

CHAPTER 2

AN OPPORTUNITY FOR EXPANDED SERVICES FOR ADOLESCENT BOYS AND MEN



This chapter provides information on the following:

- health interventions that should be linked to male circumcision services, including those specific to adolescent boys
- the importance of pathways and protocols for referring male circumcision clients to additional services they need or seek, and how to ensure that the referral is successful
- how male circumcision programmes can increase adolescent boys' and men's engagement in health services as well as increase their understanding of factors affecting their health
- how to overcome barriers to reach adolescent boys and men, and how to design person-centred, male-friendly services
- how a male circumcision service provides education, HIV testing and linkages to relevant services for HIV prevention and care
- the importance of diagnosing and treating sexually transmitted infections—and other high-risk conditions—among adolescent boys and men prior to male circumcision, and the need for active follow-up to ensure that they return for male circumcision services
- the importance of recognizing clients whose main problem or concern is sexual dysfunction, infertility or another condition that circumcision may not address, and linking clients to appropriate services
- the importance of addressing issues around masculinity and gender-equitable norms

2.1. INTRODUCTION

For many adolescent boys and men, accessing male circumcision services may be their first encounter with health services since early childhood. This contact presents a valuable opportunity to address other aspects of adolescent boys' and men's health, including sexual and reproductive health; prevention and treatment of HIV and other sexually transmitted infections; other communicable diseases; or noncommunicable diseases. Male circumcision is positioned well to provide a platform for linking adolescent boys and men with a range of health services. Linkages may be in both directions—male circumcision sites may refer clients to other services, and other service providers may refer clients to male circumcision sites.

Many adolescents (aged 10–19 years) may lack adequate knowledge and skills about their general physical, mental, sexual and reproductive health. Therefore, adolescents may be supported to make critical health-related decisions, laying the foundation for them to develop proactive care-seeking behaviours.

2.1.1. Timing of client education or counselling on other sexual or general health issues

Although male circumcision services may provide an excellent opportunity for adolescent boys and men to access additional services, great care has to be taken in determining the most appropriate time to give clients information that is not directly related to circumcision (see Box 2.1).

- On the day of the circumcision but before the procedure, the client—and his parent(s)/guardian(s) if he is a minor—should only receive information directly pertinent to the operation.
- If it becomes apparent that the client has not come for circumcision but for other concerns or problems, such as infertility or sexual dysfunction, the provider should address these issues with the client, as it may not be appropriate to proceed with circumcision, or at the very least make sure the client understands what benefits circumcision will and will not provide. Likewise, if a condition that makes the client ineligible for circumcision is found during screening, such as a sexually transmitted infection or an unmanaged chronic illness, then the circumcision should be deferred and a referral should be made.

- After the procedure, the focus should be on ensuring that the client receives and understands information about wound care, when to return for follow-up and what activities he can and cannot perform during the period of wound healing. At the time of the first follow-up visit, if wound healing is going well, then a good opportunity exists to inform the client about other available relevant services and condom use, and to reoffer HIV testing to those who initially declined.
- During further follow-up visits, and only after wound healing has been assessed and found to be normal, additional information should be given about contraception, sexual or other health issues, and related services. If there are problems with wound healing or other adverse events, then the information and care given should focus on dealing with the adverse event; until there is resolution of the adverse event, only information directly relevant to its management should be given.

Box 2.1. Giving too much information

An overload of information may diminish the client's understanding or recall of important instructions pertinent to the male circumcision procedure itself, including wound-care instructions, abstinence during the period of wound healing and need to return for follow-up visits.

2.1.2. Barriers to accessing male health services

There are a number of barriers to the uptake of health services by adolescent boys and men, including the following:

- **potentially unfriendly attitudes** of health care providers towards men and, particularly, adolescent boys who are sexually active
- **gender norms** among adolescent boys and men, which contribute to the following:
 - **beliefs about masculinity**, such as risk taking, which undermine healthy choices
 - **men's reluctance** to ask for help or seek medical care
 - **embarrassment and feelings of alienation** when using health facilities that are perceived as servicing women and children
- **gender biases in the health system**, as evidenced by the following:
 - more health services designed primarily to meet the needs of women and children than adolescent boys and men
 - inconvenient hours of operation at the clinic (that is, hours when men may be at work or adolescent boys may be in school)
 - lack of separate waiting and service areas for men, lack of trained male staff, lack of male-friendly or adolescent-friendly clinics
 - inadequate training or experience of health care providers in addressing adolescent boys' and men's sexual and reproductive health issues
 - lack of information on adolescent boys' and men's needs and concerns, which could inform the design of appropriate programmes and services (for example, health services may not seem relevant to the men they are meant to target)

Adolescent boys may face additional barriers:

- many adolescents may not have accurate information about their health, which may have a significant impact on their current and future well-being
- adolescents may have limited resources (for example, money and transport), reducing their access to health services
- younger adolescents require consent from parent(s)/guardian(s)—ideally, in person—for certain services, including HIV testing and male circumcision

Being aware of the barriers to accessing services will help male circumcision clinics better reach, understand and serve their clients. Additional information about addressing gender-related barriers is in Annex 2.1.

2.1.3. Developmentally appropriate care: a key challenge for male circumcision service providers

In addition to addressing the barriers described above, clinics need to find ways to accommodate the wide range of clients that services target. Prospective clients include adolescent boys, young men and adults. Prospective clients are in very different stages of life, with different needs, concerns, risks and lifestyles. For example, married adult men have very different health needs than prepubescent boys. Even within a given stage, there may be significant differences between any two clients. One 14-year-old client may appear to be a physically developed man and be sexually active with one or more partners, whereas another client of the same age may look more like a child and not yet have engaged in sexual activity.

These differences in clients influence every aspect of care: how to reach a client, how to build a trusting relationship with him, how to educate and counsel him about male circumcision and other aspects of his sexual and reproductive health, and what method(s) of circumcision is the safest choice for him.

2.1.3.1. Adolescent boys need special consideration

Male circumcision services generally target the entire age range of males; however, adolescent boys require specific attention (1). As a male circumcision client, an adolescent is more likely than an adult to require age-appropriate and more user-friendly (simplified) education and counselling on the procedure and its benefits, risks and limitations as an HIV prevention method. Adolescents may be particularly vulnerable to myths and misconceptions about circumcision and may not fully understand their risk or consequences of acquiring HIV and other sexually transmitted infections. They may also require special support from male circumcision providers and others in accessing any additional services. Parent(s)/guardian(s) of minors are required to provide consent for surgery and need to be encouraged to be involved throughout the male circumcision process (see Box 2.2).

When developing interventions that could contribute to the health of adolescent boys, it is important to consider the differences in age groups within adolescence. The developmental changes that take place during adolescence have implications for physical development and intellectual capacities; relationships; and parental, peer and social influences. To understand characteristics and changes taking place, the adolescent period may be considered in three age bands (see Table 2.1). However, the period is more often divided into two age groups to make it easier to develop and monitor adolescent sexual and reproductive health interventions (see Tables 2.2 and 2.3). These tables summarize how these two groups may differ in terms of specific attitudes and behaviours that have particular relevance to male circumcision services. In tailoring interventions, take into account the life phase of adolescent boys.

Box 2.2. Involving parent(s)/guardian(s)

In most instances, the decision for male circumcision of an adolescent boy starts with the parent(s)/guardian(s). Parent(s)/guardian(s) may be involved through information campaigns or may be targeted in demand creation. Once there is a decision for male circumcision, consent from parent(s)/guardian(s) is required for adolescent boys if they are under the national legal age at which they can make their own decisions about undergoing the procedure or testing for HIV. Health care providers will need to involve parent(s)/guardian(s) in discussions about male circumcision services. Even if consent is provided by the parent(s)/guardian(s), the adolescent client also needs to assent to the procedure before it can be performed. All clients have the right to refuse the procedure at any point in the process and for any reason.

To obtain consent from parent(s)/guardian(s), it is important to inform them about what will be done (removal of the foreskin), how this will be done (surgery or device) and what will happen if a device cannot be used if the male is ineligible. Information must be given about how long the procedure will take, the degree of discomfort one can normally expect and the follow-up requirements for wound care. Information should include the benefits and risks of circumcision and, where appropriate, HIV testing. It is particularly important to give adolescent boys clear information about the need to avoid masturbation or sexual activity until the wound has healed. This may need to be done when the adolescent is alone, by using language that is appropriate. The same information should be given to parent(s)/guardian(s). It is important to provide opportunities for parent(s)/guardian(s) to ask questions. Their involvement aids in obtaining an accurate medical history, assures better understanding of postoperative wound care and helps achieve better outcomes.

The presence of parent(s)/guardian(s) can pose challenges in the context of ensuring the client's privacy and confidentiality of information related to the client's sexual and reproductive health. Often, adolescents are too embarrassed to speak freely in the presence of parent(s)/guardian(s). The provider should make every effort to accommodate the adolescent's need for privacy and an age-appropriate level of autonomy (evolving capacities).

Table 2.1. Changes characteristic of early, middle and late adolescence (2)

	EARLY 10–12 YEARS (2)	MIDDLE 13–15 YEARS	LATE 16–19 YEARS
Growth	<ul style="list-style-type: none"> • Secondary sexual characteristics appear • Testicular growth • Growth spurt • Growth accelerates and reaches a peak 	<ul style="list-style-type: none"> • Secondary sexual characteristics advanced • Growth slows down, about 95% of adult stature attained 	<ul style="list-style-type: none"> • Physically mature • Growth spurt usually ends
Cognition	<ul style="list-style-type: none"> • Concrete thinking • Existential orientation • Long-range implications of actions not perceived 	<ul style="list-style-type: none"> • Thinking is more abstract • Capable of long-range thinking • Reverts to concrete thinking when stressed 	<ul style="list-style-type: none"> • Established abstract thinking • Future-oriented • Perceives long-range options
Psychosocial	<ul style="list-style-type: none"> • Preoccupied with rapid physical growth and body image 	<ul style="list-style-type: none"> • Re-establishes body image • Preoccupied with fantasy and idealism • Sense of invincibility 	<ul style="list-style-type: none"> • Intellectual and functional identity established
Family	<ul style="list-style-type: none"> • Defining boundaries of independence and dependence 	<ul style="list-style-type: none"> • Conflicts over control 	<ul style="list-style-type: none"> • Transposition of child-parent(s)/guardian(s) relationship to adult-adult relationships
Peer group	<ul style="list-style-type: none"> • Seeks affiliation to counter instability 	<ul style="list-style-type: none"> • Needs identification to affirm self-image • Peer group defines behavioural code 	<ul style="list-style-type: none"> • Peer group recedes in favour of individual friendship
Sexuality	<ul style="list-style-type: none"> • First ejaculation • Self-exploration and evaluation 	<ul style="list-style-type: none"> • Preoccupied with romance • Ability to attract opposite sex 	<ul style="list-style-type: none"> • Plans for future

Table 2.2. Examples of different attitudes and behaviours in younger versus older adolescents (2)

	YOUNGER ADOLESCENCE (10–14 YEARS)	OLDER ADOLESCENCE (15–19 YEARS)
Attitudes about future and HIV risk	A younger adolescent is likely to be a concrete thinker, focused on what he sees and knows in the present. He may give little thought to the consequences of his actions and how they could affect his future .	An older adolescent can think more abstractly; he is likely to think a lot about his future . Also, greater life experience has taught him that his actions directly affect the future, sometimes permanently .
Appeal of male circumcision	The idea that circumcision may make good hygiene easier to achieve may be of more importance to younger adolescents than the fact that it provides partial protection against HIV, which indirectly helps protect their female partners.	The older adolescent may be part of a committed couple and concerned about how a potentially positive HIV status will affect the relationship. Or, he may have several partners and fear the stigma of sharing a positive status with many others. In comparison to younger adolescent boys, he is likely to be more concerned about his HIV risk but also more interested in reducing his risk .
Importance of peer group's opinion and fitting in	A younger adolescent is likely to be concerned about fitting in with his friends and may be strongly influenced by them. What the client's peer group says and does may be more important to him than what adults or his parent(s)/guardian(s) say and do. The client is likely to adopt his peer group's opinion about circumcision.	An older adolescent may be less influenced by his peer group . He may seek the opinion of a few trusted friends but is likely to make his own decisions based on information he sees as relevant to his health.
Perspectives on adults	A younger adolescent may also be uncomfortable talking about sexual or reproductive health issues around adults—such as their parent(s)/guardian(s)—or with adults (such as health care providers).	Because they see themselves as more grown up, older adolescents are likely to be less shy in talking about adult concerns with health care providers.

Table 2.3. Overview of stages of adolescent development with implications for intervention design (3)

	EARLY 10–12 YEARS (2)	MIDDLE 13–15 YEARS
Worries	Will my friends make fun of me? Am I normal? What is happening to my body?	Do I have to have sex? Will my friends think that I am a man? Will they think that I am gay?
Where to reach me	School, adolescent/youth programmes and community support groups, including churches	School, youth programmes, community support groups, workplace, military and sports
Relationships	Usually still nervous with partners Sexual experimentation without penetration in most cases Masturbation	First sexual relationship with penetration usually occurs
Services	Mostly information services for other needs, such as healthy behaviours	Information, condoms and testing for sexually transmitted infections, including HIV

Additional resources for caring for adolescents are listed at the end of the chapter in the Bibliography section.

2.1.3.2. Men also need special consideration

Men may not be comfortable discussing sexual and reproductive health issues in the presence of adolescents, especially young adolescents (this is discussed further in Chapter 6). When delivering basic information about male circumcision and related services, the recommended practice is to provide separate group education sessions for adolescent boys and men. An adult client may also be more likely than an adolescent one to be in a stable, long-term relationship, and problems or issues affecting him may also be relevant to a partner or to his entire family. The client may be working to provide a livelihood for several people, which may affect how he feels about getting tested for HIV and possibly receiving a positive diagnosis. If accompanied by a partner at the clinic, some men may be uncomfortable responding to questions about their sexual behaviours, especially if truthful answers may cause problems in their relationships. Male circumcision providers should offer an opportunity for each client to discuss potentially sensitive matters privately. They should also encourage appropriate involvement of partners, such as when there are findings or issues that might impact a partner's health or well-being.

2.1.4. Person-centred care

Experience has shown that a person-centred approach to providing health services can greatly increase the impact of a single client contact. Some key concepts in person-centred care are listed below:

- People are the focus.
 - Care should be organized around the health needs and desires of an individual rather than around diseases or conditions targeted by services.
 - Services are designed with the target population in mind and should be acceptable, relevant and accessible to those who need them.
- The goal is to enable people to feel empowered.
 - They are given the education and support to make decisions and participate in their own care.
 - They are encouraged to ask questions.
 - They are informed of their right to consent/assent to or decline services.
- Each person is cared for in a whole-person way.
 - Services are delivered to provide each individual with a continuum of these and other services: health promotion, disease prevention, diagnosis, treatment and disease management. Throughout the person's life, services are provided at different levels of care and at different sites within the health system, and according to the person's needs.
 - Individuals are encouraged to seek and access other services. These service linkages are supported with information and active referral where possible.

2.2. EXPANDED PACKAGE OF SERVICES

Based on experience and recent innovations, one or more of the following expanded health care services could be considered for male circumcision clients:

- information on additional HIV testing options, such as self-testing
- assisted partner notification services for those who are HIV positive (4)
- diagnostic testing for sexually transmitted infections other than HIV; depending on local prevalence, consider adding onsite rapid syphilis testing

- promotion of more detailed information on reproductive health and family planning, safer sex practices and HIV risk reduction:
 - provide both male and **female condoms** (currently, most male circumcision programmes provide only male condoms) as well as information about their correct use
 - consider referral for pre-exposure prophylaxis **as relevant to those at substantial risk for HIV**
- improved **referral of clients with conditions** that are identified through male circumcision screening or the circumcision procedure (for example, hypospadias, pathological phimosis, or history suggestive of a potential bleeding disorder)

2.2.1. Additional services

Male circumcision programmes and providers are also encouraged to consider integrating other services with the male circumcision package—if applicable to individual clients or especially relevant in a particular setting—and to ensure that clients are successfully linked to these services. Based on their experience, programmes should consider assessment, care, treatment, management and referral of the following:

- infectious diseases prevalent locally, such as tuberculosis or malaria
- noncommunicable diseases that are prevalent locally, such as diabetes or hypertension
- other individual problems identified through the course of male circumcision services:
 - alcohol or substance use (including use of harm reduction services, such as needle and syringe programmes)
 - mental health issues
 - sexual dysfunction and infertility

Male circumcision sites are also encouraged to introduce or link clients to gender or masculinity education, including the following:

- examining gender norms, and the positive and negative impact the norms may have on the health of men and adolescent boys
- promoting respect for women's and girls' sexual and reproductive health needs and rights, as well as male involvement in female sexual and reproductive health care
- establishing or reinforcing the importance of preventing gender-based violence

Annex 2.3 has additional guidance for defining and planning the male circumcision package of services to be delivered in a given clinic and for developing a referral map.

2.2.2. Other reasons men may visit the circumcision clinic

Providers need to assess a client's reasons for coming to the clinic. In some cases, a client may visit because of an infertile partnership or, in other cases, because of sexual problems, such as premature ejaculation, erectile dysfunction or, very rarely, congenital erectile deformity. For reasons related to sexual or fertility issues, health care providers should make the appropriate referral.

2.3. STRATEGIES FOR REACHING ADOLESCENT BOYS AND MEN WITH MALE CIRCUMCISION AND OTHER HEALTH SERVICES (3)

Various strategies have been used to extend sexual and reproductive health services to adolescent boys and men, and to involve them in the health care of women and children. Male circumcision clinics and providers should consider these strategies, in forms appropriate to the local culture, to attract adolescent boys and men to male circumcision and other health services.

2.3.1. Reaching and attracting clients

Male circumcision clinics should work to address the barriers that adolescent boys and men face in accessing services, and they should do this in ways that are appropriate to the local cultural context. For example, clinics can do the following:

- Have **convenient clinic operating hours**. Services should be offered when adolescent boys and men are likely to have time available—for example, outside of typical workday or school hours.
- Maintain a **friendly, welcoming and supportive** environment. Both health care providers and support staff should do the following:
 - Be kind and respectful towards clients.
 - Examine their attitudes towards men, including sexually active young men.
 - Encourage and empower clients to take an active role in their health care, ask questions and access other services they need.
- **Protect, respect and fulfil a client's rights** to information about their health and health care options, privacy (audio and visual, as appropriate) and confidentiality. Clients have a right to experience nondiscriminatory and nonjudgemental attitudes and practices in the health care setting. Standards and values of the male circumcision staff and services may be presented and shared in a client-friendly manner; for example, through posters on the waiting room walls (see Box 2.3).

Box 2.3. Examples of messages to clients, suitable for posting in health facilities

- Safety is our top priority.
- Circumcision does not fully protect you from HIV or other sexually transmitted infections. Make sure you understand what circumcision can and cannot do for you.
- If you have any questions or concerns, please let us know.

- **Establish and maintain quality services.** The male circumcision clinic should have the following:
 - staff and providers trained to provide effective health services for adolescent boys and men
 - staff and providers who can ensure safety of both clients and themselves
 - equipment, medicines, supplies and technology needed to ensure safe and effective service provision
 - service delivery protocols available to all male circumcision providers (for example, documented in a checklist or other job aid, and in a facility procedural guide)
- **Design services specifically for male clients, and ensure that services are age appropriate for adolescent boys and men.** Such services may include the following:
 - male friendly and not appear as places that only provide care for women and children (for example, through male-only hours, waiting room and entrance)
 - male-oriented information, with separate age-appropriate education and counselling on sexuality, physiological development, family planning, sexually transmitted infections and HIV, genital health and hygiene, interpersonal communication and behaviours that affect a person's quality of health, including sexual and reproductive
 - providing print materials to clients on the availability of expanded services
 - having male service providers available locally if culturally relevant to clients
 - offering care services that specifically address male health concerns—for example, identifying medical indications for male circumcision or offering diagnosis and treatment of sexual dysfunction; sexually transmitted infections/ HIV; or cancer of the prostate, testis and penis

- **Raise awareness among adolescent boys and men, as well as the community in general, about the services being offered.**
 - Efforts may be made to reach men with information through the workplace, the military and men’s groups, as well as through schools and youth groups. Some services can also be provided in these settings, where appropriate.
 - Special outreach campaigns may be launched to target young men with information on health issues relevant to them and on related services.
 - Educational campaigns through the media and special initiatives may be situated in predominantly male contexts (for example, outreach through schools, places of employment, or football matches or other popular sporting events).
 - Information about services can be integrated with existing male-focused initiatives, such as community-based distribution and social marketing of condoms.
 - Services for men can be advertised through well-established, clinic-based services so that community members already accessing health care can learn about these services and spread information about them to others in the community.
 - Peer educators (see Box 2.4), including satisfied clients, can be used to spread knowledge about male circumcision.
 - All male circumcision clients as well as their partners—if clients are minors, then their parent(s)/guardian(s)—should be encouraged to speak to others in the community about male circumcision and refer others to male circumcision services. Well-respected community advocates can have a significant impact on individuals using health services.

Box 2.4. Role of peers

There is evidence that, especially for adolescent boys, peers and friends are by far the most influential factor in helping them decide whether to get circumcised. Adolescents also have unique channels for accessing information, including through peers (both boys and girls) and increasingly through interactive or social media. For all age groups, male circumcision programmes should identify circumcised adolescent boys and men from the community who are satisfied with their circumcision and are willing and able to advocate for the male circumcision programme. The active support of respected, trusted male circumcision advocates can be very persuasive in convincing men to access male circumcision services. Conversely, information spread by clients who receive bad care or treatment can be a powerful deterrent.

2.3.2. Linking male circumcision clients to additional health services (5)

Male circumcision services need to prioritize provision of safe services, good follow-up care for clients, prompt recognition and proper management of adverse events, and reaching highest-risk men or adolescent boys with services (such as those diagnosed with sexually transmitted infections or HIV-negative males whose partners are HIV positive). Once these prioritized services are well established, clinics should move to the provision of additional health services. Ideally, all related services that a male circumcision client may need would be organized within the same facility or setting; however, when additional services are indicated, the client will often need to be referred to another health service provider or facility. Sometimes, these services may be required before the circumcision can be performed (for example, treatment of a sexually transmitted infection, specialist opinion regarding an anatomical abnormality or dose of tetanus toxoid-containing vaccination), or the client may need to be referred to a higher level of care for the circumcision (for example, if he has a bleeding disorder). In other cases, the services may not be directly related to the circumcision (or to whether, when or where it can be performed), but they are recommended by the provider or requested by the client based on information gathered through counselling or screening (for example, help for substance use disorders, mental health or treatment of infertility). Rarely, a complication may arise during or after the circumcision procedure that requires emergency care. Timely, effective management of adverse events is the right of every male circumcision client; it is also critical to maintain demand for male circumcision services. Some of the nonemergency conditions commonly seen in male circumcision

clients are in Table A2.3.2 in Annex 2.3. Management of life-threatening complications and adverse events is discussed in Chapter 10.

In order for male circumcision services to be as safe and effective as possible—as well as to have the greatest impact on the overall health and well-being of male circumcision clients and the community—reliable mechanisms of referral to relevant services must be established. Doing so may require the involvement of another facility (see Box 2.5). Staff in male circumcision programmes should work in partnership with specialists, the district hospital, higher levels of care and other health services, as well as other relevant entities (for example, youth centres, schools and universities, major employers, community members and livelihood programmes) to raise awareness about male circumcision services, discover and respond to potential gaps in service for male circumcision clients, and effectively use male circumcision services as an entry point for other health interventions. Tips and tools for planning male circumcision services, including mechanisms for referral, are in Annex 2.3.

Box 2.5. The basics of the referral process

A referral is when a health care provider at one level of the health system—with insufficient resources (in terms of drugs, equipment or skills) to manage a particular clinical condition or provide a certain service—seeks the assistance of a more appropriate facility. This appropriate facility may be at the same or a higher level than the referring facility but is able to assist in or take over the management of the client's condition or respond to the client's needs.

Key reasons for deciding to refer either an emergency or a routine case include seeking:

- expert opinion regarding the client
- additional or different services for the client
- admission and expert management of the client or
- access to diagnostic and therapeutic tools.

In the context of this *Manual for male circumcision under local anaesthesia and HIV prevention services for adolescent boys and men*, referral indicates the process—initiated by the male circumcision clinic—of linking clients to facilities or providers offering additional services (see Annex 2.2 for a sample referral form) (6).

In collaboration with relevant health care providers and facility staff, specific referral protocols should be established before a site begins providing male circumcision services. This groundwork will enable the clinics providing male circumcision services to create an inventory of other or related health services and interventions available within the community and through nearby providers and facilities (such as gender and masculinity education), develop a referral map, and document referral options and protocols. Male circumcision programmes should also establish a system for monitoring the efficacy of referrals and the return of clients after referral. Referral protocols should also be reviewed and updated on a regular basis.

As part of providing quality care, male circumcision clinic staff and providers, and the referral facility staff and providers, should be trained on the clinic's referral protocols and know how to facilitate linkages for individual clients. Adolescents, especially, may face difficulties in navigating referral pathways in health systems that are often fragmented, thereby making linkages and referrals for such clients important. Strategies that male circumcision providers and teams can use to help support clients in accessing additional services, some of which are especially appropriate and important for adolescent clients, include the following:

- giving complete contact information to the client for referral services, support groups or other services
- making appointments for other services that are needed directly with or for the client during the male circumcision visit
- accompanying the client to the other needed or recommended services

- helping the client make a list of people who are close to him and who can assist him in adhering to guidance or instructions provided and in accessing other services as needed
- connecting the client with a postdiagnosis HIV support group, as appropriate

Other supporting measures include the following:

- using cellphones or SMS technology and call centres to disseminate key health information
- establishing buddy systems, in which clients in similar situations provide mutual support to one another, and linking these systems with relevant health services
- ensuring that peer support and community-based outreach approaches are supported, integrated and linked with relevant services

KEY MESSAGES

- Other information and health services (for example, sexual and reproductive health education and services) are important for adolescent boys and men, as well as their partners. Male circumcision provides an important potential entry point for accessing expanded health services.
- Multiple approaches and strategies are needed to reach and attract different subpopulations of males to health services.
- Male circumcision clients identified as HIV positive must be actively referred for care and treatment, and screened for tuberculosis.
- Services, communication and counselling need to be adapted to the specific needs of adolescent clients (10–19 years old); the services need to be age appropriate and include different messaging for younger (10–14 years old) and older adolescents (15–19 years old).

ANNEX 2.1. ADDRESSING MALE NORMS AND MASCULINITY

Many of the barriers in accessing male health services stem from beliefs, widely held in many societies, about what it means to be a man (for example, men do not need help, men are strong and invulnerable, men are superior to women). Thus, in the past decade, an increasing number of HIV prevention and reproductive or sexual health promotion interventions targeting men and boys have incorporated a gender perspective. This means that the interventions take into account what is deemed appropriate for males or expected of them in a given society, as well as the economic and social context in which boys and men live.

Gender-transformative approaches—such as group discussions, education and counselling—are designed to bring attention to the powerful influence that patriarchy, social structures and gender norms have on individual men's choices and behaviours. The activities help adolescent boys and men:

- distinguish between the positive and harmful gender norms to which they adhere;
- assess how gender norms affect their lives, including their health; and
- challenge unhealthy or harmful norms by considering alternative beliefs and practices.

Multiple encounters with providers are needed to change attitudes and behaviours dictated by gender norms, especially among men (see Box A.2.1.1).

Box A2.1.1. Enlisting men in improving health outcomes

As husbands, boyfriends, fathers, brothers and friends, men can influence health outcomes by (7) doing the following:

- using condoms consistently and correctly to prevent the spread of sexually transmitted infections, and supporting and encouraging regular condom use
- using contraception, or supporting its use by partners, so women are better able to control the number and timing of their pregnancies
- refraining from all forms of violence against women and girls, including coercive sex
- accessing other nonhealth, social and gender education and counselling services that promote gender-sensitive behaviours among males:
 - supporting women to receive safe, effective care during pregnancy, childbirth and the postpartum period
 - ending harmful traditional or sociocultural practices that expose women to increased risk of HIV and other psychosocial and health problems

Adolescence may be a good time to address issues around gender and masculinity. In the context of male circumcision, many of the activities that surround the traditional practice focus on learning to become a man. Similarly, through male circumcision services, adolescent boys can be linked to other relevant community services that address social norms, masculinity and gender values, thereby supporting a healthy transition to adulthood. These programmes may also address issues such as the use of tobacco, alcohol and other psychoactive substances; risk taking and peer pressure; attitudes towards caring and parenting; and interpersonal violence, including gender-based violence and its negative consequences for adolescent girls and young women, families and communities.

Key messaging around positive gender roles and the uptake of male circumcision and other reproductive and sexual health services for adolescents equate healthy reproductive and sexual health choices and practices with being a desirable boyfriend; working towards a desired future; and transitioning into a becoming a strong responsible adult, one who is a good partner and a productive member of society.

For adolescent boys, these messages include that **male circumcision and other reproductive and sexual health services do the following:**

- Support them in **becoming a desirable boyfriend** by potentially reducing their partners' overall risk of HIV/sexually transmitted infections and demonstrating self-value: *"My health is worth protecting, and my partner's is too."*

Male circumcision may also make it easier to maintain good hygiene, which can be attractive to partners.

- Can help them **grow into the men they want to be**, as well as **protect and achieve the future they desire**.

The analogy of going to school to be ready for a good job can be helpful—in the same way, healthy choices and practices now can help prepare adolescent boys for good health, healthy relationships and a productive future: *"My future is worth protecting; I can have a better future if I am healthy."*

- Are a good first step towards **taking responsibility for one's health**, providing a foundation for making healthy, grown-up, sexual, reproductive and general health choices—potentially for the rest of their lives.

These choices will also help to protect the health of their present partners and future partners and families: *"Strong men take responsibility for their health and actively support others in protecting their health as well."*

For parent(s)/guardian(s), messages should specifically target the health benefits of circumcision and should help to position parent(s)/guardian(s) to discuss male circumcision in an informed way with their sons (and daughters). Mothers may deserve special consideration given their general influence and involvement in their children's health.

ANNEX 2.2. SAMPLE REFERRAL FORM

NAME OF FACILITY	REFERRAL FORM			ORIGINAL/COPY
Referred by:	Name:		Position:	
Initiating facility name and address:			Date of referral:	
Telephone arrangements made:	Yes	No	Facility tel. no.	Fax no.
Referred to facility name and address:				
Client name:				
Identity number:		Age:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
Client address:				
Mobile phone no.:				
Clinical history:				
Findings:				
Treatment given:				
Reason for referral:				
Documents accompanying referral:				
Print name, sign and date:	Name:	Signature:	Date:	
Note to receiving facility: On completion of client management, please fill in and detach the referral back slip below and send with patient or send by fax or mail.				

ANNEX 2.3. TIPS FOR PLANNING MALE CIRCUMCISION SERVICES AND DEVELOPING A SERVICE SUPPORT REFERENCE GUIDE

In establishing the male circumcision services to be offered in a particular clinic, the male circumcision team and clinic manager or supervisor should consider the World Health Organization's minimum male circumcision package and optional expanded packages in terms of the following:

- onsite capacity (that is, skills, training and experience) to provide a service
- availability of resources (that is, supplies and equipment) needed for a service
- national policies on relevant and related issues (for example, on tetanus toxoid-containing vaccination and legal age of consent for the procedure)
- local needs (for example, high prevalence of tuberculosis or diabetes)
- accessibility of referral facilities (district hospital or other higher level of care), specialists and other related services (for example, HIV care and treatment)

Based on these considerations, the male circumcision team should design the package of services they will offer (aside from education and counselling, screening, provision of the procedure and follow-up), specifying the protocol for each. Briefly, protocols describe who will do what, where and when. The male circumcision team should also develop a services support reference guide or compilation that includes these protocols and other clinic procedures (documented); a referral map describing where clients will be referred for specific additional services; and the guidelines and other resources required to provide their male circumcision package safely, effectively and consistently.

In this clinic:

1. What circumcision methods are offered?

- Conventional surgical methods:
 - Dorsal slit _____
 - Forceps-guided _____
 - Sleeve resection _____
- Device-based surgical methods (for example, one collar clamp device or elastic collar compression device):
 - If so, please specify type and brand name: _____
 - If so, please specify type and brand name: _____

2. What is the male circumcision package of services offered? For services that are essential components of male circumcision services (**bolded** in Table A2.3.1) and those recommended by the World Health Organization as part of the minimum male circumcision package (*italicized* in Table A2.3.1), clinics should determine their capacity to provide the service. If they can provide the service, they should define their service delivery protocol (who will be accountable, what they will do, and where and when they will do it). If they cannot provide the services, they should identify accessible facilities and programmes that provide the service, and establish protocols for referral (see Table A2.3.1).

3. What are the conditions and needs for which clients will be referred? Where will clients be referred? What will be the protocol in each case? A tool such as the one below (see Table A2.3.1) can assist clinics in creating a referral map (see Table A2.3.2).

Table A2.3.1. Clinic male circumcision package planning tool (with example entries)^a

A tool such as this can help the male circumcision team to define the package of male circumcision services it will provide and how they will provide them. This process can also support the development of an onsite male circumcision resources guide and a referral map (see Table A2.3.2).

		PROTOCOL What should be done, when, where and by whom (at the clinic)	KEY RESOURCES Tools, checklists, guidelines available to support carrying out the task according to standards	NOTES Tasks to be completed before task can be performed according to standards
Essential service delivery components for male circumcision services				
Registration and intake	✓	Team member X will do this in the blue room during male circumcision special hours or days; they will start the client record and collect identification from adolescents. They will also collect the tetanus toxoid-containing vaccination record.	<ul style="list-style-type: none"> Male circumcision client record 	<ul style="list-style-type: none"> Determine best hours or days for male circumcision clinic. Confirm legal age to consent for circumcision and HIV testing.
Group education				
Counselling		Team member X, Y or Z counsels clients in the exam room before screening.	<ul style="list-style-type: none"> Male circumcision client record Male circumcision counselling checklist Referral form 	<ul style="list-style-type: none"> Determine where to refer clients concerned about sexual dysfunction, infertility, etc.
Screening: history		Team member X, Y or Z performs the history in the exam room after counselling.	<ul style="list-style-type: none"> Male circumcision client record Referral form Sexually transmitted infection diagnosis and management guidelines 	<ul style="list-style-type: none"> Determine conditions to be referred and the referral provider/facility—and the protocol for each.
Screening: physical and genital examination		Team member A or B performs the physical and genital examination in the exam room after counselling.	<ul style="list-style-type: none"> Male circumcision client record Referral form Sexually transmitted infection diagnosis and management guidelines 	<ul style="list-style-type: none"> Determine conditions to be referred and the referral provider/facility—and protocol for each.
Informed consent/assent				
Preparation of procedure room, client, equipment and supplies				
Surgical checklist				
Performance of procedure				
Postprocedure monitoring				
Postprocedure counselling				
Releasing client				
Processing room and used equipment/supplies				
Follow-up care				
Recordkeeping				
Monitoring				
Offer of HIV testing services (except for adolescents under 15 years old, unless otherwise indicated)		Team member X, Y or Z will offer and perform testing as part of the counselling session.	<ul style="list-style-type: none"> Male circumcision client record Referral form HIV testing and counselling guidelines 	<ul style="list-style-type: none"> Determine where to refer clients who test HIV positive for additional counselling and for initiation of treatment.

		PROTOCOL What should be done, when, where and by whom (at the clinic)	KEY RESOURCES Tools, checklists, guidelines available to support carrying out the task according to standards	NOTES Tasks to be completed before task can be performed according to standards
		<i>Active and supported referral of clients who need additional services, including referral of those who test positive for HIV, to HIV care and treatment programmes</i>		
		<i>Screening and treatment for sexually transmitted infections (ensure that men who are treated for sexually transmitted infections are actively followed, so they are able to receive male circumcision services after treatment)</i>		
		<i>Provision of male and/or female condoms, along with promotion of their correct and consistent use, and education on reproductive health and family planning</i>		
		<i>Promotion of safer sex practices and provision of HIV risk-reduction counselling</i>		
		<i>Tetanus toxoid-containing vaccination (per individual need and national policy)</i>		
Additional services to be addressed based on national policy or local needs				
		Tuberculosis screening		
		Blood sugar testing		
		[Other?] gender-normative education		

^a Components essential to male circumcision services are **bolded**; those recommended by the World Health Organization as part of the minimum male circumcision package are italicized; other services the male circumcision team may want included, based on national policy and local need, should also be part of the planning process.

Table A2.3.2. Example male circumcision clinic referral map planning tool^a

CONDITION	REFERRAL TYPE	REFERRAL FACILITY OR PROVIDER	PROTOCOL		
			ANY SPECIAL INSTRUCTIONS?	FOLLOW UP WITH REFERRAL FACILITY?	FOLLOW UP WITH CLIENT?
Substance use		<i>For each, specify:</i> <ul style="list-style-type: none"> • Name of facility/provider • Address • Contact information • Point person to contact 			
HIV care and treatment					
Infertility			<i>Mondays only</i>	<i>Follow up in three weeks to learn the outcome of referral.</i>	<i>Contact clinic after client has accessed referral services to determine whether they still want circumcision.</i>
Sexual dysfunction					
Anatomic abnormality (hypospadias, pathological phimosis)					
Gender normative education					
[Others] Adolescent-centred services					

^a Explanation of column headings:

Referral type: Specify what type of referral this is, for example: emergency; recommended but optional (client can proceed with circumcision and access as desired); or required (for example, before proceeding with the circumcision, the client must access services).

Referral facility or provider: Local facility or provider that clinic is linked with, or plans to link with, in order to fill this service gap.

Any special instructions? Anything different from clinic's standard referral protocol.

Follow up with referral facility? Protocol for follow-up with facility or provider after referral; this is especially important if referral delayed circumcision or condition was a contraindication to circumcision at the clinic.

Follow up with client? Protocol for follow-up with client after referral; this is especially important if referral delayed circumcision or condition was a contraindication to circumcision at the clinic.

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