

MODULE: SAFE MALE CIRCUMCISION.

Introduction.

This training module has been prepared to equip key media house representatives, including presenters, editors, and station managers, with knowledge on the meaning and importance of Safe Male Circumcision (SMC), while increasing their understanding of the relationship between SMC and HIV prevention in order to better inform health reporting. The module was adopted from the Men and HIV/AIDS Trainers Manual developed by Y.E.A.H. in support of the programme and capacity building team.

Preparation Time: 2-3 hours.

Preparation Tips for the Facilitator:

- Don't go a step further until you have thoroughly read the facilitator's notes. Read through the fact or fiction statements before the session and refer to the facilitator's notes for clarification.
- Remember that male circumcision has strong religious and cultural sentiments, which are not necessarily scientific or medically founded. Please ensure that you keep the discussion strictly on the scientific/medical facts/issues to avoid any conflict. Make this stand very clear before you start the session.
- Ensure that you have prepared the SMC definition chart beforehand.
- Be well prepared; plan each session before the training. Bring all the needed materials and arrive early so you can welcome participants.
- Prepare the room so that it is comfortable for all participants and allows for movement as each module includes at least one participatory exercise.
- Invite everyone to join in and encourage those who are silent.
- Set clear ground rules and expectations around participation, confidentiality, and listening.
- Be aware of your own feelings and fears around the topics you are going to discuss.

Duration: One hour.

Number of Participants: 10-15.

Methodology:

- Participatory activity - Fact/Fiction game.
- Brainstorming.

Materials Needed:

- Chart for Safe Male Circumcision (SMC) definition.
- Chart for relationship between SMC and HIV prevention.
- Fact or fiction statements.
- SMC compact fact sheet.
- SMC brochure.
- Pre and post test questions.

GOAL

The goal of this media training is to increase knowledge of the relationship between SMC and HIV prevention and emphasise the role of scaling-up uptake of SMC services among men and boys to realise faster and greater benefits of SMC in HIV prevention.

OBJECTIVES

By the end of the one-hour training session, participants will be able to:

- Display an understanding of the relationship between SMC and HIV prevention.
- Appreciate the importance of scaling-up uptake of SMC services to have an impact on HIV prevention among the general population.

PROCEDURE

SESSION ONE: Introductions and pre-training test.

Methodology: Lecture, pre-training test.

Duration: 10 minutes.

1. Briefly introduce yourself, the training goals and objects for the session.
2. Inform participants that you are about to explore a sensitive topic – male circumcision. Point out that it is common knowledge that male circumcision is a very deep part of some religions and cultures. Nonetheless, it also has a strong scientific/medical explanation, which affects the lives of all men and women despite their religion or culture.
3. Participants should therefore clearly note that the major aim of this discussion is to explore the scientific/medical side of male circumcision and not the religious or cultural side.
4. Any scientific/medical issues raised are therefore neither meant to promote or attack any religion or culture, but merely to provide all participants with adequate information for them to make an informed decision on male circumcision.
5. Tell participants that you are going to hand out a pre-training test. It is a short test and will take 5 minutes to complete.
6. Assure them that this test is part of the training to help you ascertain their level of knowledge on the subject before the training. Tell them that the answers of their tests will not be revealed to anyone.
7. Hand out the pre-training test questions to each of the participants and allow them time to complete it.

8. Collect the pre-training test sheets and start the training following the procedure and sessions below.

Key Content: Pre-training test [*attached*].

SESSION TWO: Definition of SMC.

Methodology: *Large Group Brainstorming.*

Duration: *5 minutes.*

1. Write the words 'Safe Male Circumcision' on a chart and ask one or two participants to explain what it means to them. Write down their answers on the blank chart.
2. After they have given their answers pin up the chart with the official definition of SMC next to the one with their definition. Point out any differences between the two.

Key Content: *Safe Male Circumcision or SMC is where the skin that covers the head of the penis is removed in a health facility by a trained medical person.*

3. Ask participants if they have any clarifications of or questions about the official definition of SMC.

SESSION THREE: Safe Male Circumcision and HIV prevention.

Methodology: Group activity.

Duration: 10 minutes.

1. Ask participants to stand.
2. Let each participant tell you what they understand by the relationship between safe male circumcision and HIV prevention as they take a seat.
3. Tell them that only participants who share what they know about SMC and HIV prevention will take their seats.
4. After each participant has given their response, display the following statements on the relationship between SMC and HIV written on the chart you have prepared in advance.

Key Content:

- Research shows that safe male circumcision reduces the risk of new infections of HIV by 60 per cent. This means that there is still a 40% chance for a circumcised man to get HIV. **Abstinence, Being faithful** to sexual partners and **using Condoms** are still important methods for preventing HIV infection, even among circumcised men.
- Safe male circumcision removes the foreskin and mostly target cells used by the HIV virus and other STIs to enter the body.
- Removing the foreskin also allows the penis to remain dry and thus reduce the lifespan of the virus and bacteria after unprotected sex.
- The removal of the foreskin induces the growth of a tough skin over the head of the penis. The thin membrane of the glans transforms into a thicker skin after circumcision.
- The thicker skin is not easily bruised during sex, thus reducing the chance of entry of the virus into the body. However, the chances of HIV entry or bruising of the penis is not totally eliminated nor are the target cells totally removed by circumcision. This is why SMC is not 100 per cent effective in preventing HIV infections among men.

SESSION FOUR: Scaling up uptake of SMC services for greater benefits.

Methodology: *Participatory Activity, Fact/Fiction Game.*

Duration: *25 minutes.*

Note to Facilitator: *Please read the 'facilitator's notes' carefully before the session and especially before this game so that you have adequate information about SMC to handle any questions that may arise.*

1. Tell participants that in order for SMC to have a significant impact on reducing HIV among the general population over a short period of time, a big number of men and boys must be circumcised. This is called, 'scaling up' uptake of SMC services for men and boys.
2. Inform participants that to explore the importance of scaling up uptake of SMC services further and to appreciate the relationship between SMC and HIV prevention, they are going to play a game called Fact/Fiction.
3. Remind them that irrespective of their personal feelings about SMC, the answers given in this game are the facts.
4. Ask all the participants to leave their seats and stand in a circle.
5. Explain the following instructions for the game:
 - a. Statements are going to be read to them and they need to decide whether it is Fact (true) or Fiction (false) or they Don't Know.
 - b. For statements they think are Fact, they should raise both hands.
 - c. For statements they think are Fiction, they should not raise any hand at all.
 - d. For statements where they Do NOT Know, they should turn around and face away from the circle.
6. For every statement read, ask at least one or two people from any of the three categories why they chose that particular answer. Encourage short and fast answers.
7. Finally, read the correct answer to them and other supportive statements and comment on any misconceptions that may arise.
8. Emphasise that the aim of the session is NOT to convince them to either have or not have SMC, but rather to give them adequate information so that they can better report on the issue as well as make an informed opinion.

KEY CONTENT: *See Fact or Fiction statements attached.*

SESSION SIX: Training evaluation, feedback and conclusion

Methodology: *Post-training exercise*

Duration: *10 minutes*

1. Tell participants that you are going to do a quick evaluation of the session by giving them the same questions they answered at the beginning of the training.
2. Hand out post-training tests to each participant and allow them some time to complete it. Assure them that this test is part of the training to help you ascertain their level of knowledge on the subject after the training.
3. Ask participants whether or not they feel confident enough to speak or report on SMC and HIV prevention. Address any concerns that may come up.
4. To conclude, hand out campaign materials for the SMC scale-up campaign, including; fact sheets, posters and any other campaign materials that you may have.

Key Content: Pre-training test [attached].

TRUE OR FALSE STATEMENTS

1. **STATEMENT:** SMC can reduce the risk of HIV and other STIs. **ANSWER:** True

- Scientific studies in Uganda, Kenya & South Africa revealed that SMC can **reduce** the risk (**not eliminate or offer complete protection**) of HIV/STI infection
- So, Abstinence, Being Faithful and Condoms (ABC) must still be used.
- For uncircumcised men, the membrane underneath the foreskin is much more sensitive and prone to bruises when it is exposed during sex.
- This covered membrane also contains more target cells (cells that are naturally less resistant to HIV/STIs and allow them into the bloodstream).
- After sex, the penis goes back to its normal size and the foreskin covers the head of the penis again. If not cleaned immediately after sex, the foreskin will keep sexual fluids of both the man and woman under it for sometime. The moisture is fertile ground for the HIV/STIs to easily enter the man's body. These three factors make the uncircumcised man more vulnerable to HIV/STI infection.
- On the other hand, the removal of the foreskin for the circumcised man creates a thicker and stronger membrane on the area that was under the foreskin. This thicker membrane is more resistant to bruises and thus less vulnerable to infection.

2. **STATEMENT:** A circumcised man does not need a condom since the skin on the head of his penis becomes very hard **ANSWER:** False

- Even though the skin of a circumcised man hardens and gains some resistance to HIV/STIs, it does not give 100% PROTECTION. It is still a living tissue that can still get bruised, opening a door for infection.
- If your car has a metallic guard and seat belts, would you still crash into a tree at full speed?
- Circumcised men must still follow the ABCs (Abstinence, Being Faithful, and Condoms).
- SMC is NOT a substitute for the ABC; it is just an added advantage.
- In the same way, metallic guard and seat belts are NOT a substitute for good driving.
- SMC does not give full protection against HIV. It gives partial protection and thus supplements the ABC strategy. Therefore, circumcised men and boys minimise their risk of HIV infection through abstinence, faithfulness to one partner and proper condom use.

3. **STATEMENT:** In order for SMC to have a significant impact in reducing HIV transmission over the general population, Uganda needs to circumcise a big number of men and boys in a short time. **ANSWER:** True

- Although SMC reduces the risk of acquiring HIV by 60%, greater benefits of SMC and HIV prevention in the country can only be realised when a big number of men and adolescents get circumcised in the shortest time.
- According to the Ministry of Health and WHO, Uganda needs to circumcise 4.2m adult/adolescent men within 5 years to avert 340,000 new HIV infections by 2025. This stands for 25% of new HIV infection that would have occurred otherwise.
- The country will however spend US\$1-2B to achieve this impact but will also save US\$20.3Billion, which will be enough money to hire over 2,000 new doctors and pay their salaries for 5 years.
- According to the Ministry of Health and WHO, the greatest results of using circumcision in HIV prevention can be achieved by scaling up and increasing the circumcision of men and adolescents and a sustainable programme for circumcising neonates (new born babies).
- The Ministry of Health and WHO also note that the impact is directly proportional to the implementation pace and scale. The bigger and faster the number of men and boys circumcised, the greater the benefits to the country in form of the reduced number of new HIV infections among the general population and saving money that would otherwise be spent in treating and caring for new infections.
- As a result, the Ministry of Health and partners are implementing a behaviour change communication campaign to sensitise people about the role of SMC in reducing HIV transmission and increase demand of SMC services country wide.

4. STATEMENT: SMC increases a man's sexual performance

ANSWER: False

- Sexual satisfaction depends on very many things including the feelings you have for your partner, the timing, reasons for sex, mood, etc.
- Merely being circumcised will not guarantee better sexual performance.
- However, since the removal of the foreskin exposes the glands (the head of the penis) to air and continuous contact with the underwear, the skin on the head of the penis becomes thicker and loses a slight degree of sensation.
- This could mean that a circumcised man could take longer to ejaculate since his penis may require longer contact to reach maximum arousal. Some people consider this an advantage.

5. STATEMENT: Circumcision is only for Moslems.

ANSWER: False

- Firstly, Jews also circumcise. So do Bagisu and other cultures and none of them are necessarily Moslems.
- Secondly, SMC is done in a health facility by a health practitioner for health reasons; not religious ones. So, circumcision is definitely not for Moslems only.
- In languages like Luganda, one of the terms for circumcision is “okusilamuka” (directly translated to mean “to become a Moslem”). Sometimes it is called “okusala embalu” (from the Bagisu traditional circumcision called embalu). These words were only developed because the practice of circumcision is more common among the Bagisu and Moslems, not because one becomes a Moslem or Mugisu when they circumcise.

Pre-training test: Safe Male Circumcision and HIV prevention

1. What do you understand by the term Safe Male Circumcision?

2. In your view, how does Safe Male Circumcision reduce the risk of HIV transmission?

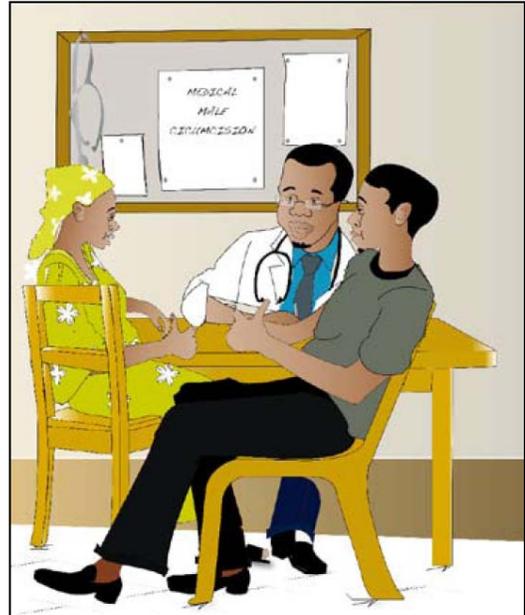
3. What benefits would Uganda gain from scaling up uptake of Safe Male Circumcision services among men, adolescents and new born babies?

4. According to the Ministry of Health and WHO, how many men and adolescents would Uganda need to circumcise in the next five years to avert 340,000 new HIV infections by 2025?

5. Why is it important for a journalist to know about the role of Safe Male circumcision in HIV prevention?

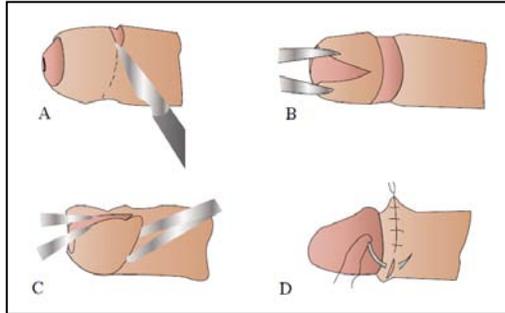
SAFE MALE CIRCUMCISION COMPACT FACT SHEET

- SMC is much safer than male circumcision carried out in non-medical settings by untrained non-medical persons.
- Scientific studies in Uganda, Kenya and South Africa show that SMC can reduce the risk of HIV/STI infection by up to 60%.
- SMC reduces HIV/STI infection by:
 - Creating a thicker and more HIV/STI resistant membrane where the foreskin was.
 - Removing target cells which HIV/STIs easily penetrate from their breeding ground under the foreskin.
 - Removing the moist residues of sexual fluids that hide under the foreskin after sex and make HIV/STI infection easier.
- SMC has other health benefits as well:
 - Increased hygiene for the man.
 - Reduced chances of causing cancer for both men and women. This is because a circumcised penis is generally cleaner, reducing risk of urinary tract infection, prostate cancer, and penile cancer. The circumcised penis also does not harbour herpes simplex virus that is known to cause cervical cancer among women.
- A man intending to get circumcised should have a dialogue with his spouse before circumcision so that both of them understand and resolve any issues that may arise. For example the woman has to be prepared for abstinence from penetrative sex during the healing process.
- Just like seat belts do not guarantee protection against death from a serious road accident, SMC does not guarantee protection against a serious infection by HIV or STIs. SMC must be used in addition to ABC (Abstinence, Being Faithful, and Condoms).
- Circumcised men who are HIV positive can still spread HIV to their partners.
- It's dangerous to resume sex before complete wound healing after circumcision since there is a high risk of infection. It's also painful!



FACILITATOR'S NOTES

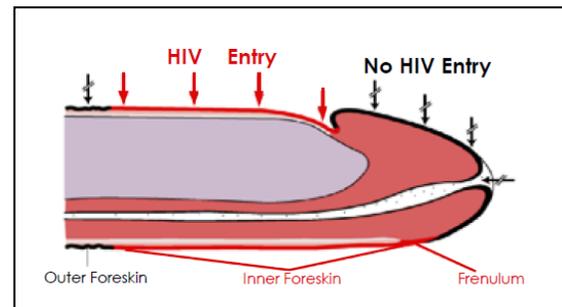
Q What is Safe Male Circumcision (SMC)?



- Circumcision is the act of removing the skin that covers the head of a penis. The skin, which is removed during circumcision, is known as the foreskin. In the process of circumcision, either the whole foreskin or just part of it may be cut away.
- SMC is where the removal of the skin that covers the head of the penis is conducted in a health facility by a trained medical person.

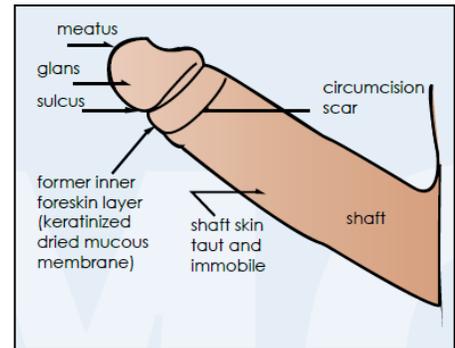
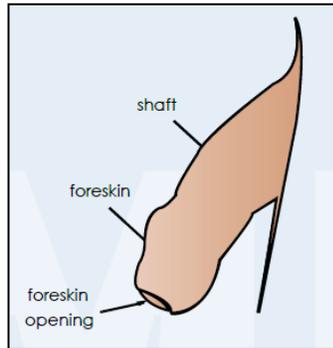
Q How do HIV and other STI's infect a man during sexual intercourse?

- The head (glans) of an uncircumcised penis and the inside of its foreskin are covered by a wet, soft membrane.
- During sexual intercourse, two things happen:
 - The penis expands in size and length. This is called an erection.
 - During the process of penetrative sex, the foreskin retracts off the head of the penis, leaving it bare and exposed. This skin retraction exposes the thin membrane on the head and neck of the penis.
- Through vigorous sexual intercourse (without a condom), this thin membrane can get small bruises that make it easy for the HIV virus and other STIs to infect the man if the sexual partner is infected.
- In addition to the bruises, this exposed thin membrane on the head of the penis contains numerous target cells that are especially used by the HIV virus to enter the body.
- After sexual intercourse, the penis resumes the normal size and the foreskin moves back to cover the head of the penis and keep it moist. If no cleaning after sex is done, this process helps to keep the sexual fluids on the head of the penis from drying for some time.
- The moist environment with protein-rich sexual fluids assist the HIV virus and other STIs to stay longer underneath the foreskin, thus increasing the chances of infection.



Q How does SMC reduce the risk of HIV infection?

- Safe Male Circumcision removes the foreskin together with most target cells used by the HIV virus and other STIs to enter the body.
- Removing the foreskin also allows the penis to remain dry and thus reduce the lifespan of virus and bacteria after unprotected sex.



- Secondly, the removal of the foreskin induces the growth of a tough skin over the head of the penis. The thin membrane of the glans transforms into a thicker skin after circumcision.
- The thicker skin is not as easily bruised during sex, thus reducing the chance of entry of the virus into the body.
- However, the chances of HIV entry or bruising of the penis is not totally eliminated nor are the target cells totally removed by circumcision. This is why SMC is not 100 per cent effective in preventing HIV infection among men. Other measures remain very useful to ensure total protection from HIV infection.
- Research studies in Rakai, Kisumu and South Africa showed that SMC can reduce new infections of HIV by 60 per cent. This means that there is a still a 40% chance for a circumcised man to get HIV. Abstinence, being faithful to sexual partners and using condoms are still important methods for preventing HIV infection, even among circumcised men.
- Likewise, circumcised men can still transmit HIV to their partners. Condoms are very useful in situations where a circumcised man may already be infected with HIV.

Q What are the other health benefits of SMC?

- Hygiene: Uncircumcised men need to clean under the foreskin regularly because it is naturally wet, traps urine and can breed germs. Since SMC removes the foreskin, keeping the penis clean is much easier.
- Protection of men against infections and cancer: SMC also reduces the risk of urinary tract infection, prostate cancer, and penile cancer among men.
- Protection of women against cancer: A woman whose male partner is circumcised faces lower risks of certain cancers – e.g. cervical cancer – because the penis is cleaner and does not harbour herpes simplex virus that is known to cause cervical cancer among women.
- Protection of women against STIs: A clean penis is less likely to contract and transmit sexually transmitted infections e.g. chlamydia, genital herpes, cancris and syphilis.

Q How should a man manage the period after circumcision?



- A man intending to get circumcised should have a dialogue with the spouse before circumcision for both of them to understand and resolve any issues that may arise. For example the woman has to be prepared for abstinence from penetrative sex during the healing process.
- A man should not undertake sexual intercourse before the healing of the circumcision wound. Wound healing can take up to 42 days (4 to 6 weeks) if there are no complications.
- Unprotected sex with an HIV infected person before the circumcision wound is healed increases the chances of getting infected through the open wound.
- During the first week after surgery, the man needs

to avoid situations that may lead to the erection of the penis. Erection of the penis before wound is closed can lead to complications like bleeding, pain and opening up of the wound. Fortunately these complications can be avoided if proper information is provided and adhered to.

- If any of the above complications arise, the person should consult the trained medical practitioner for advice on how to mitigate them.
- After circumcision, a man should still use condoms for sex with irregular partners.

Q What are the 5 key points to remember about SMC for HIV prevention?

1. SMC does not give full protection against HIV. It gives partial protection and thus supplements the ABC strategy.
2. Circumcised men and boys minimise their risk of HIV infection through abstinence, faithfulness to one partner and proper condom use.
3. Although SMC reduces the risk of acquiring HIV by 60%, greater benefits of SMC and HIV prevention in the country can only be realised when a big number of men and adolescents get circumcised over a short period of time.
4. According to the Ministry of Health and WHO, Uganda needs to circumcise 4.2m adult/adolescent men within 5 years to avert 340,000 new HIV infections by 2025. This stands for 25% of new HIV infection that would have occurred otherwise.
5. Circumcised men and boys who are HIV positive can still transmit the virus to their sexual partners.

6. Male circumcision should always be conducted in a hygienic environment. Currently the Ministry of Health only recommends circumcision conducted by medically trained doctors and surgeons.
7. It's dangerous to resume sex before complete wound healing after circumcision. Make sure your sexual partner is informed and prepared before you get circumcised.