached if they have questions is most important of all.

ACTIVITY

REVIEWING YOUR SEX LIFE

This activity aims to encourage men to reflect on what is happening in their lives and how it may be affecting their sexual relationships.

The following questions can be given to a man to think about on his own. Alternatively, a group could think about the questions individually and then discuss their thoughts together:

You and your relationships

- *What do you like about your life right now?*
- *What do you find difficult about it?*
- *How do you feel about: your work, family, close relationships or marriage?*
- *Do you think that roles of men and women are changing?*
- *In what ways have changing roles and expectations of men and women affected your life?*
- *Do you feel that you are different in any way from what is traditionally expected of a man? Is this good or bad?*
- *What is good about your current sexual relationship(s)?*
- *What are you dissatisfied with in your sexual relationship(s)?*

You and your sex life

- *How do you feel about your sex life at the moment? Is it how you want it to be?*
- *What are you most dissatisfied with? What pleases you most?*
- *Do you feel that you have any problems?*
- *What are you currently doing about any problems?*
- *What kind of help would you really like?*
- *How would you like your sex life to be in the future?*

You and your body

Take some time alone when you will not be disturbed. Look at your body when you are naked. Try standing in front of a mirror.

- *What do you like about your body? What don't you like?*
- Now take a closer look at your genitals.
- *What do you like about them? What don't you like?*
 - *Is there anything that worries you about your penis and testicles? Who might you talk to about these worries?*

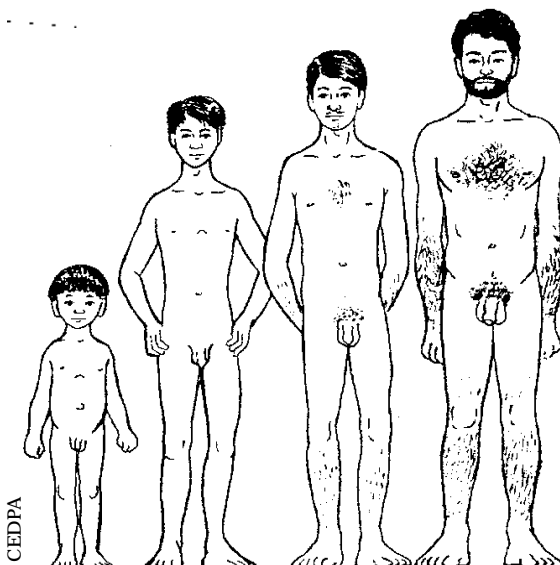
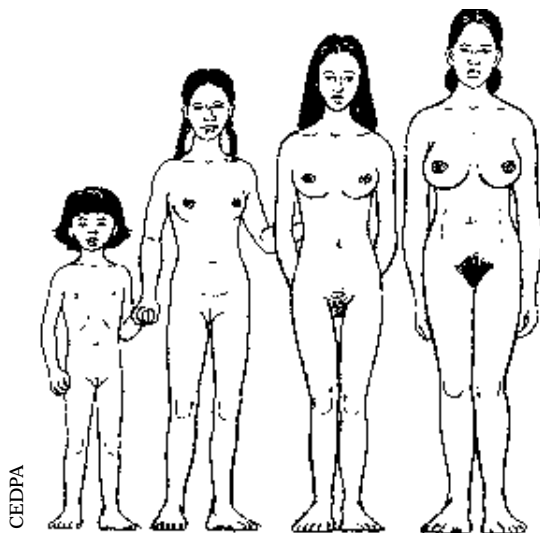
ACTIVITY**CHANGES DURING PUBERTY**

The aim of this activity is to teach boys what happens to boys' and girls' bodies during puberty. It can be done in a group.

TIME About 45 minutes.

MATERIALS Two large sheets of paper (large enough for a boy and girl to be drawn on), pens, copies of the illustrations below (adapted and made larger if necessary).

- 1 On two large sheets of paper, draw the outlines of a boy and a girl.
- 2 Ask the group to draw the changes they think happen during puberty.
- 3 Compare the illustrations below with what the boys have drawn.
- 4 Using the drawings and illustrations, discuss the changes that happen during puberty. Answer any questions that group members may have.



Male reproductive organs

HOW THINGS LOOK ON THE OUTSIDE

Pubic hair Grows around the penis after puberty.

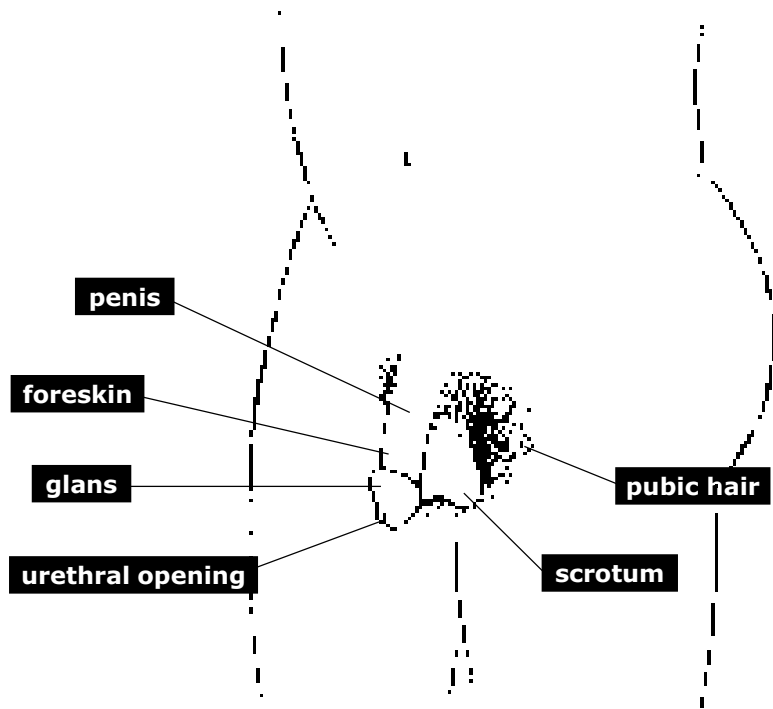
Penis Made up of spongy tissue. Normally soft, but fills up with blood and becomes stiff (erect) when a man is sexually excited.

Foreskin Small piece of skin which covers the glans. It is removed when a man is circumcised.

Glans Head of the penis. Sensitive to touch.

Scrotum Sac that holds the two testicles.

Urethral opening Opening through which urine and semen pass. Unlike women, men have the same opening for urine and sexual fluids. It is not possible for urine to pass through the urethra at the same time as semen is being ejaculated.



HOW THINGS LOOK ON THE INSIDE

Urethra Tube through which urine and semen (including sperm) pass out of the body.

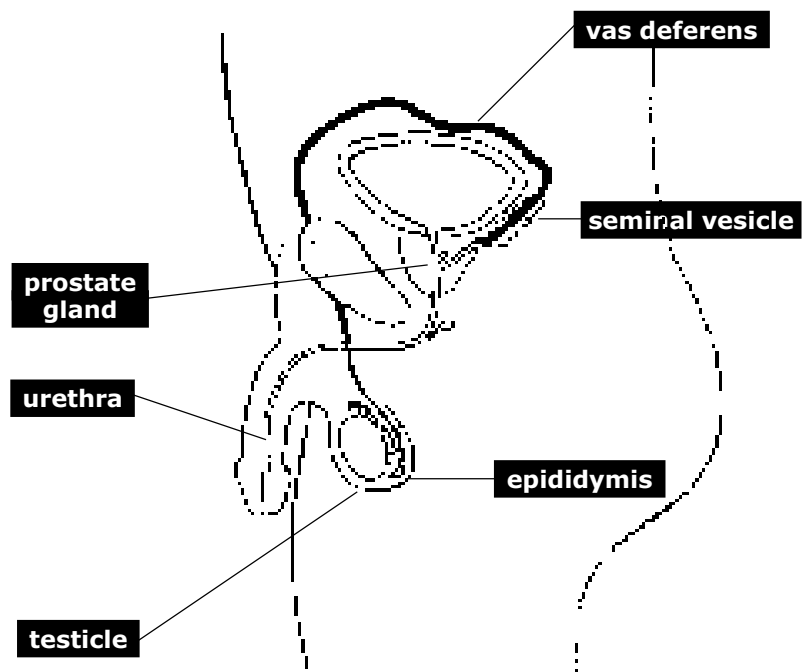
Vas deferens Tube that carries sperm from the testicles to the urethra before the man ejaculates.

Seminal vesicle Small sac at the back of the prostate gland where the thick milky fluid in semen is produced.

Prostate gland Small gland which produces a thin fluid that forms part of the semen.

Testicles Glands (which feel like two small balls) which produce sperm and the male sex hormone.

Epididymis Area where sperm are stored in the testicles.



Female reproductive organs

Pubic hair Grows around the vulva after puberty.

Vulva The different parts of the vulva make up the woman's outside reproductive organs:

Outer labia Two folds of skin which protect the vulva.

Inner labia Two smaller folds of skin which lie between the outer labia.

Clitoris Small bump at the top of the inner labia, filled with nerve endings. It is very sensitive to touch. Stimulating the clitoris can be pleasurable and lead to orgasm.

Urethral opening Small opening below the clitoris through which urine passes out of the body

Vaginal opening Opening below the urethral opening and above the anus. It leads to the vagina, cervix and uterus. It is through the vaginal opening that menstrual blood passes out of the body, the penis may enter during sex, and babies are born.

Anus Opening between the buttocks and below the vulva. Faeces (body waste) leave the body through it.

Vagina A moist tube of muscle, normally about 8cm long, which connects the vulva to the inner reproductive organs. It is very flexible. It secretes slippery mucus during sexual arousal.

Cervix Mouth of the uterus, connecting it to the vagina. It has a very small opening and is kept moist by mucus. A woman can feel her cervix by putting two clean fingers into her vagina and reaching up and forward. The cervix feels round, hard and smooth, with a small bump in the middle.

Uterine (fallopian) tubes Two tubes that connect the uterus to the ovaries. An egg is released from one of the ovaries each month, and passes along a uterine tube into the uterus.

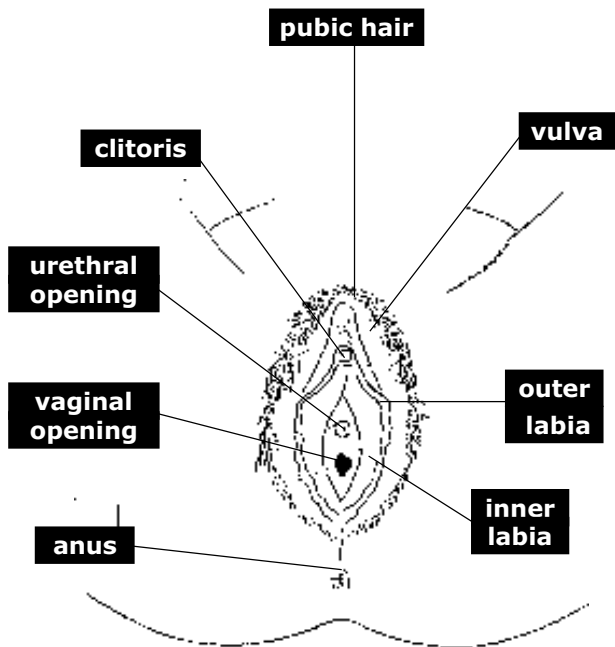
Ovaries Two glands, one at the end of each uterine tube, which produce eggs and female sex hormones.

Uterus (or womb) Hollow sac of muscle, shaped like an upside-down pear, where an embryo develops into a baby during pregnancy.

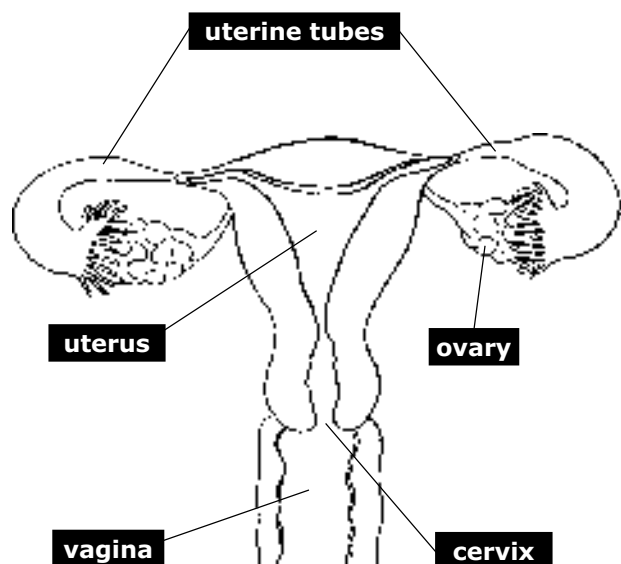
The vagina and cervix are the **lower reproductive tract**.

The uterus, uterine tubes and ovaries are the **upper reproductive tract**.

HOW THINGS LOOK ON THE OUTSIDE



HOW THINGS LOOK ON THE INSIDE



Penis size and shape

Normally a man's penis is soft and hangs down. When he gets sexually excited (and often when he does not) the penis goes stiff. It grows longer and wider and it sticks outwards and upwards from the body. The penis is used for both urinating and having sex (though it is not possible for urine to be passed at the same time as semen is being ejaculated).

Penis size varies a little but not much. Penises can look very different when they are soft (not erect or aroused), but are similar in size when erect. A common anxiety that many men have is based on the belief that a large penis makes a man more attractive and a better lover. Some men try to find ways of increasing the size of their penis, but there is no known safe way to do this.

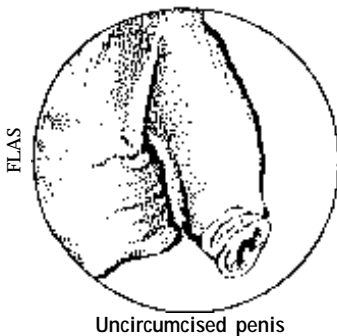
Penis shape and appearance can also be a worry. Penises come in different shapes. When erect, some penises are straight, some bend to the left or right and some curve upwards or downwards.

Circumcision

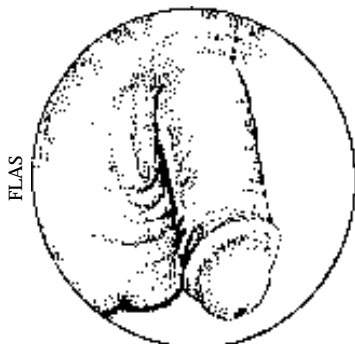
Circumcision of men means cutting the foreskin at the end of the penis. The foreskin is cut off completely in some cultures and religions, and cut partially in others. In many religions and cultures, circumcision is a sign of belonging. Circumcision does not affect how a penis functions. It makes no difference to a man's ability to give or receive sexual pleasure.

This is different to 'female circumcision', or female genital mutilation (FGM). This is an operation that involves removing the woman's clitoris and sometimes labia. It can lead to problems with urination, menstruation, psychological trauma, painful intercourse and dangerous delivery. FGM can lead to serious health problems and sometimes death.

Current research is unclear about whether male circumcision reduces the risk of infections, including those transmitted through sex. However, uncircumcised men may transmit infections more easily if they do not regularly wash properly (see page 30). Circumcision may be a risk to health if the instruments used are not properly sterilised, and if the wound is not kept clean while it heals.



Uncircumcised penis



Circumcised penis

Testicles

Testicles (balls) hang in a bag (scrotum) outside the body, just behind the penis. The scrotum is usually darker in colour than the rest of the skin, and is hairy. When the scrotum is cold, it becomes smaller and more wrinkled. Many men have one testicle (commonly the left) hanging lower than the other.

It is usual for testicles to move up and down with changes in temperature. It is important that they do not become too hot, as heat can cause problems with production of sperm and contribute to infertility. It is best for men to avoid very tight clothing, and to wear loose underclothes.

Erections

An erection is when a penis becomes swollen with blood and gets thicker and stiffer, becoming upright or 'erect'. Blood fills the blood vessels in the penis, making the penis larger. Erections happen not only when a man is sexually excited, but for many other reasons as well, caused by a touch, vibrations, a full bladder or dreams.

Masturbation

Masturbation means touching or stimulating your own genitals. It can be done with a partner or alone. Most men and many women masturbate, and some start before puberty. Even male babies in the womb can have erections and touch their own penises.

There are many ways in which men masturbate. The most common is to rub the penis with the hand until ejaculation occurs. Men can also rub their penis against something, for example a pillow or blanket, or by using other objects such as fruit.

Most men masturbate, whatever their age, and whether they are single or in a relationship. Masturbation is not just 'a second best to sex with a partner' but can be an additional enjoyment. For some men, masturbation accompanies sexual fantasies that they do not feel able to act out with a partner.

Masturbation does not cause any harm, unless objects are inserted into the end of the penis. These can cause infections. It can also be dangerous to insert the penis into a rigid object such as a bottle, because the penis can expand and get stuck.

Some people regard masturbation as shameful, or believe that it causes blindness, hair loss or tuberculosis. It does none of these things. Masturbation is not harmful. However, if people are made to feel guilty for masturbating, this can cause emotional harm.

Wet dreams

'Wet dreams' are ejaculations during sleep. They are not caused by masturbating. They are involuntary, like a sneeze. Wet dreams are fairly common in boys and young men but rarer in older men. They may cause worry or shame if a boy does not know what they are, or if wet dreams are associated with bad feelings about masturbation.

What happens during sex?

When a man or woman is sexually excited, blood flows to the genital area and the heart beats faster. A man's penis becomes larger and stiffer (erect), and a woman's vagina becomes moister. When a man gets an erection, a bladder muscle closes, so that urine, which passes out of the penis from a different tube from semen, cannot be released at the same time. With increased physical stimulation, bodies become more sensitive.

When a man has an orgasm, white fluid called semen is ejaculated from the end of his penis. When a woman has an orgasm, her vagina and uterus contract, and more fluid may be released in her vagina. Male orgasms can occur with stimulation of the penis through vaginal or anal intercourse, masturbation or oral sex. Female orgasm can sometimes occur through vaginal intercourse alone, but stimulation of the clitoris is more likely to lead to orgasm.

After orgasm, or when stimulation stops, the heart rate slows down and the rest of the body returns to normal. This process is very similar in both men and women, except that women may be able to remain sexually excited for longer, and may be able to have more than one orgasm in a short time. Men need a period of recovery before they are ready to ejaculate again.

Sex – safe and healthy

Safer sex is any sexual activity that is pleasurable, and avoids unwanted pregnancy, infection and abuse of power. Knowing how to prevent pregnancy and infection requires an understanding of the risks involved in different sexual activities and the ability to reduce the risks.

Avoiding unwanted pregnancy means that a woman needs to avoid sex with a man during her fertile period, or use a contraceptive. Avoiding an STI means avoiding sexual activity in which semen, vaginal fluids or blood enter your body or come into contact with broken skin, if you do not know whether your sexual partner has HIV or another STI.

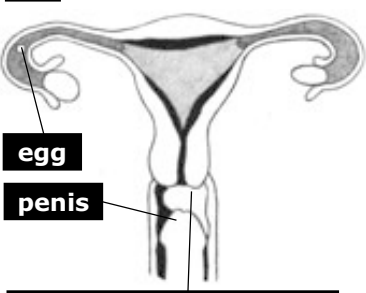
Safer sex activities include non-penetrative sex (stimulating your own or your partner's genitals through masturbation, thigh sex, massage or kissing), using a condom for vaginal or anal sex, or not having sex. Oral sex (mouth contact with male or female genitals) is less risky than unprotected vaginal or anal sex, although some STIs such as herpes can be transmitted through oral sex. There is some evidence that HIV can be transmitted through oral sex. The most risky sexual activity is having penetrative vaginal or anal sex (where the penis enters the vagina or anus) without using a condom.

When talking about safer sex it is important to remember that it is the activity, and not who you do it with, which may be risky. For example, anal sex is risky whether a man is having sex with a woman or another man. It is not possible to tell if a partner has an STI, including HIV, because many STIs have no symptoms (see page 43).

Men, and many women, are often brought up to see penetration as a necessary part of sex and other sexual activities as less important steps on the way to penetration. However, many men have had some experience of sexual contact that does not involve penetration, especially as young men. The possibility of rediscovering the pleasures of non-penetrative sex can be a way of interesting men in discussing safer sex.

HOW PREGNANCY OCCURS

1

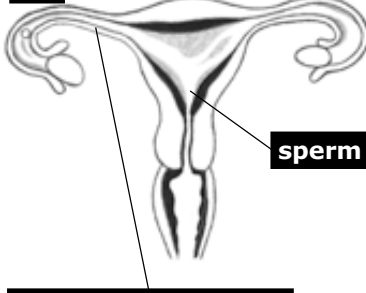


egg
penis

sperm being ejaculated

When a woman and a man have unprotected vaginal sex and the man ejaculates (comes), semen enters the vagina. During sex, even before a man ejaculates, semen leaks out of the penis. Semen contains millions of sperm.

2

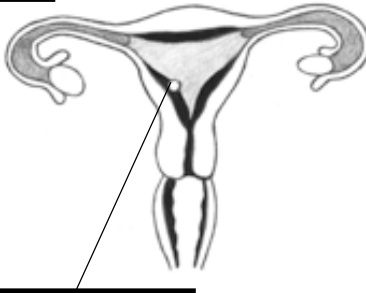


sperm

egg being fertilised

The sperm swim up the vagina through the cervix to the uterus (womb) and into the uterine tubes. If a sperm finds an egg it joins the egg. This joining is called **fertilisation**.

3



attached egg

The fertilised egg moves down the uterine tube into the uterus. It settles into the thick lining of the uterus. The egg develops into an embryo (the beginning of a baby). The baby grows in the uterus for nine months. This is **pregnancy**.

Oral sex

Oral sex means using the mouth to kiss, lick or suck a clitoris, vagina, anus or penis. There is some risk of transmitting STIs, such as herpes and gonorrhoea, through oral sex. The risk is reduced if semen or vaginal fluid is not taken into the mouth – for example, by using condoms. HIV transmission appears to be possible through oral sex, although the risk is low. Oral sex should be avoided if either partner has cuts or sores on their mouth or genitals.

Penetrative vaginal sex

It is important for men who are having sex with women to know about preventing pregnancy and STIs (see pages 32-33 and 41-44). In most cultures, decisions about child spacing and contraception are seen as mainly women's concern. Only women can get pregnant, so some men feel that they do not have to be involved in contraception, even though it takes both a man and a woman to make a pregnancy.

Young men are rarely taught about contraception. Many grow up to be ignorant and uncomfortable about the subject. A first step in encouraging men to be more involved in contraception is good sex education, in which the facts are explained clearly, and the mystery is removed. Knowledge of different contraceptive methods allows men to take part in discussions about contraception with their partners.

Anal sex

Anal sex is penetrative sex where there is contact between a penis and an anus or rectum (back passage). Although it is illegal in some countries, and considered to be 'dirty' in some cultures, anal sex is a relatively common sexual practice among men who have sex with women, as well as among men who have sex with other men. Anal sex between men and women is sometimes common because it is a way to avoid the risk of pregnancy and to protect the woman's virginity. Although many couples enjoy anal sex, some women say that they do not enjoy anal sex, but that their male partners want to practise it. This can cause problems in relationships.

The anus is more prone to cuts and scratches than the vagina, so transmission of HIV and other STIs is more likely with anal sex. The risk of transmitting an infection during anal sex is greater for the partner whose anus is being penetrated. The risk can be minimised by using a condom with a water-based lubricant. Stronger condoms made especially for anal sex are available in some places.

MAKING ANAL SEX SAFER

- The penetrator (man putting his penis into the anus) should wear a condom and use a water-based lubricant. The lubricant reduces dry rubbing and makes it less likely that the penis or rectum will be injured, and reduces the chances of the condom breaking.
- Thicker condoms are safer for anal sex than ordinary condoms.
- Using two condoms does not help. One or both condoms can slip off more easily.
- Water-based lubricant should be put on the anus before penetration.
- Penetration should be slow and gentle to avoid discomfort and possible damage.
- A man should not penetrate a woman's vagina straight after penetrating her anus without using a fresh condom. This is because germs from the rectum can easily be transferred to the vagina and cause infections.

? QUESTIONS AND ANSWERS

MEN'S SEXUAL RESPONSE

Q What is a normal sex drive?

A There is no clear definition of what is 'normal' and what is not. Everyone is different and some people are more interested in sex than others. A person's interest in sex also changes at different times in his or her life.

Q Can you use pills or potions (aphrodisiacs) to increase your sex drive?

A There is no known scientific basis for the effects of these substances on sex drive. However, if someone believes that there will be an effect, they may feel one. Many aphrodisiacs are harmless, but some are dangerous. For example, 'Spanish fly' is popular in some countries but it is, in fact, the poison, strychnine, and large doses can kill. In small doses, strychnine causes an irritation of the urethra (the tube through which urine and semen pass) which can be mistaken for sexual stimulus.

Q Can sex weaken a man?

A No, it cannot physically weaken a man. Most men feel tired for a short time after ejaculation, but there is no medical evidence to suggest that either having sex or not having sex makes any difference to a man's physical health. This includes masturbation.

Q If a man does not have sex, will his testicles become swollen with unreleased sperm and cause him pain?

A No. Sperm are only a small part of the semen (which is produced and stored in the prostate gland). Like other substances in the body, sperm die and are re-absorbed back into the bloodstream if they are not ejaculated. This process is normal, harmless and painless.

Q Do men need to have sex more often than women?

A Many men say that they feel a very strong need to have sex. Some men use this argument as a way of persuading or forcing their partners or others to have sex when they do not want to. However, biological and sexual responses of both men and women are similar, and vary from one individual to another.

Q Can a circumcised man last longer in sex?

A There is no evidence of this. Control of ejaculation is not affected by the foreskin or lack of it, but by a man's ability to control his state of arousal. (See also page 39.)

Genital care and hygiene

Keeping genitals clean is necessary for preventing infections. The penis, testicles and anal area should be regularly washed with clean water. It is especially important to wash the tip of the penis and under the foreskin, if there is one. This reduces the risk of bacterial infections due to the build-up of smegma, a white, cheese-like substance that causes an unpleasant smell.

Regular washing is also important because it means that men are more likely to notice anything unusual (such as lumps, spots, sores or discharge) as soon as it occurs.

ENCOURAGING HYGIENE

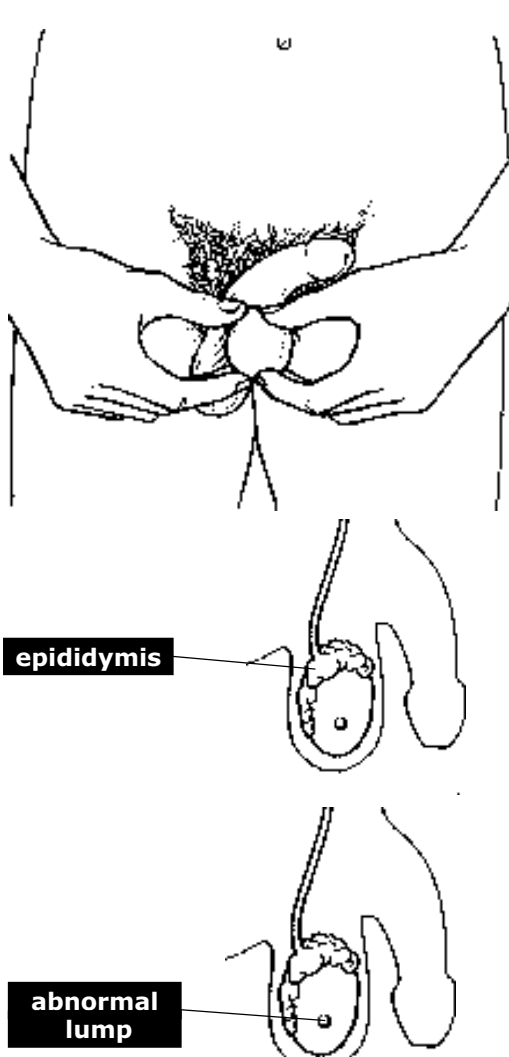
- Parents can show young boys how to clean their genitals from an early age, and make this a routine part of washing.
- It can seem insulting to tell men that they need to pay more attention to cleanliness. Therefore, include instructions about genital hygiene in general health education materials such as leaflets and posters.
- Emphasise positive aspects of hygiene: men are much more likely to pay attention if they get the message that sexual partners prefer men who have clean genitals and clean underclothing!

Testicles

Testicles are sensitive and can be damaged if they are hit hard or kicked. Spots and bumps are quite common on the scrotum and penis and don't usually mean anything. If lumps appear, or if a testicle remains close to the body and does not drop down into the scrotum, the man should see a doctor.

All men should be encouraged to check their testicles regularly for any lumps or unusual changes (see below). Men may often delay seeking medical help until a problem has become a crisis. It is important to promote the importance of prevention and regular check-ups to avoid serious illness.

There are many possible causes of lumps or other changes in a man's testicles. Some are serious and some are not. Most potentially serious problems can be avoided if the early signs are noticed and medical help is sought quickly. Cancer of the testicles is rare, but it can affect young men and the number of cases is increasing. Early diagnosis of testicular cancer makes the chances of recovery very good. Every man can learn a simple way to check himself for early changes, so that he can seek treatment in good time.



epididymis

abnormal lump

Testicular self-examination


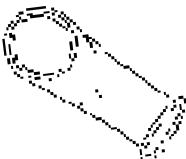


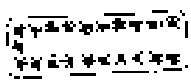


Check your testicles about once a month. It's best to do this when they are warm and hanging loosely, and the skin of the scrotum is soft.



- Hold the scrotum in the palm of your hand and notice the size and weight of each testicle. Remember that it is usual for one testicle to hang lower than the other. Examine each testicle in turn, using both hands to roll the testicles between thumbs and fingers. The testicles should feel smooth. Look for any lumps, hard areas, or swellings.
- Notice that there is one lump that should be there on each testicle - the epididymis, where sperm are stored. This lies at the top and back of each testicle. Learn to recognise these lumps and check for any other lumps.
- Check both testicles carefully. If there is something unusual it will probably be in only one testicle, so watch for any differences between the two.

Other signs of possible problems are a dull ache in the groin or abdomen, heaviness in the scrotum, or pain in the testicle itself.

Remember that anything unusual about your testicles is not necessarily a sign of cancer. It could be due to a less serious problem. Ask a doctor straightaway about anything unusual that you notice.

Many problems with testicles are much less serious if they are treated early. Regular checking can prevent major problems from developing.

CONTRACEPTIVES						
	DESCRIPTION	PROTECTION FROM PREGNANCY	PROTECTION FROM HIV/STIS	AVAILABILITY	ADVANTAGES	DISADVANTAGES
CONDOM 	Latex tube which is rolled onto the man's erect penis before having sex. The man ejaculates into the condom. The condom is more effective in preventing conception if used with a spermicide. Sometimes condoms are already lubricated with a spermicide. If not, they can be lubricated with a water-based lubricant.	Very good if used properly and consistently.	Very good. HIV and other infections cannot pass through.	Widely available in most countries from bars and shops as well as clinics. Inexpensive.	Rarely any side effects (a few people get irritation from latex). Only need to use when having vaginal or anal sex. Some people choose to use condoms during oral sex.	Can be difficult to use without teaching. Men need to agree to use. Can break if used wrongly or beyond use-by date, or if there is a lot of friction (for example, during 'dry sex'), or if an oil-based lubricant is used.
FEMALE CONDOM 	A soft, thin polythene tube which covers the inside of the woman's vagina, similar to the male condom. It can be used with a spermicide.	Very good if used properly and consistently.	Very good. HIV and other infections cannot pass through.	Not widely available. Expensive in most places.	No side effects. Only need to use when having sex. Some women can use without men knowing.	Not easily available in most countries. Expensive. Can be difficult to insert.
DIAPHRAGM and CAP 	Rubber 'cap' that fits over the woman's cervix to prevent sperm entering. Needs to be fitted initially by a health worker. A diaphragm or cap is put into the vagina before having sex and left in for at least six hours, but not more than 24 hours, after sex. It is then washed for re-use. It should be used with spermicide.	Very good if used properly.	No protection against HIV. Some protection against some STIs such as genital warts.	Not available in every country.	Only need to use when having sex. Can be re-used for two years. Does not need access to health worker after initial fitting.	Needs trained health worker to fit. Some women find it difficult to insert and take out. Needs to be refitted every two years, after pregnancy, or if the woman gains or loses weight.
SPERMICIDES 	Chemicals designed to kill sperm in the vagina and prevent sperm from entering the cervix. They take the form of foam, vaginal film, cream, gel or pessaries. They should be used with barrier methods (condom, female condom, diaphragm or cap).	Poor if used on own.	No evidence yet of reducing HIV risk. Some protection against bacterial infections.	Widely available.	Only need to use when having sex. Does not need access to health worker.	Some people are allergic.
CONTRACEPTIVE PILL (the pill) 	Daily pill containing hormones that prevent ovulation (release of an egg from an ovary).	Excellent if taken correctly.	None	Available in most areas from family planning clinics.	Do not need to think about it while having sex. Can switch to another method if necessary.	Needs to be prescribed by a health worker. Needs to be taken daily. Some side effects. Many conditions in which it should not be prescribed.
HORMONAL IMPLANT (often known as Norplant) 	Six small, thin tubes inserted under the skin in the woman's upper arm. The tubes slowly release a hormone which prevents ovulation. They must be inserted and removed by trained health workers. Effective for up to five years.	Excellent	None	Widely available in some countries.	Do not need to think about it while having sex. Can be used without man knowing. Long-lasting.	Can cause irregular periods. Some conditions in which it should not be used. Must be removed by trained health worker.
INJECTABLE CONTRACEPTIVES 	The most common injectable is DMPA (or DepoProvera). Injection given at a clinic every three months. It prevents ovulation.	Excellent	None	Widely available in some countries.	Do not need to think about it while having sex. Can be used without man knowing.	Can cause irregular periods. Need access to health worker every three months. Cannot stop immediately if side effects. Many conditions in which it should not be used.

CONTRACEPTIVES						
	DESCRIPTION	PROTECTION FROM PREGNANCY	PROTECTION FROM HIV/STIS	AVAILABILITY	ADVANTAGES	DISADVANTAGES
	INTRAUTERINE DEVICE (IUD) Small piece of plastic or copper that is put in the uterus (womb) by a trained health worker. It has a fine string attached to it that the woman can feel to ensure that it is still in place. The IUD prevents fertilisation.	Excellent	None. Increased risk of pelvic inflammatory disease (PID) following insertion or via the string.	Available in most areas from family planning clinics, but often only to women who have had children.	Do not need to think about it while having sex. Woman can check that it is in place herself.	Heavier periods for some women. Needs access to health worker to insert or remove. Some conditions in which it should not be used, especially history of STIs.
	NATURAL FAMILY PLANNING Only having sex during the stages of the menstrual cycle when the woman cannot get pregnant. It involves recognising these stages, including observing body temperature and changes in cervical mucus.	Good if used properly.	None	Can be used by any couple who know about the woman's cycle.	No side effects. Couples share responsibility for family planning. No expense.	Requires commitment of both partners. Requires careful observation and record-keeping.
	FERTILITY AWARENESS Using a woman's knowledge of her menstrual cycle to decide when to use a contraceptive and when to have unprotected sex. A woman who wishes to become pregnant may have unprotected sex at the stage in her cycle when she can become pregnant, but use a barrier method (condom, female condom, diaphragm or cap) at other times to protect against HIV/STI transmission.	Good if used properly.	Very good when using a barrier contraceptive. None during unprotected sex.	Can be used by any couple who know about the woman's cycle.	No side effects. Couples share responsibility for family planning. No expense.	Requires commitment of both partners. Requires careful observation and record-keeping.
	BREASTFEEDING Breastfeeding on demand can reduce the risk of pregnancy in the first six months by delaying ovulation. Most breastfeeding women start to ovulate after six months, even if they have not had a period.	Good if breastfeeding exclusively on demand for the first six months.	None	Almost all women who have given birth can breastfeed if given support.	Free	Not reliable after six months. Women with HIV may prefer not to breastfeed.
	WITHDRAWAL This is when the man takes his penis out of the vagina before ejaculating (coming).	Poor, because sperm may be released before ejaculation.	None. HIV has been found in semen released before ejaculation.	Available to all men.	Useful if no other method available.	Man needs to think about it while having sex. May not be able to withdraw before ejaculating.
	STERILISATION (VASECTOMY) This involves cutting the vas deferens in men to prevent sperm from joining semen (see page 36), or cutting or blocking the uterine tubes in women to prevent the egg and sperm from meeting.	Excellent	None	Available from some health clinics by trained doctors.	Do not need to think about it while having sex.	Requires an operation under local anaesthetic (men) or general anaesthetic (women). Not easily reversible. Small chance of infection after operation.
	EMERGENCY CONTRACEPTION Can be used after unprotected sex if the woman may have become pregnant. It takes the form of pills or an IUD. Pills should be taken within 72 hours of unprotected sex. The IUD can be inserted up to five days after unprotected sex.	Excellent if taken within time limits.	None	Not widely available.	Important option after safe sex 'accidents'.	Either method must be given by a trained health worker. May not be acceptable to some people who regard emergency contraception as abortion.

How to use a male condom



- 1 Check the expiry date on the condom packet. Take the condom carefully out of the packet.
- 2 Place the condom on the tip of the penis when it is hard and erect, but before it touches the partner's genitals. Make sure that the rolled-up condom rim faces outwards.
- 3 With the other hand, pinch the tip of the condom to remove any trapped air, and unroll the condom to cover the penis.
- 4 After intercourse, withdraw the penis carefully, but before it becomes soft. Hold the rim of the condom against the penis, so that semen does not spill out.
- 5 Slide the condom gently off the penis, and knot the open end.
- 6 After using the condom, throw it away safely.

How to use a female condom



- 1 Open the packet carefully.
- 2 Hold the small ring (at the closed end of the condom) between the thumb and middle finger. (Some women prefer to take out the small ring before insertion to make the condom more comfortable.)
- 3 Find a comfortable position, either lying down, sitting with your knees apart or standing with one foot raised on a stool. Squeeze the small ring and put it into the vagina, pushing it inside as far as possible with the fingers.
- 4 Put a finger inside the condom and push the small ring inside as far as possible. (It is also possible to insert the condom by putting it onto the erect penis before intercourse.)
- 5 Make sure that part of the condom with the outer ring is outside the body. The outer ring will lie flat against the body when the penis is inside the condom.
When the penis enters the vagina, make sure that the penis is inside the condom.
- 6 Immediately after sex, take out the condom by gently twisting the outer ring and pulling the condom out, making sure that no semen is spilt.
- 7 After using the condom, throw it away safely.

Condoms

Condoms are relatively cheap or free, easy to obtain, have no side effects and are easy to use. As well as preventing pregnancy, condoms offer the best protection against STIs including HIV and AIDS.



QUESTIONS AND ANSWERS

CONDOMS

Q Do condoms take away the pleasure of sex — like having a sweet with its wrapper on?

A Wearing a condom does make sex feel different. But condoms are now made much thinner than they used to be. Knowing that both people are protected can make sex more relaxed and enjoyable. Wearing a condom can also make a man's erection last longer. Some men say that they prefer using a female condom instead of a male condom, especially for anal sex.

Q If I wear a condom, will my partner think I've got an infection?

A More and more people now understand the importance of condoms for preventing infections as well as pregnancy. But if your partner asks you why you are wearing a condom, this is a chance for you to explain that it is to protect both of you.

Q Do condoms interrupt sex?

A If you plan to use condoms and have some nearby, they can be put on more easily. Many men find that their erection sometimes goes down for a while when they put on a condom. It can help if the man's partner helps to put on the condom. It is important to make sure that the condom does not slip off the penis. Remember that if someone has an STI from having unprotected sex, this will be far more of an 'interruption' to a healthy sexual relationship than using a condom is.

Q Are condoms difficult to use?

A Condoms are not difficult to use if you have learned how to use them and practised beforehand (see the diagram on page 34). Practise putting a condom on something like a banana or a bottle with a long neck, before you try one on yourself. You can also practise putting one on yourself, to gain confidence before you use one with a partner.

Q Are condoms reliable?

A Condoms are generally reliable if they are used correctly (see page 34) and consistently. Condoms can sometimes slip off or even tear, but they are the best method of protection available against transmission of infections during sex, and they are an effective way of preventing pregnancy.

Q Isn't protection the woman's responsibility?

A Protection is the man's responsibility as well as the woman's. Would you want to rely completely on someone else for your own safety? Is this fair to the woman?

ACTIVITY

CONTRACEPTIVE METHODS



This activity aims to teach participants about contraception, and to give them practical experience of handling contraceptives.

TIME At least one hour.

MATERIALS A collection of contraceptives available locally, and drawings of methods that do not need contraceptives, such as withdrawal.

There may be much embarrassed laughter during this activity but this is all part of the process of getting used to contraceptives.

1 Ask the group to sit around one large table or in a circle on the floor.

2 Lay out all the contraceptives. Encourage the men to pick them up and handle them.

3 Ask the group members to say what they know about each one.

4 Ask volunteers to say who they think would use each contraceptive method, and why – for example, unmarried men or older women with several children.

5 Now answer any questions or explain any items which were not understood.

KENYA PROMOTING VASECTOMY

A mass media campaign was held in Kenya to promote vasectomies. The project was aimed mostly at men, but also at partners and health workers.

Radio and television programmes were broadcast in the city. In rural areas, mobile cinemas broadcast programmes. Adverts were placed in four daily papers. Men who had had vasectomies spoke as 'satisfied customers' and information was given about local family planning clinics.

After the campaign, the number of vasectomies more than doubled.

Johns Hopkins Center for Communications Programs, 1997, Reaching men worldwide (see Resources, page 45).

BANGLADESH WORKING WITH RELIGIOUS LEADERS

The Family Planning Association of Bangladesh tried hard to increase access to different contraceptives at community level. However, they were not very successful. Religious leaders had a strong influence, particularly with men, and were often hostile to family planning organisations.

In 1984 the FPAB started to involve religious leaders and gain their support. An expert with experience of both family planning and religious education made contact with the leaders to reduce their fears about family planning and its impact on religious teachings.

This led to a re-evaluation of the teachings of Islam on family planning. With the support of respected religious scholars, the religious leaders were encouraged to attend seminars. Courses for religious leaders and marriage registrars were organised, and a national conference for religious leaders was held.

The leaders' support for family planning had a tremendous impact among men, and male opposition to family planning has been greatly reduced as a result of the programme. Ahmed Neaz, 'Converting Bangladesh's influential religious leaders', *Planned Parenthood Challenges* 1996, No 2 (see

Vasectomy

Vasectomy is a small and very safe operation which stops a man from releasing sperm into his semen. Vasectomies cannot usually be reversed and so are suitable only for men who have had all the children they want or who are sure that they do not want children.

The operation consists of cutting the vas deferens (see diagram on page 24) and tying up both ends of the cut vas deferens so that sperm cannot join the semen before ejaculation. It is done under a local anaesthetic and takes only a few minutes. There are usually no physical side effects, with only a small amount of bruising and soreness. For a while after the operation a man must use another method of contraception until tests confirm that no more sperm are being released.

A new, 'no scalpel' method of vasectomy is also now available in some countries. This uses only a small hole instead of two cuts in the scrotum. Less anaesthetic is needed, there is less chance of infection, less soreness and bruising, and recovery time is shorter.

Vasectomy does not affect a man's sex drive. Ejaculation and orgasm will be the same, and semen is still produced as before. The only difference is that there are no sperm in the semen. Sperm are still produced in the man's testicles but are absorbed back into the bloodstream (as they would be if they were not ejaculated).

Abortion

When women and couples do not have good access to contraception, they sometimes use abortion as a form of birth control. Men are often excluded from this process, seeing it as a matter for women only.

Abortion can be upsetting, even for people who do not feel that it is morally wrong. It can be very dangerous and lead to infection, infertility or death if it is carried out unhygienically. However, an abortion carried out hygienically by trained personnel in early pregnancy carries a very low risk of danger. In general, abortion carries more risk to a woman's physical and mental health than other forms of birth control. The best way to prevent the need for abortion is for men and women together to make sure that unwanted pregnancies do not happen. Men have an important role in sharing responsibility for contraception.

A man whose partner has an abortion may have strong emotional reactions. He may need encouragement and support to talk about his feelings. Women who are having abortions may need the support of their male partners. Health workers can help both partners by providing information and the opportunity for them to talk about their feelings.



A volunteer listens to a villager's views on religion and family planning, Bangladesh.

John Hopkins University

COMMON SEXUAL PROBLEMS

Loss of desire

All men sometimes lose interest in sex. Loss of desire for sex can last for days, weeks, months or years. It may or may not be seen as a problem by a man or his partner. Some men feel that sex is an essential part of their manhood. Other men feel that sex is not very important.

Loss of desire for sex can have a physical cause, such as illness, tiredness or poor diet, or an emotional cause, such as difficulties within a sexual relationship, or other worries. The best way to deal with it is usually through the 'talking cure' of counselling. Loss of desire is not usually treated medically, unless there is some obvious physical illness.

A common cause of loss of desire is depression. Many people become mildly depressed when they are anxious. It may be useful to explain to men that loss of desire due to anxiety is common, and that their desire will return when they feel more relaxed. It can help to talk to men and help them to deal with other issues that are making them feel anxious.

Problems relating to sex, such as ending an important sexual relationship, or confusion about sexuality, can cause a major emotional upset. Men are often reluctant to seek help about sex-related problems, and it is often hard for workers to recognise these problems. Men with sexual problems can therefore feel very isolated. A sense of isolation can lead to unhappiness and sometimes mental illness.

Celibacy

Celibacy means not having sex, whether by choice or not. For some men it is a problem. There are no harmful effects from not having sex. However, some men who do not engage in sexual activity, for whatever reason, may be pitied or seen as socially inadequate and not 'a real man'.

Becoming sexually active and becoming a man are often closely connected. Although most people have no sexual relationships during some periods in their lives, some men find lack of sex distressing. Men who have chosen to be celibate, for religious or other reasons, may be helpful in talking to men who are not having sex.

Physical disability

Disability can affect a man's sexual health in many ways, depending on the nature of the disability, attitude and ability of the individual, the attitude of society and what support is available.

Many disabled men have happy, normal sex lives, but many are prevented from doing so. Some disabilities, such as spinal injuries, limit the body's ability to function. Some disabilities make sex too tiring or painful. Many disabled men lack the confidence to develop sexual relationships because of their disability. However, many disabled men who cannot enjoy penetrative sex enjoy other sexual activities, such as oral sex, mutual masturbation, sensual touching, affection and emotional intimacy.

It is important that disabled men and women are offered practical support, and counselling if they choose it, to feel more able to express their sexuality. (See Organisations on page 46).



Penis and erection problems

Penis problems

Many men worry about the size and shape of their penis and may need some reassurance (see page 26). Serious medical problems with the penis are rare.

A tight foreskin is a common problem. It makes it difficult and painful to pull the foreskin back over the top of the penis. It can make washing the penis difficult. After puberty, when a man has erections, a tight foreskin can be painful. It can be removed by circumcision (see page 26).

Cancer of the penis is a serious disease, although very rare. The causes are not fully understood. It is possible that there is a link between penis cancer and the herpes virus (see page 44). There is also a possibility that cancer of the penis is linked to poor genital hygiene. Boys should be encouraged from an early age to wash their penis every day to protect themselves, and their sexual partners, against a range of infections (see page 30). Cancer of the penis usually affects older men. Early symptoms include an ulcer on the end of the penis, pain, bleeding and swollen glands. (It is important to remember that all of these symptoms are often caused by more common, and less serious, illnesses.) It is diagnosed by a biopsy (when some of the affected part of the penis is examined under a microscope).

Priapism is a painful and permanent erection, which is not caused by sexual excitement, and does not disappear after ejaculation. It is rare and mostly affects men with sickle cell disease. It is important to treat it as early as possible, because it can lead to impotence if it is not treated. Treatment will depend on the cause, and should be dealt with by a specialist doctor.

Erection difficulties ('impotence')

Almost all men experience difficulty with erections at some time. They may have no erection, an erection for only a short time, or a partial or semi-rigid erection. Some men experience erection difficulties only under certain conditions or only with certain partners. Men can have erection difficulties at any age, but as they become older, it is more common for their erections to become less frequent and less rigid.

Physical causes of erection difficulties include vascular problems (blood vessels in the penis), alcohol, drugs (both medicinal and recreational), smoking, blood pressure, diabetes, thyroid problems, some cancers, and some illnesses such as multiple sclerosis.

Erection difficulties often have emotional causes. These may be temporary, such as the shock of losing a job or getting divorced. They may be more complex and longer term, such as a belief that sex is 'dirty' or wrong. Emotional causes are often connected to men's childhood conditioning and early experiences of sex. Problems with erections are often linked to difficulties in a relationship.

Many men feel under pressure to use sex as a way of proving their manhood. This is common, but can be very damaging. The more pressure a man puts on himself to have an erection and be a 'real man', the more difficult it will be.

Treatments There are several ways of dealing with erection difficulties, depending on the cause. Erection difficulties are often due to causes that are not physical, and cannot be dealt with by medical methods. Professional counselling, or talking informally to someone, is often the best way to help.



Beryl Goldberg

Men are often reluctant to seek advice on sexual problems, but discussion can reduce fears.

Treatments for erection difficulties with a physical cause are expensive and not widely available:

- injection into the penis, with drugs or hormones, to cause a temporary erection
- drugs which cause temporary erections, such as Viagra
- surgery to increase blood flow to the penis
- penile implants give the man a small but permanent erection
- inserting a small bulb into the scrotum, which can be squeezed to create an erection.

Ejaculation difficulties

Premature ejaculation

A common sexual difficulty for men is not being able to control when they ejaculate (have an orgasm or 'come'). Premature ejaculation means ejaculating within a few seconds of penetration. Some men may ejaculate in response to only a slight touch, or just by thinking about sex. Premature ejaculation usually has an emotional cause, and is not related to any physical condition.

It is sometimes said that premature ejaculation is common among younger men with less sexual experience. In fact, it can affect men of all ages. Premature ejaculation is not a problem if the man and his partner are not concerned about it. However, men usually want to exercise some control over when they have an orgasm, so that their partners have time to reach orgasm.

Premature ejaculation is often caused by the pressure to 'perform', or other emotional difficulties. For example, if a man has been taught that sex is shameful he may feel pressured into getting it over with quickly. Many men are nervous when they have sex with a new partner, and have a premature ejaculation. Lack of privacy, or fear of being discovered having sex, also make premature ejaculation more likely.

Treatment There are several simple techniques that can be taught to men to help them increase control over when they ejaculate.

- Encourage the man to relax and understand his body better, and recognise the signs that he is near to ejaculation (see Activity, right).
- Using a condom when having sex can reduce sensitivity of the penis, and give a man more ability to control his ejaculation.

It is not helpful to advise men to 'think about something else' while having sex, to help them delay their ejaculation. This can stop them from enjoying the sex and can make it less pleasurable for their partner.

Delayed ejaculation

Delayed ejaculation is when a man has an erection, but cannot move on to orgasm. This happens from time to time with some men, but for others it can be a long-term problem.

Delayed ejaculation can have physical causes, such as alcohol, drugs or exhaustion. If there is no obvious physical cause, emotional causes are possible. These may include worry about a man's sexual performance and a feeling that he must prove himself as a 'good lover' or boredom, anger or fear.

Treatment Emotional causes of delayed ejaculation are best dealt with by talking with a sympathetic listener, and relaxing and learning more about the man's sexual response.

ACTIVITY

EJACULATION CONTROL

This activity is designed to help a man who has problems with premature ejaculation. It involves masturbating to a set of specific instructions. The man needs somewhere quiet, private and comfortable, and time to practise. The aim is for him to gain greater awareness of his sexual response, so that he will be better able to control when to ejaculate with a partner.

Start masturbating and keep going until you reach a point at which you feel you are about to ejaculate. When you are very excited and just about to come to orgasm, stop masturbating and notice how you feel. You will soon lose the urge to ejaculate and will lose your erection either partially or completely. When your desire to have an orgasm has gone completely, start masturbating again and repeat the process of stopping before the point of ejaculation. If you feel like ejaculating almost immediately, wait a bit longer before going on.

The more you do this exercise, the better control you will develop over your ejaculation, as you become more aware of your sexual responses. A greater awareness of your own feelings means that you will be able to recognise when you are nearing the point of ejaculation with a partner, and choose whether to slow things down and delay orgasm.

Problems with testicles

Men can help to prevent medical problems with their testicles by checking them regularly (see page 31).

Any new lumps, hardening, heaviness or general feeling of discomfort in the testicles could indicate:

- a hernia (caused by muscle strain or injury)
- a hydrocele (a collection of fluid around the testicle which causes swelling)
- a cyst (a small pocket in the testicle which contains fluid)
- a torsion or twist in the testicle which brings on a painful swelling
- cancer of the testicles (this is rare).

A man may feel aching in his testicles if he has been sexually aroused for some time but has not ejaculated. This is not harmful and soon passes.

Treatment Because of the range of possible causes of testicle problems, men with testicle problems should get medical advice. Some conditions can be dangerous if they are not treated. Testicular cancer can be cured if it is detected and treated early.

Prostate problems

Many men suffer from prostate gland problems, especially older men. The prostate gland (see diagram on page 24) encircles the urethra, the tube through which semen and urine pass out of the penis. Problems are usually caused by the prostate becoming enlarged, which can make it difficult to urinate (pass water). An enlarged prostate gland has no specific physical effects on a man's sexual functioning.

The most likely symptoms of prostate enlargement include:

- a slow flow of urine
- delay in starting urination
- dribbling at the end of urination
- frequent urination
- need to urinate at night
- sometimes a complete inability to urinate.

A man should always go to a doctor if symptoms persist. Some of these symptoms can be a sign of prostate cancer. However, enlargement of the prostate gland is usually not caused by cancer. It is important not to scare men into assuming that prostate enlargement means they have cancer. Fear of cancer may prevent them from seeking help.

Treatment A doctor's initial advice may be to 'wait and watch'. This should only be done on medical advice. It means monitoring the condition to see if the man can safely live with the prostate enlargement without medical intervention. Many men can manage without treatment.

If prostate enlargement causes problems, surgery is the most usual medical treatment offered. It involves removal of prostate tissue. Drug treatments are another option. However, the drugs have side effects, they need to be taken for a long time, and they are probably not as effective as surgery.

If prostate enlargement is due to cancer and the cancer is only in the prostate gland, the chances of cure are good, provided that medical treatment is available and affordable. Radiotherapy, hormone therapy or complete surgical removal of the prostate gland are the most common treatments.

If the cancer has spread to other parts of the body, a cure may not be possible. This is one reason why it is important for men to seek help as soon as they notice any changes or problems in their prostate gland. Early treatment can save lives.

Infertility

Infertility means being physically unable to have children. It can occur in both men and women. A man may also be 'sub-fertile', which means that he has low numbers of sperm, and therefore a lower chance of his sperm being able to fertilise an egg (see page 28).

About one in ten couples who try to have children are unable to do so. In about 40 per cent of couples who cannot have children, the man is infertile or sub-fertile. In another 40 per cent of couples, it is the woman who is infertile. In the remaining 20 per cent of couples, the cause of infertility cannot be identified. Women are often blamed when a couple cannot have children. It is important that health workers explain that both men and women can have problems with fertility.

Men can have fertility problems for a number of reasons:

- difficulty in producing sperm
- low numbers of healthy sperm
- blocked tube which carries the sperm (the vas deferens, see diagram on page 24)
- an inability to ejaculate because of erection difficulties or physical damage
- a sexually transmitted infection, such as syphilis or gonorrhoea (see page 44).

Treatment Good overall health plays a part in maintaining fertility, but not much can be done if a man has a low sperm count. Male infertility or sub-fertility cannot be easily treated. Sometimes drug treatment or surgery can be offered if the numbers of sperm are not too low.

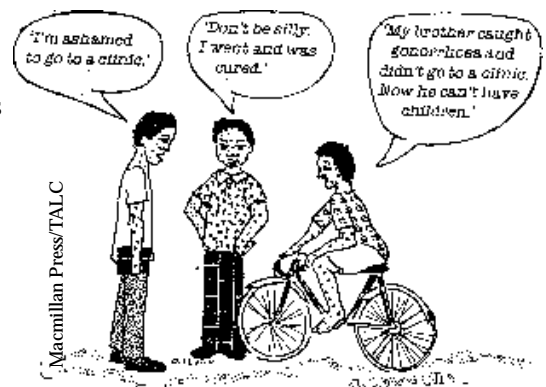
Finding out that he is infertile can be shocking for a man. He may feel that he is to blame, or he may not believe the results of a medical test. Fertility is often strongly linked with sexual performance and a sense of manhood. A man who is infertile may fear losing his status within the community. Infertility may also affect his identity much more deeply, especially where religion and culture emphasise the fathering of children as a central activity in a man's life.

Some women may find infertility of their partner very difficult to accept. Some may be sympathetic, but some may be unable to feel any sympathy towards their male partners. It is important to offer men the chance to talk about their feelings. Counselling for both partners, either separately or together, can be helpful.

Sexually transmitted infections

Sexually transmitted infections (STIs) have an enormous impact on people's health worldwide. The World Health Organization estimates that one in ten sexually active people have an STI. Most STIs can be easily cured if treated in time. Untreated infections, however, can grow much worse, and can cause pain, illness, infertility and even death. Some STIs can cause harm to babies born to women with STIs. For example, gonorrhoea can cause eye problems and in some cases blindness. Syphilis can be transmitted to the child and cause death. HIV can be passed from mother to child before or during birth, or during breastfeeding.

Very few men attend STI clinics for regular check-ups, even where these facilities exist. Men often leave sexual health problems until they are suffering discomfort or pain. Delaying treatment usually means that the problem gets worse, which can make treatment harder and less effective. It also increases the risk of infecting partners. STIs are transmitted more easily from men to women than from women to men.



It is very important to encourage men to find out about STIs and ask for advice and treatment when they need it. It is also important to encourage people with suspected STIs to ask their partners to have a check-up. Anyone finding out that they have an infection from their partner may be shocked. Contacting partners needs to be done sensitively.

HIV is a virus that can lead to a range of illnesses some years after a person is infected. There is no cure for HIV. However, people with HIV can stay healthy for longer if they are treated for infections early. Some drugs are now available which reduce the level of the HIV virus in the body (anti-viral drugs, or anti-retroviral therapy). These drugs must be continued once started. They are expensive, but are becoming increasingly available in some countries. Anyone with HIV can pass the HIV virus on to sexual partners, even if they are still healthy, or are taking anti-viral drugs.

Most STIs affect the male and female reproductive organ or rectum. Some STIs, including syphilis, hepatitis B and HIV, can affect other parts of the body, for example, the eyes, nervous system or liver.

Common STI signs and symptoms include:

- urethral and vaginal discharge
- pain when urinating or during intercourse
- genital ulcer
- lower abdominal pain
- genital itching
- painful swelling in the lymph glands in the groin
- painful swelling of the scrotum.

If STIs are not treated, they can result in serious problems, such as infertility in both men and women. STIs that cause open sores, such as syphilis, chancroid and genital herpes, are not only dangerous in themselves but also greatly increase the risk of HIV transmission.

STIs can easily be diagnosed using laboratory tests. However, these require expensive equipment that is not available in most places. Results of tests can take several days. Some people do not return to obtain their test results, or to have treatment. In many countries, health workers are being encouraged to diagnose and treat people with an STI, by identifying the main groups of symptoms (syndromes) commonly associated with these STIs (syndromic management).

MEN AND STIS

- Start teaching boys and young men about sex and STIs before they start having sex. Providing information about risks, treatment, and prevention works better than leaving boys in ignorance and fear!
- Provide clear and explicit information; anything unclear may increase boys' and men's fears.
- Let boys and men know where to get help. If possible, organise a visit to a health facility where people with STIs are treated, as part of sex education lessons.
- Design posters and leaflets which explain in detail what happens at health facilities where people with STIs are treated.
- If a man is unwilling to seek help for a suspected STI, offer to go to the clinic with him. Feeling ashamed or isolated is a major barrier to seeking treatment.
- If men are worried about seeking treatment, arrange to talk with staff at clinics to see how services could be made more 'men-friendly'.
- If men are having difficulty talking to their partners about the risk of STIs, ask them to practise by talking with you first.
- Remember that STIs are transmitted through oral and anal sex, as well as vaginal sex. Train health workers to recognise anal STI symptoms.



Maggie Murray/Format

In Zambia, HIV-positive volunteers go to schools to talk to young people about living with HIV.

SEXUALLY TRANSMITTED INFECTIONS		
INFECTION	SIGNS AND SYMPTOMS	TREATMENT
<p>Human immunodeficiency virus (HIV) HIV is a virus that is carried in blood, semen or vaginal fluid. It can be transmitted through:</p> <ul style="list-style-type: none"> ■ unprotected sexual intercourse ■ exchange of blood (such as transfusions or shared injecting equipment) ■ mother-to-child transmission during pregnancy, delivery or breastfeeding. <p>HIV is not transmitted through everyday contact such as kissing, toilet seats, sharing towels or eating utensils, or through mosquitoes.</p>	<p>HIV itself has no symptoms. HIV damages the immune system, making people more vulnerable to a wide range of infections. Some people may develop flu-like symptoms shortly after infection. Most people who have HIV remain healthy for several years with no serious symptoms. HIV-related problems may then develop, such as dry coughs, night sweats, thrush and sudden weight loss. More serious illness may then develop, such as shingles (herpes zoster), persistent diarrhoea, tuberculosis and other illnesses which would normally be easy to treat. This phase is known as Acquired Immune Deficiency Syndrome (AIDS).</p>	<p>Someone with HIV can remain healthy for many years. It is believed that overall good health, a healthy diet and good health care may delay the onset of illness. Anti-viral drugs can reduce viral load (the amount of HIV in the body). These drugs, taken in combination therapy, enable people with HIV to live for much longer. The antiviral drug, zidovudine, can reduce the risk of HIV transmission from mother to child, if taken by pregnant women before and during delivery.</p>
<p>Gonorrhoea (the clap) Caused by the bacteria <i>N. gonorrhoeae</i>. Transmitted through unprotected vaginal, anal or oral sex.</p>	<p>Yellowy-white discharge from the penis, pain when urinating. The symptoms may disappear after a few days, but the person remains infectious. If left untreated, gonorrhoea can inflame testicles, which can lead to infertility. Women may have symptoms similar to men, or often no symptoms. If untreated, gonorrhoea in women can lead to upper reproductive tract infections, and cause infection to babies during birth, leading to eye infections or blindness.</p>	<p>Treated with a single dose of antibiotics such as ceftriaxone, ciprofloxacin, cefixime or spectinomycin (kanamycin or trimethoprim where gonorrhoea is resistant to other drugs). In most areas, penicillin is no longer effective against gonorrhoea.</p> <p>Many men and women with gonorrhoea also have chlamydia, which has similar symptoms. Treatment for both gonorrhoea and chlamydia is recommended if a man or woman has urethral or vaginal discharge.</p>
<p>Chlamydia Caused by the bacteria <i>Chlamydia trachomatis</i>. Transmitted through unprotected vaginal, anal or oral sex.</p>	<p>Common signs in men include: thin watery discharge from the penis and burning sensation when urinating or during sex. Chlamydia often has no visible signs in women so is undetected and untreated, increasing the risk of reproductive tract infections. Symptoms in women may include bleeding after sex and pain in the abdomen. Chlamydia can cause infection in babies during birth, leading to eye infections or blindness.</p>	<p>Treated with a short course of antibiotics such as doxycycline or tetracycline (erythromycin for pregnant women). Chlamydia is often present in men who have gonorrhoea. It is advisable to treat men and women with gonorrhoea for chlamydia as well. Chlamydia can be detected by a blood test or sample taken from the area that may have been infected.</p>
<p>Syphilis Caused by bacteria <i>Treponema pallidum</i>. Transmitted through unprotected vaginal, anal or oral sex.</p>	<p>Painless ulcers on the penis, vagina or anus, which appear two to four weeks after infection. Without treatment, the ulcers disappear after six to eight weeks. Then the secondary stage develops. Symptoms include: fever, enlarged lymph glands, headache and rash. If the disease is still left untreated, it may cause blindness, heart problems and dementia (confusion). Syphilis can be passed from a pregnant woman to her baby.</p>	<p>Treated with short course of benzathine penicillin, or, for the rare cases of allergy, doxycycline (erythromycin for pregnant women).</p>
<p>Chancroid Caused by bacteria <i>Haemophilus ducreyji</i>. Transmitted through unprotected vaginal, anal or oral sex.</p>	<p>Painful ulcers on the penis, vulva or anus, similar to syphilis ulcers.</p>	<p>Treated with short course of antibiotics such as erythromycin, ceftriaxone, ciprofloxacin or trimethoprim. If chancroid is common locally, a person with genital ulcers should be treated for both syphilis and chancroid.</p>

SEXUALLY TRANSMITTED INFECTIONS		
INFECTION	SIGNS AND SYMPTOMS	TREATMENT
<p>Genital herpes Caused by the <i>Herpes simplex</i> virus. Transmitted through close bodily contact. This includes vaginal, anal or oral sex or skin contact if blisters are present. Can be transmitted to a baby during birth if the mother has blisters.</p>	<p>Small, painful blisters on the penis, rectum or mouth which fill with a liquid and then burst; flu-like symptoms; itchiness around genitals. Ulcers heal within two to three weeks. Many people have no further symptoms. Some people experience frequent occurrences, perhaps less severe than the first one.</p>	<p>Once someone has the herpes virus, there is no way of getting rid of it by medical treatment. In many people, herpes episodes become less frequent with time. Acyclovir (ointment or tablets) can help to shorten the length of the attack.</p>
<p>Genital warts Caused by <i>human papilloma virus</i>. Transmitted through close bodily contact, most commonly vaginal, anal or oral sex.</p>	<p>Small, fleshy and soft lumps which appear on their own or in clumps on the inside of the penis or around the anus. Sometimes they are difficult to see. They can cause irritation and discomfort. It can take several months for the warts to appear after a person becomes infected.</p>	<p>External warts treated by a paint-on ointment. Internal warts need freezing treatment at hospital. If left untreated, the warts spread rapidly. It is thought that the virus increases risk of cervical cancer in women.</p>
<p>Trichomoniasis ('trich') Caused by protozoa (single-cell organism). Transmitted through close bodily contact and unprotected vaginal intercourse, but not anal or oral sex.</p>	<p>Thin, greenish discharge from penis. Sometimes pain when urinating. Men can have no symptoms and still be infectious.</p>	<p>Trich is not dangerous if left untreated, but many people with trich also have gonorrhoea, which can lead to serious problems if left untreated. There is some evidence that infection with trich increases the risk of co-infection with other STIs. Treated with a short course of antibiotics, such as metronidazole.</p>
<p>Thrush Yeast infection, caused by <i>Candida albicans</i> which occurs naturally in women's vaginas but sometimes grows more than normal. Takes advantage of weakened defences, either in a particular part of the body or generally. Too little or too much washing is a common causative factor. Occurs in babies, and in adults who are tired, stressed, taking antibiotics, diabetic or with a damaged immune system, sometimes because of HIV infection. Men can get the yeast trapped under their foreskin and then pass it on during sex.</p>	<p>White coating growing in moist parts of the body, such as the vagina or throat, or under the foreskin. Causes redness and itching. People with HIV often get severe, recurring thrush in the mouth, digestive tract and genitals. Can be serious as it can interfere with eating or breathing.</p>	<p>Treated with anti-fungal drugs in tablet or cream, such as fluconazole. Live yoghurt applied to affected areas can prevent and treat thrush. Some people recommend avoiding sweet or starchy foods. Risk of thrush can be reduced in HIV-positive people if they take weekly doses of fluconazole.</p>
<p>Pubic lice ('crabs') Small insects that lay their eggs in pubic hair. Pass between people during close bodily contact, including sex.</p>	<p>Small brown lice and white eggs visible in pubic hair. Cause severe itching.</p>	<p>Lice killed with liquid solution applied to the pubic area, left on for a short time and then washed off.</p>
<p>Scabies Small parasites that live on the skin, usually the fingers, armpits, abdomen, thighs, penis or scrotum. Transmitted through close bodily contact, including sleeping next to a person with scabies, or from contact with infected clothes or bedding.</p>	<p>Causes a red, very itchy rash on the affected area. If left untreated, scabies will spread rapidly over the body and be very uncomfortable. Can lead to sores.</p>	<p>Whole body is treated with benzene hydrochloride lotion or crotamiton cream, left on for 24 hours and then washed off. Sheets and clothes should be boiled. All members of the household must be simultaneously treated.</p>
<p>Hepatitis B Virus which can be transmitted through vaginal, anal or oral sex, or through exchange of blood (such as sharing needles or syringes, or blood transfusion). It is much more infectious than HIV.</p>	<p>Symptoms may never develop, or may develop after some time. Liver becomes inflamed, causing jaundice, vomiting and loss of appetite. Symptoms can be mild to very serious, and can cause death.</p>	<p>There is no cure but symptoms can be relieved with medication. There is an effective vaccine for those who might be at high risk of coming into contact with the virus, such as health workers.</p>

RESOURCES AND ORGANISATIONS

RESOURCES

BOOKS AND MANUALS

4 Boys: a below the belt guide to the male body

An illustrated booklet for adolescent boys about the male body.

Single copies free from Family Planning Association, 2-12 Pentonville Road, London N1 9FP, UK.

AIDS and men who have sex with men

A UNAIDS technical update which outlines the main issues and describes some effective responses to problems faced by men who have sex with men.

Single copies free in English, French and Spanish from UNAIDS (see Organisations).

Family planning handbook for health professionals

This book covers family planning, infertility, unwanted pregnancy, STIs and contraception for young people. It includes information on working with men.

Free to those experiencing currency restrictions (£14/US\$24 to others) from Distribution Unit, International Planned Parenthood Federation (see Organisations).

Learning about sexuality: a practical beginning

This book describes programmes that have integrated sexuality and gender issues into family planning, mother and child health and reproductive health programmes. It includes several case studies from men's projects.

Free to developing countries from Population Council, One Dag Hammerskjold Plaza, New York NY 1007, USA.

Let's hear it for the boys!

Supporting sex and relationships education for boys and young men
Handbook for teachers, youth and community workers. It includes principles for addressing boys' and

young men's sex education needs and training materials to develop effective strategies. Produced for the UK but can be adapted for elsewhere.

£12.50 plus postage from National Children's Bureau, 8 Wakley Street, London EC1V 7QE, UK.

Making sex work safe

This handbook is for policy makers and programme planners working with sex workers or their clients. It discusses working with men who are sex workers and clients, and transgender sex work issues.

Produced by the Network of Sex Work Projects.

Single copies free to developing countries (£12/US\$24 elsewhere) from Healthlink Worldwide (see Organisations).

Men and masculinity

Includes articles from development workers working on male identity and masculinity and gender work in Trinidad and South Africa.

£7.95/US\$12.95 plus postage from Oxfam Publications, BEBC, PO Box 1496, Parkstone, Dorset BH12 3YD, UK.

On the margins: men who have sex with men and HIV in the developing world

A comprehensive survey of AIDS programmes in developing countries that support MSM work.

Free to readers in developing countries from Panos Institute, 9 White Lion Street, London N1 9PD, UK.

Reaching men worldwide: lessons learned from family planning and communication projects 1986-1996

Working Paper No 3, 1997, describes twenty family planning and reproductive health projects around the world which have addressed men's participation in family planning.

Single copies free to readers in developing countries from Johns Hopkins School of Public Health (see Organisations).

Sexe à moindre risque

Illustrated booklet for transgender sex workers.

Available in French from PASTT, c/o AIDES Fédération, 23 Rue de Château Landon, 75010 Paris, France.

Your reproductive health

Two booklets about reproductive development in men and women written for school age children.

Available free from the Family Life Association of Swaziland, PO Box 1051, Manzini, Swaziland.

GAMES

Man's world

London: Working with Men Board game designed for work with young men aged 14 years and over. Enables young men to discuss their knowledge, feelings and attitudes about being men. Designed for use in the UK but could be adapted for use elsewhere.

£18 from Working with Men, 320 Commercial Way, London SE15 1QN, UK.

NEWSLETTERS

Africa Link

April 1996 special issue 'Just for men: involving men in sexual and reproductive health programmes'.
Free from IPPFAR, PO Box 30234, Nairobi, Kenya.

AIDS Action

Aimed at community-based health workers and educators, it provides practical information on a wide range of care and prevention issues concerning AIDS, HIV and sexually transmitted infections.

Free to developing countries or for £6/US\$12 (other students), £12/US\$24 (individuals elsewhere), £24/US\$48 (institutions elsewhere). In English from Healthlink Worldwide (see Organisations) and partner organisations. Also available in French, Portuguese and Spanish.

Network

Quarterly newsletter aimed at health workers. Covers family planning and health issues. Volume 18, No 3, Spring 1998 covers men and reproductive health.

Free to public health and family planning professionals in English, French and Spanish from Family Health International, PO Box 13950, Research Triangle Park, NC 27709, USA.

Planned Parenthood Challenges

Twice-yearly newsletter covering issues of concern to those working in sexual and reproductive health. Issue 2, 1996, covers men's needs and responsibilities.

Free to family planning workers and associated individuals and organisations from International Planned Parenthood Federation (IPPF), Regent's College, Inner Circle, Regent's Park, London NW1 4LQ, UK.

Population reports

Quarterly newsletter covering family planning and related health issues for developing countries.

Themes include: vasectomy, involving men and other issues relevant to male sexual health.

Free to readers in developing countries or those helping to promote reproductive health in developing countries in English, French, Portuguese and Spanish (limited availability in Arabic, Russian and Turkish) from Johns Hopkins School of Public Health (see Organisations).

VIDEOS

Getting it right: safer sex for young gay men

London: Pride Video, 1993, 55 minutes

Format: VHS/PAL

Through interviews with young gay men, some of whom have HIV and others who do not, safer sex information is clearly explained and illustrated.

£14.99 from Pride Video, 5-6 Parkside, Ravenscourt Park, London W6 0UU, UK.

Reaching out to men as partners in reproductive health

New York: AVSC International, 1997, 13 minutes

Format: NTSC/PAL/SECAM

Aimed at programme planners, discusses the role men play in reproductive health and how programmes can involve men in projects.

US\$90 in English, French and Spanish from AVSC International, 79 Madison Avenue, New York, NY USA 10016, USA.

ORGANISATIONS

Disabled People's International

101-7 Evergreen Place
Winnipeg
Manitoba R3L 2T3
Canada
Email: dpi@org

Global Network of People Living with HIV/AIDS (GNP+)

Central Secretariat
PO Box 11726
1001 GS Amsterdam
The Netherlands
Email: gnp@gn.apc.org

Healthlink Worldwide (formerly AHRTAG)

Farringdon Point
29-35 Farringdon Road
London EC1M 3JB
UK
Email: infor@healthlink.org.uk

International Planned Parenthood Federation (IPPF)

Regent's College
Inner Circle, Regent's Park
London NW1 4LQ
UK
Email: info@IPPF.org

International Lesbian and Gay Association (ILGA)

81 Rue Marché au Charbon
B-1000 Bruxelles
Belgium
Email: ilga@ilga.org

Johns Hopkins School of Public Health

Population Communication Services

Population Information Program

111 Market Place, Suite 310

Baltimore

Maryland 21202-4012

USA

Email: webadmin@jhuccp.org

Joint United Nations Programme on HIV/AIDS (UNAIDS)

CH 1211 Geneva 27

Switzerland

Email: unaids@unaids.org

Network of Sexwork Projects

3 Morley Road

Observatory 7925

Cape Town

South Africa

Email: sexworknet@gn.apc.org

World Health Organization (WHO)

CH-1211

Geneva 27

Switzerland

Email: info@who.ch



Healthlink Worldwide works to improve the health of poor and vulnerable communities by strengthening the provision, use and impact of information.




WORLDWIDE

Healthlink Worldwide
Cityside
40 Adler Street
London E1 1EE
Telephone +44 20 7539 1570
Fax +44 20 7539 1580
E-mail info@healthlink.org.uk
<http://www.healthlink.org.uk>

