

Global Sexual and Reproductive Health Service Package for

MEN AND ADOLESCENT BOYS

Assessment questions on male client history

Information and counselling



Physical exam of male client

Sexual and gender-based violence support



Contraception

Supporting safe abortion care



Sexually transmitted infections

Supporting prenatal and postnatal care



HIV and AIDS

Fertility and infertility



Disorders of the male reproductive system

Male cancers



INFORMATION, EDUCATION AND COMMUNICATION



SKILLS BUILDING AND GROUP SUPPORT



ENGAGEMENT IN ADVOCACY

CLINICAL SRH SERVICES AND COMPONENTS

SRH clinical services for men and adolescent boys	Components*
1. Assessment questions on male client history	<ul style="list-style-type: none"> a. Take a standard medical history b. Take a detailed sexual health assessment (including sexual function and satisfaction) c. Assess for fertility intentions d. Take a cancer evaluation (as appropriate) e. Assess for experience of sexual and gender-based violence, including intimate partner violence (initial assessment questions) f. Assess for alcohol, tobacco and other substance use g. Assess for mental health including depression h. Assess for nutrition, food availability, diet and exercise i. Assess for immunizations/vaccinations
2. Physical exam of male client	<ul style="list-style-type: none"> a. Measure height and weight, and calculate Body-Mass Index (BMI) b. Measure blood pressure c. Conduct external genital and perianal exam d. Conduct other physical exam relevant from history using clinical judgement
3. Contraception	<ul style="list-style-type: none"> a. Counsel client (if not undertaking couple counselling) and provide information on all available contraceptive options, his role in this, and how to be supportive and communicate with his partner in choosing the contraceptive option that works for them both b. Counsel a couple (if partner agrees) and provide information on all available methods of contraception, including promotion of dual protection through use of condoms c. Provide condoms and condom-compatible lubricant, and other contraceptive methods, including emergency contraception d. Provide vasectomy services (or referral)
4. Sexually transmitted infections (STIs)	<ul style="list-style-type: none"> a. Counsel client and provide information on STIs, including couple counselling (if partner agrees) b. Conduct external genital and perianal exam (as part of syndromic management) c. Provide etiological diagnosis of STIs (diagnostic testing), i.e. laboratory and microscopy d. Treat STIs following syndromic management or etiological diagnosis e. Counsel client and provide support for partner notification for STIs and facilitated treatment (where applicable) f. Provide condoms and condom-compatible lubricant g. Provide HPV and Hepatitis B vaccinations h. Provide viral hepatitis services including prevention, screening and treatment
5. HIV and AIDS	<ul style="list-style-type: none"> a. Provide HIV testing services (including information and counselling) b. Provide condom and condom-compatible lubricant c. Provide antiretroviral treatment for HIV (or referral) including initiation, monitoring and adherence support d. Provide pre-exposure prophylaxis (PrEP) for HIV e. Provide post-exposure prophylaxis (PEP) for HIV f. Provide voluntary medical male circumcision (VMMC) g. Counsel client on how to support partner in preventing mother-to-child transmission of HIV (if partner wants) h. Diagnose, manage and prevent HIV-related coinfections and co-morbidities i. Provide care and support for men and adolescent boys living with HIV

SRH clinical services for men and adolescent boys	Components*
6. Disorders of the male reproductive system, including sexual dysfunction	<ul style="list-style-type: none"> a. Diagnose and counsel client on sexual dysfunctions (erectile dysfunction, delayed ejaculation, premature ejaculation), and provide referral b. Treat (or refer) for sexual dysfunctions (erectile dysfunction, delayed ejaculation, premature ejaculation) c. Treat (or refer) for other disorders of the male reproductive system (warts, varicoceles, urological disease, etc.) d. Screen and treat urinary tract infections (or refer)
7. Male cancers	<ul style="list-style-type: none"> a. Counsel client on sexual and reproductive-related male cancers (prostate, testicular, penile, anal, breast) b. Take a history for sexual and reproductive-related male cancers c. Refer for further investigation and management as necessary
8. Fertility and infertility	<ul style="list-style-type: none"> a. Counsel client on basic fertility awareness including pre-conception health b. Counsel couples for conception (if the partner agrees) c. Counsel client on infertility d. Provide basic infertility care for men, including semen analysis e. Provide vasectomy reversal (recanalisation) services (or refer) f. Treat for infertility/provide assisted reproduction (or refer) g. Counsel client (and partner) on adoption (or refer)
9. Supporting prenatal and postnatal care, including safe motherhood	<ul style="list-style-type: none"> a. Counsel client on preconception, support during pre-and post-natal period and care-giving b. Provide links to a support group for expectant and new fathers / classes on parenting/ fatherhood skills
10. Supporting safe abortion care⁵	<ul style="list-style-type: none"> a. Counsel clients who are partners in safe abortion care on the role they can play as a source of support b. Support client to be a supportive partner and to participate in pre- and post-abortion care counselling sessions (if the partner wants)
11. Sexual and gender-based violence (SGBV) support	<ul style="list-style-type: none"> a. Screen for experience of SGBV, including intimate partner violence b. Counsel and support clients affected by violence and refer for clinical, psychosocial and protection services c. Refer clients who have a history of perpetrating violence against women to a relevant programme/support group
12. Information and counselling	<ul style="list-style-type: none"> a. Provide information and counsel client on sex, sexuality and sexual health, including pleasure (for man and partner) b. Provide information and counsel client on self-confidence and self-esteem c. Provide information and counsel client on relationships and non-violent communication and negotiation d. Provide information on comprehensive sexuality education (CSE), values and gender equality, with specific focus on role of men, to reach in-school and out-of-school youth e. Provide information on genital/anal health and hygiene f. Counsel client and provide information on stigma reduction, particularly in the context of HIV and other STIs

UNFPA does not promote abortion as a method of family planning. Rather, it accords the highest priority to voluntary family planning to prevent unintended pregnancies to eliminate recourse to abortion. Post-abortion care should be provided. Where abortion is legal, national health systems should make it safe and accessible.

NON-CLINICAL SRH SUPPORTIVE PROGRAMMES AND COMPONENTS

SRH non-clinical supportive programmes for men and adolescent boys	Components*
1. Information, education and communication (IEC) materials for men and adolescent boys	<ul style="list-style-type: none"> a. Basic sex and SRH education, including sexuality and sexual orientation, pleasure and anatomy, libido, masturbation and related myths b. Genital health and penile hygiene (e.g. smegma reduction) c. Contraception choices and men's supportive role in making a contraceptive choice with their partner d. Infertility e. Prevention and treatment of STIs and HIV f. Supportive involvement in prenatal and postnatal, materials on fatherhood/ men's role as a parent g. Mental health and psychosocial support h. Stigma reduction, particularly for HIV and other STIs i. Awareness and prevention of SRH-related male cancers j. Drug and alcohol dependence or overuse k. Tobacco dependence
2. Skills building and group support for men and adolescent boys	<ul style="list-style-type: none"> a. Pregnancy and STI prevention (including HIV) b. Fatherhood and maternal health, newborn and child health and development skills c. Non-violent communication and negotiation in relationships (between couples/ other caregivers, on shared caregiving and domestic responsibilities, and with children) d. Awareness of risk-taking behaviour and the effect this can have on their own and their partners sexual and reproductive health e. Engaging men in SGBV prevention f. Comprehensive sexuality education, values and gender equality, support for women and girls' rights including reproductive rights, with specific focus on role of men and to provide positive images of more gender-equitable men g. Support groups for men (such as groups for men living with HIV)

SRH non-clinical supportive programmes for men and adolescent boys	Components*
3. Advocacy issues in which to engage men and adolescent boys	<ul style="list-style-type: none"> a. Greater focus on men and adolescent boys within national SRH & HIV laws and policies b. Safe abortion services and stigma-free environment c. Increasing and promoting shared parental leave d. Engaging men in SGBV prevention e. Engaging men as partners in supporting prenatal and postnatal care, including safe motherhood f. Creating an enabling policy environment that addresses discrimination and violence against men, for example men who have sex with men, and transgender men and other gender-nonconforming individuals, male sex workers, men who inject drugs, male prisoners g. Acceptance of adolescent sexuality and SRH and creating an enabling policy and legal environment that aims to dismantle barriers to adolescent SRH

IPPF and UNFPA (2017). Global Sexual and Reproductive Health Service Package for Men and Adolescent Boys. Available at:

www.ippf.org/resource/global-sexual-and-reproductive-health-package-men-and-adolescent-boys
www.unfpa.org/publications/global-sexual-and-reproductive-health-package-men-and-adolescent-boys



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* Not all components need to be provided for each client. The components provided will depend on the specific needs of each client.