



# Medical Male Circumcision

## Facilitator's Notes





“Medical male  
circumcision  
reduces the  
HIV risk of  
infection by  
60%”

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# Acknowledgements

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Brothers for Life is a national Men's Campaign that seeks to improve the health and wellbeing of South African men, women and families by promoting combination HIV prevention, male sexual and reproductive health; positive male norms and values and responsible parenthood amongst men.

## ACKNOWLEDGEMENTS

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## CONTRIBUTORS:

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### **Disclaimer:**

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# Getting Started

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## An overview of the The Medical Male Circumcision flipchart

The accompanying flipchart is a tool to be used by lay counsellors, peer educators, community outreach workers and other health care workers to facilitate discussions on sexual prevention, HIV counselling and testing (HCT), family planning and medical male circumcision (MMC).

These facilitator's notes are to help you use the flipchart correctly. Always have the notes with you to help you run the discussion session.

These notes are designed to help you provide the client with sexual prevention, HCT and MMC- related information as reflected in the MMC flipchart. Before you can start using these facilitator's notes and the MMC flipchart, you must have completed training in how to use them.

**P.S. It is important that you read through the notes each time before you facilitate a session! This will help you to deliver the best session, as you will be more familiar with the contents of the notes.**

### How to use the Flipchart:

The MMC flipchart is organised systematically for easy use and flow and is a pictorial representation of important information on HIV prevention and medical male circumcision that must be shared with men before they undergo medical male circumcision.

## The flipchart covers the following key areas:

**Getting Started** - The basic principles for MMC Group Discussions – This section provides you with some practical and ethical information around counselling/facilitating groups of men in preparation for their MMC encounter.

**How HIV is transmitted** - This is a very critical section to start the discussion. It is aimed at providing information about how HIV is transmitted, what are the risk factors for the transmission of HIV such as multiple sexual partners, alcohol and STIs.

**Preventing unwanted pregnancies, HIV and STIs** - this section looks at how one can prevent HIV, unwanted pregnancies, and STIs.

**Understanding how HIV works in the body** - This section explores how HIV works in the body over time. The main objective of this section is to highlight the risks of getting HIV in the period after a person is infected with HIV and that people can live with HIV for a long period of time before and after taking antiretrovirals.

**What men need to know about medical male circumcision** - This section will help you to talk to men about why men should get circumcised, what are the health benefits of medical male circumcision, how the procedure is performed, post-operative care and HIV prevention after MMC.

**Frequently Asked Questions** - This section has some of the most common questions that participants may ask. It also has answers to these questions. Remember they may ask other questions as well, so prepare well. You can also note additional questions and answers at the end of this section.

**Useful Contact Details** - This section contains information on useful contacts such as the AIDS Helpline, MMC sites, etc. There is space for you to complete information on local contacts which you can share with the group following this session.

**NB: All the key information shown in the flipchart in the form of pictures has to be used with the information contained in this booklet!**

# Slide 1: The Basic Principles for the MMC Group Counselling

This flipchart is meant for use in small group discussions and/or group counselling sessions either in the community or at health facilities. Here are some guiding principles that you need to follow in order to make the session optimal:



**1 Getting Started**

Your participation is voluntary.

The information you provide is confidential.

Share your views, ask questions and participate.

Personal details discussed in the group, remain in the group.

You are encouraged to share the information we provide with others.

**Let's learn together! Express your views! Ask questions! Share your knowledge!**

- Ensure that you counsel groups no bigger than **30-40 men** to optimise the encounter. Men can then have individual and shorter sessions during HCT and then go for the MMC procedure.
- Participation in this information session should be **voluntary**. All discussions by participants are **confidential** too.
- Men who have undergone this session are not forced to undergo HCT and MMC - these are also voluntary and require consent.
- The group discussion and/or counselling must be appropriate and sensitive to the group circumstances. This includes **culture, language, sexual orientation, religion and age**. It may work best to counsel men in groups that share some commonalities.
- It is best to counsel younger boys separately from older men to enable them to feel comfortable enough to ask questions and participate as circumcision, sexuality and HIV are sensitive subjects and need to be addressed age-appropriately.
- There should be **no discrimination** against clients on the basis of HIV status, colour, sex, language, religion, sexual orientation or sexual behaviour.
- Participants are encouraged to **share their views, ask questions and share information** from the session with others.

**REMEMBER: Let's learn together! Express your views! Ask questions! Share your knowledge!**



# How HIV is transmitted

This section provides information about how HIV is transmitted, what are the risk factors like having more than one sex partner, having sex while under the influence of alcohol and sexually transmitted infections.

## 2 How is HIV transmitted?



Unprotected sex

During pregnancy, childbirth or breastfeeding

Direct contact with HIV positive blood

Sharp objects e.g. sharing needles or razors

HIV can be prevented – use condoms, have one uninfected partner

HIV refers to the Human Immuno-Deficiency Virus **which is the virus that causes AIDS**. HIV over time weakens the immune system. This gives rise to a collection of diseases, which is referred to as AIDS.

**HIV is present in body fluids:** blood, vaginal fluid, semen and breast milk.

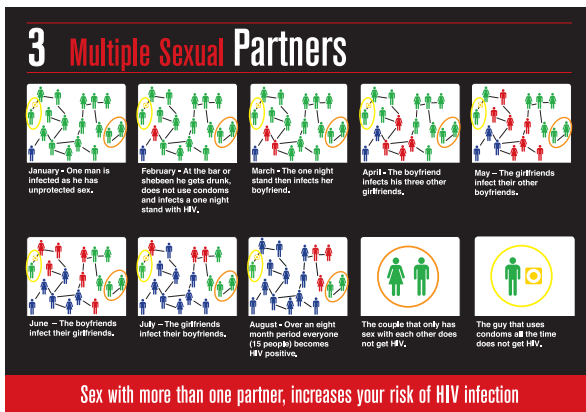
## Slide 2: How is HIV transmitted?

- **Through unprotected sex** (vaginal and anal sex) with a person who has HIV. This means when one has sex with an HIV positive person without using a condom, they can get HIV.
- **Mother-to-child** during pregnancy, childbirth or through breastfeeding.
  - **The good news is that an HIV positive pregnant woman does not have to transmit HIV to her baby.** HIV transmission can be prevented via **Prevention of Mother-to-Child Transmission of HIV or (PMTCT)**. An HIV positive woman can take antiretroviral drugs (ARVs) during pregnancy and childbirth to lower her **viral load** (the amount of virus in the body) to prevent HIV transmission.
  - After the baby is born she can choose to **exclusively breastfeed** for 6 months. This means that the baby only gets breast milk- no water, no muthi, no other food, no medicines, except those given by a medical doctor. If the baby's mother is on antiretroviral therapy (ART), then the baby receives ARVs (nevirapine syrup) for the first six weeks. A baby whose mother is not on ART receives nevirapine syrup for the duration of breastfeeding. All mothers are encouraged to exclusively breastfeed for 6 months, irrespective of their HIV status. Breast milk is good for the baby and strengthens the baby's immune system, protects against diarrhoeal diseases and respiratory disease (e.g. flu and pneumonia).

- An HIV positive mother can also choose to give her baby infant formula. This means the baby must only get infant formula and no breast milk at all! The baby can also be given water and other medicines. When a baby is given breast milk and infant formula and/or water and/or other foods, this is called **mixed feeding**. Mixed feeding increases the danger of the baby becoming infected with HIV because when a baby gets other foods (infant formula/water/porridge/muthi, etc), these can cause small cuts in the baby's tummy, which allow the HI virus from breast milk to enter into the body and result in HIV. However, when a baby receives ONLY breast milk, no cuts occur and therefore there is only a small risk of HIV infection, which is further reduced by the mother and/or baby getting ARVs throughout the breastfeeding period.
- **Sharing needles or skin piercing objects e.g. razor blades**
  - HIV is present in blood, therefore when you share a needle or razor blade with someone who is HIV positive, the risk of becoming infected with HIV is high due to cuts.
- **Direct contact with HIV positive blood**
  - Direct contact with blood may happen via a blood transfusion. The great news is that the technology that is used to test blood donations is so good that it can detect very recent HIV infections! This means that if a blood donor has recently become infected, then the HIV positive status will be picked up, which means that such blood is discarded and not used for blood donation. In South Africa, for over ten years, no person has become infected with HIV from a blood donation.

**REMEMBER: HIV can be prevented - use condoms, have one uninfected partner**

## Slide 3: Multiple Sexual Partners



The number of sexual partners that a person has increases their risk of HIV infection, in particular if they are not using condoms all the time and with every partner. If a person has more than one partner, they all become part of a sexual network that links everyone together. This network extends beyond current sexual partners, but also includes people that one has had sex with in the past. If one person within the network becomes HIV positive, then HIV can spread rapidly to all within the network when:

- A person has been recently infected with HIV and the viral load is at its highest. [refer to HIV in the body over time]
- Condom use among some or all partners is inconsistent or non-existent.

**Note to the Facilitator:** Go through the graphic on multiple sexual partners with the participants to show them how HIV moves from one person to another, through unprotected sex.

In the graphic we see how a man becomes infected in January when he has unprotected sex with someone who is HIV positive. In February, when he is drunk and at a bar, he has unprotected sex with a one-night stand, who then becomes infected. The one-night stand has sex with her boyfriend and infects him also. In April, the boyfriend who has 3 other girlfriends, infects them with HIV too and so on the chain moves.

In the graphic we also see a man who **uses condoms every time he has** sex from January. This man remains HIV negative although his girlfriend becomes HIV positive in June. We also see another **couple who only has sex with each other** - this couple is not part of the sexual network as they only have sex with each other and they remain HIV negative.

Multiple partners not only increase the risk of HIV infection but may also contribute to conflict and unhappiness within a relationship as a result of the breakdown in trust between the partners.

**REMEMBER:** Sex with more than one partner increases your risk of HIV infection

## Slide 4: Alcohol



**4 Alcohol**

Alcohol lowers our inhibitions. It makes us behave in ways where we do not think of the consequences.

When you are drunk you are more likely to have sex with more than one partner. Less likely to use condoms and more likely to get HIV.

Alcohol and having more than one partner can lead to violence at home.

**Drunk = more than one partner + unprotected sex = HIV + STI's**

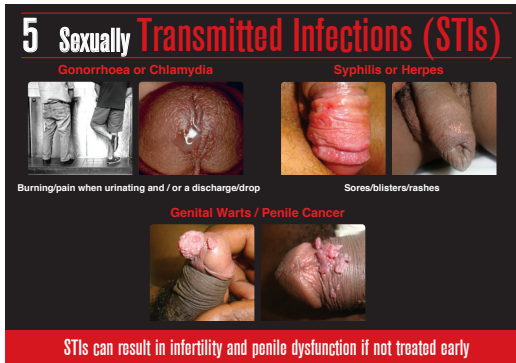
Alcohol reduces a person's control over their behaviour and may increase the chances of one making poor and risky decisions. This can contribute to one not thinking about the consequences of one's actions and may lead to:

- **Sex with a stranger or someone you don't know well** - and you become part of their sexual network and they become part of your sexual network. This is because you may not know how many sexual partners that person has or has had and whether they are practicing safer sex with their sexual partners. If they or you have had unprotected sex with someone else this can increase yours or their risk of HIV infection. As there is a great risk of transmission of HIV in the period after someone gets HIV this may expose you and your regular sexual partner to HIV, particularly if you have been newly exposed to HIV.
- **Sex with a regular partner without a condom.** Even if you do use a condom you may not put it on correctly. This increases the chance of the condom breaking or bursting which increases your risk of HIV infection.
- **Increased risk of violence between partners** as when people are under the influence they are more likely to engage in arguing and violence.
- **Driving under the influence of alcohol** (drunken driving) may lead to motor vehicle accidents and/or criminal charges and conviction.

It is therefore important to drink responsibly in order to avoid these problems. When a man has more than five (5) drinks or a woman has more than four (4) drinks at one sitting, this is considered heavy drinking. The more alcohol one drinks, the more likely they will engage in risky sexual behaviours. Know your limit! Drink responsibly. If you need help to stop or cut down on your drinking contact Alcoholics Anonymous.

**REMEMBER: Drunk + more than one partner + unprotected sex = HIV + STIs**

# Slide 5: Sexually Transmitted Infections (STIs)



STIs are caused by germs that are mostly transmitted during unprotected vaginal, oral or anal sex or the sharing of sex toys with one or more partners. STIs caused by bacteria or parasites (e.g. syphilis, chlamydia, chancroid, pubic lice, etc.) are **curable**.

Those caused by viruses (e.g. hepatitis, HIV, HPV) are only **treatable**, and will never completely go away.

STIs increase the risk of getting HIV, as some STIs cause ulcers or inflammation which are an entry point for HIV.

## STIs are serious and if left untreated:

- Can cause discomfort during sex.
- Can cause infertility, liver diseases and diseases that affect the brain.
- They may also cause cancer, e.g. human papillomavirus (HPV) that may cause cervical cancer.
- STIs can also be transmitted to babies (during pregnancy or childbirth).
- STIs increase the risk of HIV as they provide an entry point for HIV (through sores/lesions on the genitals).

## Some symptoms of STIs

- A discharge/drop from the penis- this may be a sign of gonorrhoea or chlamydia.
- Sores/blisters/rashes- this may be a sign of syphilis, herpes, genital warts (human papillomavirus) or penile cancer.
- Burning/pain when urinating- this may be a sign of gonorrhoea, urinary tract infection or chlamydia.
- Swollen glands in the groin.
- Swollen, painful testicles.
- Discharge from the anus or sores/rashes around the anus.

It is important to get treated for any of the above symptoms together with all sexual partners. If a sexual partner is experiencing any of the above symptoms it is important that you also get treated. If only one person is treated for an STI, they can get re-infected if their sexual partner is not treated at the same time. Male circumcision has been found to reduce the risk of some STIs - syphilis and chancroid.

**REMEMBER: STIs can result in infertility and penile dysfunction if not treated early**

# Preventing unwanted pregnancies, HIV and STIs

This section provides information on what men need to know about preventing unwanted pregnancies, HIV and sexually transmitted infections. **Remember reducing one's sexual partners will reduce the risk of HIV [Refer to multiple partners section above].**

## Slide 6: Preventing unwanted pregnancies

### 6 Preventing unwanted pregnancies



**Injectables**  
There are two types of injections that prevent a woman from getting pregnant. The one injection is given every 3 months, while the other is given every 2 months.

**Pill**  
Must be taken every day at the same time to ensure maximum protection against pregnancy.

**Emergency Contraceptive**  
Also called the morning after pill must be taken as soon as possible after unprotected sex but no later than 5 days after to protect against pregnancy. It does not protect against pregnancy if unprotected sex has happened after the pill was taken.

**Male and Female Condoms**  
Protect from unwanted pregnancies, HIV and STIs by creating a barrier between the vagina/anus and the penis and preventing the flow of semen into the vagina/anus.

**Talk to your partner and health care provider to choose a most preferred method**

Besides STIs and HIV, men and women who are sexually active need to think about preventing unwanted pregnancies.

It is important for partners to plan properly to make sure that they are emotionally and financially prepared for the important role of parenting.

Unwanted pregnancies can be prevented!

Contraception/family planning is available free of charge from all public health facilities. It is important to talk to a health care provider who will help choose the most suitable contraceptive method.

## How does a woman's menstrual cycle work?

When the female foetus develops in the womb, not only does she form ovaries, but also all the eggs that she will ever produce. Shortly before birth, the foetus has a few million immature eggs stored in her ovaries. Yet, by the onset of puberty, this number has already dwindled down to about 400,000. During the menstrual years, a woman will only release about 300 eggs. At puberty, the body makes hormones that stimulate the ovaries to produce female sex hormones. The release of these hormones triggers the transition from girlhood into womanhood. Girls begin to release eggs (ova) as part of a monthly period called the menstrual cycle.

Approximately once a month, during ovulation, an ovary releases an egg into the fallopian tubes. A woman is most likely to fall pregnant 3 days before or on the day of ovulation. If the egg is not fertilised by a sperm, it will be expelled (together with the blood from the lining of the uterus) - this is called menstruation or having a period. On average the monthly cycle is 28 days, but can range from 23 to 35 days.

## Methods of contraception

This section is going to explore a number of contraceptive methods and explain how they work; side effects, health benefits and risks; and common myths about each method. It is important for you to know this information so that you may share, understand and be more supportive to your partner.

### Injectables

There are two types of injections that prevent a woman from getting pregnant. The one injection is given every 3 months (Depo-Provera), while the other is given every 2 months (Nur Isterate). The injection works by stopping ovulation. It thickens the cervical mucus, making it difficult for sperm to penetrate the uterus. The injection does not disrupt an existing pregnancy.

#### ***Key points to remember:***

- Bleeding changes are common, but not harmful.
- Gradual weight gain is common. This can be remedied by eating healthily and exercising more.
- It takes several months on average to become pregnant after stopping the injection.

#### ***Myth busting about the injection:***

- Does not make women infertile.
- Can stop monthly bleeding, but this is not harmful. It is similar to not having monthly bleeding during pregnancy. Blood is not building up inside the woman.

### The Pill

This must be taken every day at the same time in order to be effective against pregnancy. The pill works by preventing the release of the egg from the ovaries (i.e. it prevents ovulation).

#### ***Key points to remember:***

- Must be taken every day, whether or not a woman has sex that day.
- Changes in bleeding patterns including- lighter bleeding/few days of bleeding; irregular bleeding; no bleeding may occur.
- Headaches, dizziness and nausea may occur.
- Mood changes may occur.

### ***Myth busting about The Pill:***

- Does not build up in a woman's body. Women do not need a rest from taking The Pill.
- Does not make women infertile.
- Does not cause birth defects.
- Does not change women's sexual behaviour.

## **Emergency Contraceptive**

This is also called the 'morning after' pill. It must be taken as soon as possible after unprotected sex, but no later than 5 days to prevent pregnancy. It does not prevent pregnancy if unprotected sex takes place after the pill is taken. Emergency contraceptives prevent or delay the release of eggs from the ovaries (ovulation). They do not work if a woman is already pregnant.

### ***Key points to remember:***

- Changes in bleeding patterns may occur- slight irregular bleeding after taking the emergency contraceptive. Period may come earlier or later than expected.
- Nausea, abdominal pain, fatigue, headache, dizziness, vomiting and breast tenderness are some of the side effects a woman may experience after taking an emergency contraceptive pill.

### ***Myth Busting about the morning after pill:***

- Does not cause abortion.
- Does not cause birth defects if pregnancy occurs.
- Is not dangerous to a woman's health.
- Does not make women infertile.
- Does not change women's behaviour.

## **Male and female condoms**

Condoms are the only contraceptive method that can protect against both pregnancy and sexually transmitted infections, including HIV. This is called 'dual protection'.

As a contraceptive method, condoms work by forming a barrier that keeps sperms out of the vagina, preventing pregnancy.

### ***Key points to remember:***

- Condoms have no hormonal side effects.
- Can be used without seeing a health care provider, but you must know how to use them correctly! [refer to sections on How to use a male condom and How to use a female condom].

**REMEMBER: Talk to your partner and health care provider to choose a most preferred method**



## Slide 7: Condoms

**7 Condoms**



There are male and female condoms that are designed to make sex more fun, pleasurable and safe.

Choice condoms are safe, reliable and available for free.

There is a wide range of commercial condoms designed to make sex safer and more pleasurable. Some are flavoured others ribbed, studded and glow-in-the-dark.

All condoms are lubricated using water-based lubricants. This prevents the condom from breaking and makes sex more pleasurable.

**Condoms prevent HIV, STIs and unwanted pregnancies**

Condoms are effective in reducing the risk of HIV, STIs and unwanted pregnancies when used correctly and consistently with all partners. Choice™ condoms, undergo stringent tests by the South African Bureau of Standards to ensure that they are safe and reliable before being released to the public.

Random condoms from each batch are selected by the South African Bureau of Standards and placed through

a number of tests. These include performance tests (burst, volume and pressure; freedom from holes; and package integrity) and design tests (length; width; thickness; lubricant quantity; and package material and markings). Only after the condoms pass these tests are they released to the public.

All condoms can only be used once and should then be safely thrown away by wrapping in toilet paper and throwing it into a dustbin.

Male and female condoms (femidoms) are designed to make sex more fun, pleasurable, and safer.

### **There is a huge variety of condoms available:**

**Material** - Most male condoms are made from latex. A very small amount of people are allergic to latex, so they can use polyurethane ones.

**Size** - Most condoms that you get such as choice™ or the ones you buy at shops or vending machines are a standard size, that can be used by almost all men. A very small proportion of men may need to use special size condoms e.g. 'large' or 'small' – these are available from adult shops.

**Lubrication** - Some condoms are not lubricated at all, some including choice<sup>TM</sup> have silicone based lubricants, some have water-based lubricants. Some condoms are lubricated with a spermicide.

**Ribbed** - These condoms have little ridges running around them. These can make sex more pleasurable for both partners, and if they are used correctly they are just as safe as ordinary ones. Ribbed condoms are the answer for people who complain “But I can’t feel anything if I put on a condom...”

**Coloured** - The natural colour of latex is a creamy white, but lots of condoms have different colours - some of them even glow in the dark. Again, if they are used properly, they are fine.

**Flavoured** - Some sexually transmitted infections can be passed on orally, so it’s a good idea to put on a condom for oral sex. Sometimes, people don’t like the smell and taste of latex, so they use flavoured condoms. These can taste of anything from strawberry to curry! Flavoured condoms should not be used for vaginal or anal sex though, unless they are SABS approved.

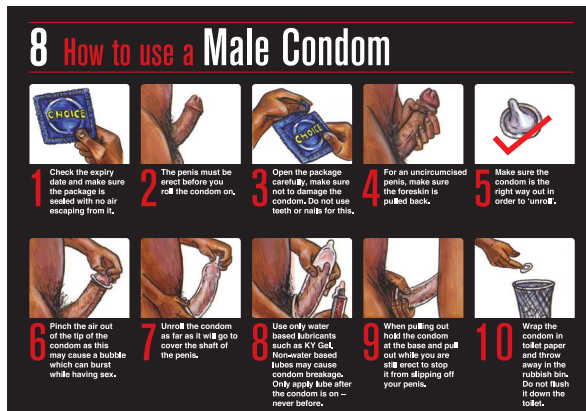
**Reservoir tipped** - Most condoms have a reservoir tip to catch semen, some have a plain tip. If they have a reservoir tip, be sure to pinch the end when putting them on - if they have air inside them, they can break when you’re having sex.

#### **Myth Busting about condoms:**

- Do not make men sterile, impotent, or weak.
- Cannot get lost in the woman’s body.
- Do not have worms.
- Do not have holes that HIV can pass through.
- Are not laced with HIV.
- Do not cause illness in women because they prevent sperm from entering her body.
- Do not cause illness in men because sperms “backs” up.
- They are not only for use outside marriage.

**REMEMBER: Condoms prevent HIV, STIs and unwanted pregnancies**

## Slide 8: How to use a male condom



**Note to Facilitator:** You will need a dildo for demonstration and do allow participants to practice as well.

1. Check the expiry date; if the date has passed do not use the condom.
2. Check that the condom packaging is intact and is not torn or leaking.
3. Open the condom by tearing the packaging from one perforated side to the other, while pushing the condom gently down to ensure that you do not tear it. Do not use teeth, scissors or any sharp instruments to open the condom package.
4. Take the condom out, pinch the tip and gently roll it down the erect penis. For an uncircumcised penis, make sure the foreskin is pulled back.
5. If you need to, use only water-based lubricants, such as KY Jelly.
6. After ejaculation hold the condom at the base while you withdraw to ensure that there is no leakage and remove the condom from the penis.
7. Tie the condom in a knot and wrap it in a tissue, place in a plastic bag, tie securely and throw into a dustbin. Do not throw condoms into flush toilets as this may block the drain. You may throw condoms into ventilated pit latrines (VIP toilet).

**REMEMBER:** Condoms prevent HIV, STIs and unwanted pregnancies

## Slide 9: How to use a female condom



**Note to Facilitator:** You will need a female condom to demonstrate the use of female condoms and allow participants to practice as well.

Female condoms are also known as femidoms. They are freely available at public health facilities. It is important for a woman who wants to use a female condom to be shown by a trained health professional on how to use the condom correctly, as it is slightly more complicated than a male condom. Also note that you can only use one condom at a time! So if the female partner is using a femidom, then the male partner **MUST NOT** use a male condom at the same time.

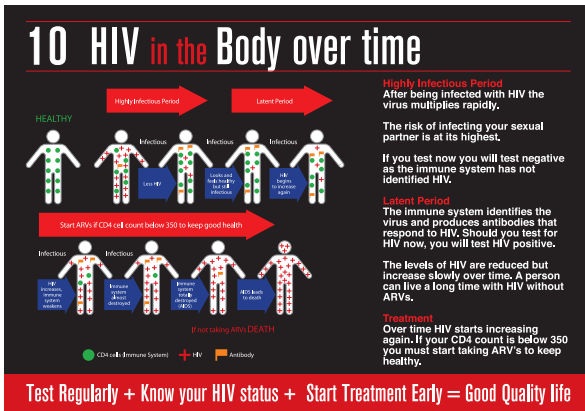
1. Check the expiry date; if the date has passed do not use the condom.
2. Check that the condom packaging is intact and is not torn or leaking.
3. Open the condom package, pushing the condom gently down to ensure that you do not tear it. Do not use teeth, scissors or any sharp instruments to open the condom package.
4. Take the condom out, rub the condom to spread the lubricant. Hold the ring and squeeze into a figure eight.
5. Insert into the vagina as far as it will go, making sure not to twist and release it. Guide the erect penis into the condom.
6. After ejaculation, squeeze and twist the outer ring of the condom and pull it out.
7. Wrap the condom in a tissue/toilet paper, place in a plastic bag, tie securely and throw into a dustbin. Do not throw condoms into flush toilets as this may block the drain. You may throw condoms into ventilated pit latrines (VIP toilet).

**REMEMBER: Condoms prevent HIV, STIs and unwanted pregnancies**

# Understanding how HIV works in the body

This section explores how HIV works in the body over time. The main objective of this section is to highlight that the risk of getting HIV is at its highest in the period after a person is infected with HIV and that people can live with HIV for a long period of time before and after taking antiretrovirals.

## Slide 10: HIV in the body over time



Before a person is infected with HIV their immune system is strong.

The immune system has cells that protect against viruses, germs and bacteria.

The CD4 cell is the most important blood cell as it conducts the immune system.

The CD4 cells activate and direct other cells within the immune system to attack the invading viruses or germs that cause us to get sick, and therefore restoring our health.

**Highly infectious period** - When a person becomes infected, HIV penetrates the CD4 cells and destroys these cells. It takes about three months or longer after HIV has entered the body for the immune system to identify the attack. During this time the amount of virus (viral load) in the body is at its highest. The risk of infecting a sexual partner is at its highest due to the high viral load. If a person has been infected with HIV recently they may test negative because the HIV tests look for the antibodies that the immune system produces to fight off HIV - which are only produced later. This means that a person needs to do a follow-up test in three months' time and thereafter test regularly.

**Latent period** - The immune system identifies the virus and produces antibodies that respond to HIV. When a person gets tested for HIV they will test HIV positive due to the presence of the HIV antibodies in the blood. The CD4 cells start fighting the virus and the viral load goes down. The viral load will increase again over time as the immune system loses the battle against the HI virus.

**AIDS** - This is the stage at which the CD4 count is very low and the viral load is high. Opportunistic diseases such as tuberculosis, cancers, thrush, etc. may occur as the immune system is getting weak. If the CD4 count is 350 or below, a person must start taking antiretroviral treatment (ARTs), which must be taken daily for life.

**REMEMBER: Test regularly + Know your HIV status + Start Treatment Early = Good Quality Life**

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# What men need to know about circumcision

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This section explores why men get circumcised in South Africa, what they need to know about medical male circumcision so that they can make an informed decision about whether to get circumcised and how to care for their wound after they have been circumcised.

## Slide 1 1: Why men get circumcised

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**11 Why men get circumcised**

Religion	Culture / Tradition	Medical
		
Some religions may circumcise their boys soon after birth, e.g. Jewish and Islamic religions.	Some cultures circumcise their young men as part of an initiation process that marks the passage from boyhood to manhood.	Some men may get circumcised for health reasons, e.g. because of the tightening of the skin or to reduce the risk of STIs and HIV.

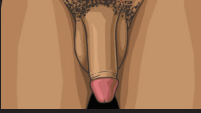


**Men may be circumcised for religious, cultural or medical reasons**

There are many reasons why men (and boys) get circumcised. In some religions, boys are circumcised soon after birth, e.g. Jewish and Islamic religions. In some cultures, young boys are circumcised as part of the rites of passage from boyhood to manhood. Men may also undergo medical male circumcision, which is what we are going to talk more about.

**REMEMBER: Men may be circumcised for religious, cultural or medical reasons**

# Slide 12: What is medical male circumcision?

## 12 What is Medical Male Circumcision?

Circumcised Penis	Uncircumcised penis	Partially circumcised penis
		
<b>Full health benefits:</b> <p>The foreskin has been completely removed under medical conditions, from the head of the penis.</p> <p>Improves hygiene.</p> <p>Cells that attract HIV have been removed.</p> <p>Reduces the risk of HIV infection by eliminating small cuts and bruising.</p> <p>Lowers the risk of STIs and other infections.</p> <p>Reduces your partner's risk of cervical cancer.</p>	<b>No health benefits:</b> <p>The foreskin covers the head of the penis and it's more difficult to keep clean.</p> <p>The skin inside the foreskin is soft, and prone to bruising and small cuts during sex that allows an entry point for HIV and can cause discomfort during sex.</p> <p>There is a higher risk of HIV infection.</p> <p>Higher risk of STIs and diseases that affect uncircumcised men.</p> <p>Men are more likely to get the Human Papilloma Virus which they transmit to their partner, which increases their partner's risk of cervical cancer.</p>	

**Medical male circumcision reduces the risk of HIV infection by 60%**

Medical male circumcision (MMC) is the full removal of the foreskin by a trained health professional.

### Medical male circumcision has a number of benefits:

- Improves hygiene as it is easier to keep the penis clean and free of germs.
- Reduces the risk of HIV infection from a woman to a man.
- Reduces the risk of some STIs such as herpes, chancroid, human papilloma virus and syphilis;
- Reduces the risk of penile cancer.
- Reduces the risk of women getting cervical cancer as the Human Papilloma virus that is mostly associated with cervical cancer is more common amongst uncircumcised men.

### How does MMC reduce HIV risk?

- The skin inside the foreskin is soft and prone to bruising and tearing during sex and this provides an entry point for HIV.
- There are cells underneath the foreskin (Langerhans cells) that attract the HI virus. Therefore by removing the foreskin, these cells are also removed.

### Partial circumcision or no circumcision has no health benefits:

- The foreskin covers the head of the penis, and it is more difficult to keep clean.
- The skin inside the foreskin is soft and prone to bruising and small cuts during sex, which allows an entry point for HIV and can cause discomfort during sex.
- Higher risk of STIs and HIV.



**IMPORTANT:**

- Being circumcised does not mean that one can or should stop using condoms. Medical male circumcision does not provide 100% protection against HIV it only reduces the risk of HIV infection. There is still a 40% chance that men who are circumcised can get HIV.
- Medical male circumcision (MMC) does not reduce the risk of HIV infection if you have anal sex.
- Medical male circumcision does not reduce the risk of HIV infection to your female partner if a man is already HIV positive.
- Medical male circumcision does not prevent unwanted pregnancies.

**REMEMBER: Medical male circumcision reduces the risk of HIV infection by 60%**

## Slide 13: What happens at the Health Centre?

**13** What happens at the Health Centre?



A full health screening for blood pressure, cholesterol, diabetes and TB.

Counselling and testing for HIV. If you test positive you will be referred for a CD4 cell count test.

Screened for STIs and provided with treatment if necessary.

Medically circumcised by a trained professional health care worker.

You will be given an injection to reduce and manage the pain during and after the operation. The operation lasts for about 20 minutes. You will be given pain killers to manage the pain after you leave the clinic.

SMS the word MMC to 43740 to locate your closest health centre.

**Medical male circumcision = a full medical check-up to take control of your health**

Following the group counselling session, you will be referred to the HCT room for a full health screening for blood pressure, cholesterol, diabetes, STIs and TB. You will be tested for HIV, after which you will be post-test counselled and given your HIV results. If you test HIV positive you will be referred for a CD4 cell count.

Following this, you will be referred to the medical male circumcision room/ward/area for MMC.

The procedure takes about 20 minutes and you will be discharged after recovery.

**Note to the Facilitator:** The detailed description contained in the box below, may be shared with men that are about to undergo MMC (i.e. on the same day as this session). The procedure may also be discussed with individuals just prior to their MMC procedure. In community outreach situations where the men participating in the session are not necessarily going to undergo medical circumcision on the same day, it is not necessary to go this in detail.

### The MMC procedure


Your circumcision will be performed by a trained medical doctor or nurse with the assistance of a nurse. You will be given an injection into the penis muscle (this is called local anaesthesia) to eliminate pain during the procedure. The doctor will then circumcise you using what is called the forceps guided circumcision method. This is what will happen:

- The foreskin is pulled out in front of the glans and a pair of forceps is clamped across it.
- The scalpel is run across the face of the forceps furthest from the glans to remove the foreskin. The glans is protected by the forceps.

**REMEMBER: Medical male circumcision = a full medical check-up to take control of your health**

## Slide 14: Caring for your wound

### 14 Caring for your wound



**Keep your penis in an upright position for the first few days.** Briefs will help to keep your penis in the correct position. Do not wear boxer shorts as your penis will hang loose and may rub against the fabric irritating the wound.

**Remove your bandages after 24 hours.** Dissolve 2 teaspoons of salt in a cup (250 ml) with lukewarm water. Place solution in a clean container. Soak your penis in the solution until the bandages come loose. To stop bleeding, apply pressure to the area using a tissue.

**Clean your wound twice a day.** Dissolve 2 teaspoons of salt in a cup (250 ml) with lukewarm water. Place solution in a clean container. Dip a face cloth into the solution, wipe an area of the wound and then rinse. Repeat until you have cleaned the whole wound.

**Your clinic is there for you.** Visit your local clinic after day 2 and day 7 to check that your wound is healing properly.

**Do not have sex for six weeks after being circumcised to prevent infections**

After the circumcision you will be given information and a brochure/leaflet on how to care for your wound.

**N.B. The information in the box below should be given to all men who are waiting to undergo medical male circumcision immediately, even if they were previously given the information as part of a previous group counselling session.**

- It is very important to keep the wound clean.
- You may remove the bandage after 1 day.
- If you see any blood through the dressing after your circumcision, this is normal. If however you have severe bleeding visit your local clinic/service provider immediately.
- To remove the bandages take a small clean container (e.g. cup or yoghurt container) with lukewarm water and dissolve 2 teaspoons of salt. Soak your penis in the salt solution until the bandages are loosened. Once you have removed the bandages it is recommended that you clean the wound at least twice a day to prevent the wound from getting infected. Take a clean washcloth and dip it into the salt water and gently wipe a small area of the wound. Rinse the cloth in lukewarm water before wiping the next area. Make sure to clean properly around the stitches without pulling them.
- Once you have cleaned the wound wash out the container using soap and water and cover it with a plastic bag to keep it clean and dust-free.
- Well-fitting underwear (briefs) will help to keep your penis in the correct position. Do not wear boxer shorts as your penis will hang loose and may rub against the fabric irritating the wound.
- The stitches will start falling off after 2 – 4 weeks. Do not pull at the stitches when they start falling out - let them fall out on their own or else you could damage the wound and get an infection.
- Do not have sex or masturbate for at least 6 weeks after MMC. Talk to your partner so that she or he may support you.
- If you are not yet sexually active, remember that being medically circumcised does not mean that you must start having sex after six weeks. This is your choice.
- Finally, remember that medical circumcision does not mean you must stop using condoms.

**REMEMBER: Maximum protection = Know your HIV + Get Circumcised + Use Condoms**

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# Frequently Asked Questions

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**Q1: Will having the medical circumcision hurt very much and how long will the procedure/operation take?**

**Answer:** Medical male circumcision takes about 30 minutes and is done under local anaesthetic and you will not feel the pain during the process. You will be given some pain killers to help you manage the pain afterwards.

**Q2: Will medical circumcision affect my sex life? Will I still be able to have a satisfying sex life?**

**Answer:** Studies have shown that medical circumcision does not affect your ability to have a satisfying sex life. Remember that you must wait for 6 weeks before you start having sex.

**Q3: How does medical circumcision reduce the risk of HIV?**

**Answer:** The complete removal of the foreskin via medical circumcision reduces the risk of HIV as the cells that have been found to attract HIV are removed. These cells are located on the inner skin of the foreskin, which can easily tear during sex and provide an entry point for HIV.

**Q4: I have been circumcised as part of traditional/religious rites- does this reduce my risk of HIV?**

**Answer:** Studies have only been done on medical male circumcision.

**Q5: I have been partially circumcised as shown in the pictures we saw earlier, can I go for medical male circumcision?**

**Answer:** Yes, you can go for medical male circumcision as this is the only way to get full medical benefits.

**Q6: Since medical male circumcision reduces the risk of HIV, why do I still have to use condoms?**

**Answer:** Medical male circumcision reduces the risk of HIV; it does not completely remove the risk. For this reason, you still have to continue using condoms and reduce the number of your sexual partners as part of a complete HIV prevention package. Condoms also provide protection from pregnancy.

**Q7: I am HIV positive. Can I still go for medical male circumcision and will this reduce the risk of transmission to my HIV negative partner?**

**Answer:** Yes, you can still be circumcised even if you are HIV positive. This will not protect your partner from HIV. As an HIV positive man, MMC is beneficial in that your risk of other STIs is reduced. Remember that all medically circumcised men still have to use condoms and reduce the number of sexual partners, regardless of the current HIV status.

**Q8: Why must I wait for 6 weeks after circumcision before resuming sexual activity?**

**Answer:** You must wait for the wound to completely heal before resuming sexual activity and you must not masturbate. If you have sex or masturbate while the wound is not yet healed, this may cause the wound to tear resulting in bleeding that provides an entry point for HIV and increases the risk of HIV infection and other STIs.

**Q9: How old must one be to undergo medical male circumcision?**

**Answer:** Currently the law says one must be older than 15 years to undergo medical male circumcision. The law does allow for boys younger than 15 years old to be medically circumcised if this is for medical/religious/cultural reasons.

**Q10: How much will getting medically circumcised cost and where can I have it done?**

**Answer:** Medical male circumcision is free at government health facilities and some NGOs. After this session I will refer you to \_\_\_\_\_ clinic/hospital where you can be medically circumcised. You can also sms the word “MMC” to 43740 and you will be sent a list of your nearest health facilities where you can go for a medical male circumcision.

**Q11: My sexual partner is a man; does medical male circumcision reduce the risk of HIV for us?**

**Answer:** Studies have not shown a reduction in risk for anal sex between men or between a man and a woman. Like everyone, after medical circumcision you still have to use condoms and reduce the number of your sexual partners.

**Note to the Facilitator:** The chart also talks about abstinence and delaying sexual debut as part of HIV prevention, which is a key topic to discuss with younger men (boys) who may not yet be sexually active but are about to undergo medical circumcision.

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# Useful Contact Details

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Name of Organisation	Contact Details
AIDS Helpline	0800 012 322
Alcoholics Anonymous	086 435 5722
MMC sms line	43740
National Association of People Living with AIDS (NAPWA)	011 873 7156
Domestic Violence Helpline	0800 150 150
People Opposing Women Abuse	011 642 4345/6
Sonke Gender Justice	011 339 3589
Tollfree Crisis Line	0861 574 747
Treatment Action Campaign (TAC)	021 422 1700











## Assembling of the MMC Flipchart



FOR ADDITIONAL COPIES OF THIS FLIPCHART / FACILITATOR'S NOTES PLEASE CALL 012 366 9300