

CHAPTER 6

EDUCATING AND COUNSELLING CLIENTS, AND OBTAINING INFORMED CONSENT



This chapter provides information on the following:

- the role and content of group education and individual counselling in male circumcision services
- the skills required to educate and counsel clients on male circumcision services, including HIV testing and prevention
- the unique needs of adolescents in education and counselling, including age-appropriate sexual and reproductive health messages
- the skills required to encourage, but not mandate, an HIV test before the circumcision procedure
- the importance of and conditions for maintaining privacy and confidentiality of male circumcision clients
- group education and individual counselling considerations for facilities or providers offering both conventional and device-based surgical circumcision methods
- the principles of and steps involved in obtaining informed consent from clients, including from minors and other special groups

6.1. INTRODUCTION*

Health education and counselling are closely linked, but they have distinct roles in the context of supporting clients. In **health education**, the primary goals are to:

- Provide accurate information and learning experience so that individuals and communities become knowledgeable about issues relevant to their health.
- Make a positive impact on individuals' attitudes by providing current, accurate information.

Health education is delivered in group and individual formats, and includes an interactive question-and-answer component to encourage client engagement. **Counselling** is a two-way interaction (that is, a conversation) between a provider and an individual, couple or family (see Box 6.1). The goal is to support clients in making healthy, appropriate choices for themselves. This means assisting clients to examine issues that are personally relevant, such as risk behaviours; discuss their options to address any needs or problems identified; guide them to make informed decisions; and develop realistic action plans.

Box 6.1. What is counselling?

Counselling is a conversation or process of dialogue characterised by the following:

- active listening, that is, not forcing ideas or values on clients
- being respectful, empathetic and nonjudgemental, that is, not criticising clients
- empowering clients, that is, not telling them what to do
- supporting the rights of clients, that is, not taking responsibility for their actions or decisions

* Adapted from (1)

For education and counselling to be most effective, providers must work to establish a trusting relationship with clients by being respectful, empathetic and nonjudgemental at all times. Communication skills required for effective group education and individual counselling are in Annex 6.1. Prioritize the information that needs to be delivered at each visit so clients are not overwhelmed by too much information at one time (see Box 6.2).

Box 6.2. Do not overwhelm clients by giving them too much information at one time

Prioritize education and counselling messages that are critical to protect the client's right to informed consent/assent and to ensure that he is safe during and after the procedure. Giving too much information at once can reduce the client's ability to understand it, making it more difficult for the client to make healthy, informed choices. Other health or related services may be mentioned or even recommended. However, unless they are integral to male circumcision, they should not be the focus of the education and counselling until the procedure is complete, the client is recovering normally, and a critical discussion about wound care and continued HIV risk reduction has taken place. Other ways to introduce a client to these services, without overwhelming him, are to give him an information sheet about services available, send messages about special health events to his cellphone or post such information on waiting area walls.

6.2. EDUCATION, COUNSELLING AND CLIENT FLOW

Plan and prioritize education and counselling so that sufficient opportunity for these critical services is incorporated at appropriate stages into the male circumcision process. In male circumcision, as in other health services, education and counselling are usually integrated rather than being separated from other aspects of care. For example, in some settings, most preprocedure counselling may occur while the client is being screened for his eligibility to undergo the procedure because both counselling and screening require privacy. Also, asking a client about his sexual and reproductive health history can readily lead to a discussion about risk reduction, the need for HIV testing and other issues relevant to the decision to undergo male circumcision.

Fig. 1.1 (see Chapter 1) shows the typical order in which clients may progress through male circumcision services, where each block in the figure represents a stage in the male circumcision process. Building on that concept, Table 6.1 shows examples of education and counselling content to convey at each step throughout the provision of male circumcision services.

Table 6.1. Example of education and counselling content throughout male circumcision services

REGISTRATION AND WAITING	GROUP EDUCATION	INDIVIDUAL COUNSELLING	CLINICAL SCREENING	IMMEDIATE PREPROCEDURE CARE AND THE PROCEDURE	IMMEDIATE POSTPROCEDURE CARE	FOLLOW-UP CARE
Services provided at the site Minimum service package and male circumcision methods available at this health care facility	Basic information about male circumcision as part of a comprehensive HIV prevention strategy HIV testing Sexually transmitted infections Condoms Male circumcision procedure (including risk and method options if applicable) Follow-up care, including wound care and tetanus risk Other services available locally	Individual risk assessment and risk reduction plan Choice and method of male circumcision HIV testing and post-test counselling Reinforce key HIV risk reduction messages that are tailored to the client If required, refer for post-test services (for example, HIV treatment, sexually transmitted infection treatment, family planning services, immunization) Tetanus toxoid-containing vaccination Wound care Informed consent/assent	Choice of method, depending on eligibility Re-emphasize messages covered in individual counselling Address questions and fears about the procedure Explanation of contraindications, and referrals if contraindication noted	Informed consent/assent Choice of method Re-emphasize messages covered in individual counselling Wound care Address questions and fears about procedure	Wound care Abstinence during wound healing Condoms Risk reduction and additional HIV prevention measures Warning signs of complications that require early return to the clinic Follow-up care schedule Information about how to contact the clinic or providers in the event of an emergency or complication	Wound care Abstinence during wound healing Condoms Risk reduction and additional HIV prevention measures Warning signs of complications that require early return to the clinic Continued follow-up care Referral of client to other relevant services

6.2.1. Considerations for group education in male circumcision

Group education sessions allow clients to enter into individual counselling with a general understanding of the circumcision procedure (for example, benefits, risks and partial protection against HIV) and other components of the male circumcision package, such as HIV testing. In turn, individual counselling sessions can be better tailored to each client and may be shorter, which is an advantage in busy clinics. Group education needs to be conducted in a quiet place. It is beneficial to separate education sessions for men from those for adolescent boys (especially if they are not yet sexually active) to address needs specific to each group. It has been shown that offering only combined sessions, where adolescent boys and men are educated together, may deter the men from actively participating and asking questions.

During group education for male circumcision services, educators should provide basic information about the role of this procedure in a comprehensive HIV prevention strategy. If both conventional and device-based surgical circumcision methods are available, then information should be given about these different methods and the circumstances when some males may not be eligible for circumcision at all. Finally, there should be information about follow-up care, including postprocedure wound care, abstinence during the healing period and warning signs.

Although information provided during group education sessions should cover certain core information as described in Table 6.1, the content may differ slightly from one facility or health care provider to another based on local needs. For example, in a setting where traditional male circumcision is prevalent, the educator may spend more time discussing differences between the traditional and the conventional or device-based surgical circumcision methods. National programmes can prioritize topics to cover and emphasize or add to educational sessions. Educators should also consider the local cultural context to determine how best to accommodate different age groups. Likewise, adolescent boys may not understand the relevance of messages designed especially for men, as these messages do not reflect typical adolescent perspectives and life situations.

6.2.2. Considerations for individual counselling in male circumcision

The aim of counselling in male circumcision services is to support the client in his decision about undergoing this procedure and receiving an HIV test (if he has not already been tested). Counselling should also assist the client to identify ways to reduce his risk of acquiring HIV or transmitting the virus to others, and understand the importance of accessing post-test support services if needed. Preprocedure and postprocedure counselling—and follow-up care services—are also critical to reduce the risk of adverse events and encourage healthy outcomes. Individual counselling needs to be conducted in a confidential manner.

The provider should ensure that the client, his sexual partner(s) and, if the client is a minor, his parent(s)/guardian(s) have the information they need to make an informed decision about undergoing circumcision and receiving HIV testing. Once the client has been fully screened and determined to be eligible for circumcision at the clinic, and depending on his age and methods available at the clinic, counselling can guide him to choose a conventional or device-based surgical circumcision method—provided either he or his parent(s)/guardian(s), if he is a minor, consent and sign a document to record this consent. National guidelines should be followed with respect to the legal age at which a client can consent to male circumcision and HIV testing. It is also good practice to encourage minors to sign their assent documents.

The male circumcision counsellor should consider different strategies and approaches for building trust and gaining confidence of clients who differ by age, cognitive and physical development, HIV status, life situation and other factors. Tailoring messages to each client may be particularly effective because it shows the client that the provider has been paying attention to him. For example, the provider may emphasize the importance of HIV testing to a client whose HIV status is unknown, or may emphasize the importance of regular retesting to a client who is HIV negative and who has behaviours that put him at risk for HIV infection. All clients should know that male circumcision offers no direct protection to their sexual partners against acquiring an HIV infection.

6.3. CONFIDENTIALITY AND PRIVACY

Clients may be uncomfortable sharing their sexual and reproductive health concerns or history. There is a strong social pressure to conform, and considerable social stigma persists about behaviours or conditions perceived as unusual, bad or wrong. An atmosphere of trust is essential to encourage clients to discuss their sexual and reproductive health needs. Absolute assurance of confidentiality and privacy is an important aspect of a quality health service and supports the effectiveness of education and counselling. **Confidentiality means that health care providers protect and do not share a client's personal information**—except for minors because their information is shared with their parent(s)/guardian(s).

It is an individual's right to decide when and with whom to share information about his health. Client information should be kept confidential, and a client's records should be safely secured. **Privacy means ensuring that interactions with the client are neither seen nor heard by anyone who is not accompanying or directly interacting with the client.** Providers should assure clients about confidentiality and privacy, and adhere to the following guidelines:

- Individual counselling sessions should be held away from other clients, so the client being counselled cannot be seen or heard.
- When a client is asked to share information that is personal or sensitive in nature, no one else should be able to hear what he is saying (aural privacy). This need for privacy may occur during any stage of male circumcision services, for example, while receiving the HIV test or during counselling, screening or the circumcision procedure.
- Each client should be given an opportunity to discuss issues with the health care provider without his sexual partner(s) present (or, if the client is an adolescent boy, without his parent[s]/guardian[s] present). Providers should not ask the client in front of his sexual partner(s) or parent(s)/guardian(s) if he would like one-on-one time because the client may say no to avoid potential conflict. Instead, health care providers should create a few moments of privacy as part of their routine.
- If parent(s)/guardian(s) have the legal right to be present at all times, then providers should discuss with the parent(s)/guardian(s) the reasons for needing to see the adolescent boy in private; providers should obtain the adolescent boy's permission to have this private discussion. Information that the minor is embarrassed to share in front of parent(s)/guardian(s) may be important to learn to ensure that he receives the best care possible.

In the context of male circumcision services, HIV counselling (especially post-test counselling on an HIV test result) and preprocedure and postprocedure counselling should be conducted in a room that offers both aural and visual privacy to ensure that the HIV test result, sexual history and other private information are neither seen nor heard by other clients or providers. Although it can be challenging in facilities with multiple surgical bays or procedure rooms, a male circumcision team should pay special attention to ensure that each client has privacy in order to maintain the client's confidence in the care delivered. This confidence may play an important role in supporting continued and increased demand for circumcision services.

6.4. CONTENT OF MALE CIRCUMCISION GROUP EDUCATION, INCLUDING HIV PREVENTION

The following **objectives** (see sections 6.4.1–6.4.3) of male circumcision group education are adapted from the US President's Emergency Plan for AIDS Relief's best practices (2). Specific messages are in Annex 6.2.

6.4.1. Group education objective 1: general information on male circumcision as part of an HIV prevention strategy

Male circumcision clients should be provided with information about the following:

- **HIV, specifically:**
 - how HIV is transmitted
 - actions to reduce client's risk of acquiring or transmitting HIV (using condoms, and avoiding risky situations and multiple sexual partners)
 - HIV testing (options)
 - meaning of an HIV test result
 - timing of the proposed male circumcision procedure, depending on the client's age (that is, 10 years and older), HIV status and information obtained during screening
 - post-test support services (as appropriate), including, as relevant, antiretroviral treatment or the use of pre-exposure prophylaxis for the prevention of HIV
- **Male circumcision and overview of the circumcision procedure, specifically:**
 - the male circumcision service package and its benefits
 - what to expect during the circumcision procedure
 - risks before, during and after the procedure (adverse events)
 - the offer of partial protection against HIV, so there is still a need for a comprehensive HIV prevention strategy based on individual risk
 - conventional or device-based surgical circumcision methods available at the clinic, including advantages and disadvantages of each method (see Box 6.3)
 - eligibility criteria for circumcision—emphasizing exclusion criteria for circumcision at the clinic level—including bleeding disorders or haemophilia, pathologic phimosis and other conditions
 - postprocedure wound care (giving only a brief introduction but expounding on it after the procedure)
 - tetanus toxoid-containing vaccination, according to the national policy

Box 6.3. Specific male circumcision method considerations

If device-based surgical circumcision methods are not available at a site, there is no need to discuss this method.

If conventional and device-based surgical circumcision methods are available at the site, the provider may not be able to determine the method best suited for the client before screening. Therefore, information given on the different methods of circumcision can be basic until the client undergoes screening. Once the client's eligibility has been assessed, then more detailed information should be given about the method best suited to that client. If the client's screening indicates that he is eligible for either the conventional or device-based surgical circumcision method, then the client's preference can be taken into account. For example, some clients may prefer a device-based surgical method because there is no need for injection of local anaesthetic, while others may prefer the conventional surgical method, as they do not want to wear a device for a week.

6.4.2. Group education objective 2: specific information about circumcision screening and the procedure

Providers should convey general messages that help inform discussions during counselling sessions (see Annex 6.2. for details), such as the following:

- Male circumcision involves the removal of the foreskin, primarily to reduce a male's risk of acquiring HIV infection. The procedure also reduces a male's risk of contracting or developing other conditions, and it may also help him maintain better hygiene.
- Male circumcision provides only partial protection against HIV, as it reduces the risk of acquiring HIV through sexual intercourse by approximately 60–70% (3). Other risk reduction measures should be applied, including correct and consistent condom use based on individual risk.
- A man who has HIV can have the procedure if he is clinically well. However, male circumcision will not reduce this man's risk of transmitting HIV to his sexual partner(s).
- Screening will help confirm whether a client is eligible for male circumcision and may also determine the most suitable method. Screening is necessary because a small number of men have conditions that make it necessary to refer them to specialists for advice on circumcision.
- A client who has no documented evidence of receiving the full five to six doses of tetanus toxoid-containing vaccine may receive one dose of it before or at the time of male circumcision, depending on the circumcision method used and national tetanus vaccination policy. When the circumcision is performed using a device-based method—where the foreskin remains in situ for some days, presenting a higher risk for tetanus, such as through the use of an elastic collar compression method—then a client should be adequately protected against tetanus by immunization with tetanus toxoid-containing vaccine. If the client does not have documentation of the five to six doses of tetanus toxoid-containing vaccination, or he has documentation of three infant doses or one dose during adolescence or adulthood, then one booster dose must be given at least two weeks before device placement, or the client must receive two doses of the vaccine at least four weeks apart, with the second dose at least 14 days prior to device application (see Chapter 7, Box 7.3).
- Good postprocedure guidance reduces risks related to male circumcision (see Box 6.4):
 - Follow-up visits are critical to ensure proper wound care and assess healing.
 - Clients should abstain from sexual activity (including sexual intercourse and masturbation) for six weeks after conventional surgical circumcision or seven weeks after device-based surgical circumcision.
 - "...Not everyone will adhere to the abstinence recommendation, and for these clients, information about levels of risk should be made available so that those choosing to resume sex early can do so in a way that poses the least risk to them and their partners" (2). Condoms should be provided, as they reduce transmission of HIV and other sexually transmitted infections, and they are also useful to protect the newly healed wound.
 - Postprocedure care during the recovery period and until the skin has healed requires hygienic wound care, including the use of clean water. If the water supply is likely to be contaminated, water should be boiled and then cooled before use.
 - Traditional medicines and home remedies with substances such as soil, ash or animal dung should **NOT** be applied to the wound or healing skin.

Box 6.4. Talking to your client about sexual activity during the first six weeks postprocedure

Abstaining from masturbation and sexual activity for six weeks after circumcision is important for normal wound healing. Although this issue will be discussed in detail after the procedure, clients should understand some basic facts before undergoing circumcision. Tell your client:

- The safest approach to protect your health and the health of others is to completely abstain from sexual activity for six weeks.
- If you are absolutely unable to abstain from sexual activity, masturbation poses less risk than sexual intercourse, though it may mean that your wound takes longer to heal (longer than six weeks).
 - If you are wearing a device, you should abstain from all sexual activity, including masturbation, to avoid the device displacing, detaching or tearing off—and to avoid injuring your sexual partner(s). After the device is removed, you should make every effort to abstain from sexual activity for another six weeks.
- Until the wound heals completely, use a condom if you have sex with anyone, including with your regular partner. Clinics should supply condoms and provide information on other places to obtain them. Even after the skin has healed, the tissue of the circumcision wound does not have full strength for some months after the operation; condoms help protect the wound.

6.4.3. Group education objective 3: questions, answers and demonstration

- Address common concerns or fears, such as fear of the procedure, pain and injectable anaesthesia.
- Demonstrate correct male condom use.
- Prepare clients for having a more detailed discussion on male circumcision and HIV/AIDS during individual preprocedure counselling and the HIV test.

As discussed in Chapter 2, because male circumcision is a platform for reaching adolescent boys and men about HIV prevention, this service provides an opportunity to facilitate discussions on:

- gender norms (healthy versus unhealthy),
- sexual and reproductive health and rights, and
- harmful use of alcohol or other substances.

On the day of the procedure, it is important to keep to a minimum any discussion of issues that are not directly related to circumcision, HIV testing and condom use. Follow-up visits provide an excellent opportunity to continue education and counselling initiated before the circumcision, as well as to facilitate appropriate referrals.

6.5. MALE CIRCUMCISION PREPROCEDURE COUNSELLING FOR ADOLESCENT BOYS AND MEN

The following are **objectives** of male circumcision counselling:[†]

- Respond to the client's questions and concerns about the procedure.
- Reinforce key HIV risk reduction messages tailored to the client's individual needs, age and other relevant circumstances.

[†] Adapted from the *US President's Emergency Plan for AIDS Relief best practices guide (2)*

- Assess the client's ability to follow postprocedure guidance. For the sexually active client:
 - Identify factors that can support or hamper his ability to comply with the prescribed abstinence period, such as relationship status, ease of communication with sexual partner(s) and previous condom use.
 - Discuss risk reduction strategies, such as masturbation and condom use, to use if abstinence is not possible.
- Assess the client's understanding of wound care instructions. This is best done by giving instructions and then asking questions to check the client's understanding.
- Ensure that clients are making an informed decision without coercion or pressure. Allow clients and/or their parent(s)/guardian(s) to make their own informed decision on whether or not to choose male circumcision. (Details on obtaining informed consent/assent follow this section.)
- Respect the client's decision if he declines to undergo circumcision. Explore reason(s) for the refusal, reinforce the benefits of circumcision and invite the client to return for male circumcision services at a later date.
- Provide the client who is choosing to undergo circumcision with additional information on the conventional or device-based surgical circumcision method(s) available at the clinic. If there is more than one method for which a client is eligible, then help him select one (see Table 6.2).
- Obtain informed consent/assent for HIV testing, tetanus toxoid-containing vaccination (as applicable per country protocol) and male circumcision at the clinic (once screening is complete and the client is found eligible for the procedure).
- Offer HIV testing services before circumcision. For those who decline HIV testing, repeat the offer of the test during follow-up visits.
- Conduct appropriate post-test HIV counselling based on the client's HIV status and individual risk factors. Refer the client for other HIV-related post-test services as applicable.
- Adolescent boys who learn they are HIV positive may need additional counselling and support. Their parent(s)/guardian(s) will also need to be included in at least part of their counselling session.

Annex 6.3 has additional guidance on how to provide HIV testing and counselling services.

Table 6.2. Key information on conventional or device-based surgical circumcision methods

TOPIC	CONVENTIONAL SURGICAL METHODS	SOME DEVICE-BASED SURGICAL METHODS
Eligibility for clients who are under 18 years old	May be performed on males who are at least 10 years old, except forceps-guided method is not suitable for males under 15 years old or who have adhesions	Some types of devices may have limited eligibility for use in younger adolescent boys (10–14 years old) (see manufacturer's instructions for use)
First follow-up visit	Two days (for bandage removal)	Seven days (for device removal; device must be worn for seven days)
Second follow-up visit	Seven days	Usually 14 days
Anaesthesia	Local anaesthetic injection	Topical anaesthesia or local anaesthetic injection, depending on the type of device used (see manufacturer's instructions for use)
Sutures	Yes	No
Moderate or severe adverse events	Less than 2%	Less than 1%
Wound healing postprocedure	Six weeks after surgery	Six weeks after device removal
Recommended time for sexual abstinence	Six weeks or longer if wound not healed	Seven weeks (seven days while wearing device <i>and</i> six weeks for wound healing) or longer if wound not healed
Cosmetic	Suture marks may be apparent but fade with time	Good cosmetic results with the two World Health Organization prequalified device methods

6.6. INFORMED CONSENT/ASSENT FOR CIRCUMCISION AND HIV TESTING

Male circumcision is an elective invasive procedure with potential adverse events and complications. It is the provider's ethical and human rights obligation to give accurate and appropriate information to a client and to obtain his informed consent/assent. Informed consent/assent is more than having a client sign a document to record his agreement to undergo circumcision. It is the process of ensuring that clients or their parent(s)/guardian(s) understand the procedure and its associated benefits and risks, and voluntarily—freely and without coercion or pressure—make an informed decision to undergo the circumcision procedure. Only clients who have appropriate decision-making capacities and legal status as adults can give their informed consent to medical care (4). In the case of a minor, his parent(s)/guardian(s) must sign the consent document; providers should also seek the assent of minors. Providers should review local laws regarding the age at which consent can be given for male circumcision. Consent/assent must be documented (1).

Because male circumcision services help individuals learn their HIV status, education and counselling should address simultaneously both HIV testing and male circumcision procedure. The World Health Organization's 5 Cs approach for HIV testing services follows in Section 6.6.3, and key HIV testing messages are in Annex 6.3.

6.6.1. Essential elements of informed consent/assent

The following elements should be included in the process to obtain the client's informed consent/assent.

- **Assess the capacity of the client to understand** and make his decision about circumcision based on information provided (see Box 6.5). For clients who are minors or who have mental illness or developmental delays, which could interfere with their understanding of male circumcision and its role in HIV prevention, the decision about the procedure must be made by parent(s)/guardian(s). Clients who are hearing-impaired or have a language barrier need an interpreter present during the consent/assent process to ensure that they understand the information relayed.

Box 6.5. Ensure client's understanding

Every effort should be made to ensure that the person who will undergo male circumcision **understands** the information provided to the best of his ability, **chooses** to undergo the procedure freely and **gives** his informed consent/assent freely. If health care providers assess that the client is intoxicated by alcohol or under the influence of drugs, then the decision about circumcision should be deferred until the client is fully able to comprehend the information given.

- **Provide information.** Clients—and their parent(s)/guardian(s), as applicable—should be given information in everyday, local language. They should be informed about **all** major risks and benefits of male circumcision and the implications of HIV testing (if HIV testing is part of the package of care offered).
- **Ask checking questions, or ask the client to summarize what he has learned**, to assess his understanding of the information provided.
- **Assure the client that he is free to choose** whether or not to become circumcised. If there is any indication that the client is not ready to provide consent/assent, advise him to think about it for a few days before making a decision. Younger clients who are legal minors should be aware of their rights to give or refuse assent to undergo male circumcision—even if their parent(s)/guardian(s) have given informed consent.
- **Obtain consent/assent at the appropriate time.** Once clients have been educated and counselled, found eligible for circumcision through a clinical screening (see Chapter 7), received answers to any questions and decided to undergo the circumcision procedure, ask them to sign a consent/assent document. If the client is a minor, ask the parent(s)/guardian(s) to sign a consent document and the minor to sign an assent document. For clients who are illiterate, verbal consent/assent is acceptable but should still be documented (see Box 6.6).

Box 6.6. Documenting consent/assent when the client cannot read or write

Provider should follow national laws about obtaining consent/assent. Unless otherwise specified by national law, the following principles apply:

- Oral consent/assent is acceptable from clients who are illiterate because they cannot read or sign informed consent/assent forms.
- The informed consent/assent process requires providers to ensure that 1) the information they provide to clients is in a form the client understands, and 2) a literate witness is available to sign on behalf of the client to document that he has given oral consent.
- In addition to the signature of a literate witness, clients who are illiterate should document their agreement to proceed with circumcision by placing their thumbprint on the consent/assent form.
- Whenever possible, clients should choose their own literate witness.

6.6.2. Informed consent/assent from adolescent boys

Young adolescents (10–14 years old) and minors (usually defined as under 18 years old) need special consideration when obtaining informed consent/assent. Members of the male circumcision team should know how to respond to an adolescent boy's request for circumcision in a way that respects the boy's confidentiality but does not put the health care provider in conflict with the law. Special considerations and opportunities relevant to obtaining consent/assent when working with adolescents follow:

- **Providers need to know the legal age at which an adolescent is allowed to give consent/assent to undergo the circumcision procedure** because this age may vary by country and by service or procedure. Younger male circumcision clients should be asked for their identification cards to confirm their age. For example, in some countries, an adolescent boy may be able to give consent/assent for HIV testing or receive condoms at an age younger than the age at which he can consent/assent to a surgical procedure such as circumcision. The ministries of health and national medical or nursing associations should be able to provide information on national rules and regulations.
- Providers also need to know how to engage the client's parent(s)/guardian(s) in the consent/assent process while respecting the rights of the client. **If a client is not yet able to give consent for the circumcision procedure, his parent(s)/guardian(s) must provide written consent after receiving complete information about the procedure.** Every effort should be made to confirm that the person providing consent on behalf of the minor is truly the minor's parent(s)/guardian(s). The minor's parent(s)/guardian(s) should also be encouraged to base their decision on the best interests of the child.
- Even if the law does not allow a minor to give his own consent, circumcision providers should take special care to explain the risks and benefits to him in a way that is appropriate for his age and mental capacity so he comprehends the message. If the minor has sufficient cognitive capacity, **he should receive the opportunity to give or withhold assent** to the procedure. If a minor does not give assent, then circumcision should not proceed. An offer should be made to provide further information to him and his parent(s)/guardian(s), and to arrange a visit at a future date.
- Male circumcision services also offer an opportunity to make contact with adolescent boys (and their partners) and provide them with information and counselling on sexual and reproductive health. Adequate time should be allowed for education and counselling before and after the circumcision, but the focus of the interaction should remain on information related to circumcision and its outcome. Adolescent boys should be encouraged to return after the procedure, not just for follow-up but also for further education, counselling and referral to other services based on their individual needs.
- With regard to postprocedure counselling and proper wound care, it is advisable to provide informational materials and to counsel the adolescent boy with his parent(s)/guardian(s) present. Although it is recommended that the provider speak to the adolescent boy alone, if possible, the parent(s)/guardian(s) should be informed on how to support the minor to avoid infection and adverse events.

Informed consent from a minor's parent(s)/guardian(s) is documented on a separate form. The individual counsellor and the male circumcision team should ensure that the client has been properly informed (for example, about the procedure, its risks and benefits, and the need for continued condom use); the information has been given in a way that is understandable to the client and his parent(s)/guardian(s) (for example, by using their local language); and the client has had a chance to ask questions. The client should then be given time to reflect on what he has learned before being asked to sign the consent/assent document (see the sample consent form for adolescent boys and men in Annex 6.3).

6.6.3. The World Health Organization's 5 Cs approach for HIV testing services[‡]

The following 5 Cs principles, set forth by the World Health Organization, should be adhered to for HIV testing services:

- consent
- confidentiality
- counselling

[‡] Adapted from (5)

- correct test results
- connection (linkage to prevention, treatment and care services)

Coerced testing is never appropriate, whether that coercion comes from a health care provider, an employer, person with authority (such as immigration services), sexual partner(s) or family member. **The 5 Cs apply to HIV testing in all circumstances** and are discussed below.

6.6.3.1. Consent/assent

Clients who receive HIV testing must give informed consent/assent to be tested and counselled (see Box 6.7). Verbal consent/assent is sufficient; written consent/assent is not required. Clients should be informed of the process for HIV testing and counselling and of their right to decline testing.

Box 6.7. Essential information needed to obtain informed consent/assent

- Describe the purpose of the male circumcision procedure.
- Describe the procedure and its duration.
- Explain that male circumcision is permanent.
- Explain potential risks and benefits of male circumcision.
- Explain that it is a voluntary procedure.
- Evaluate the client's understanding of the key information provided.
- Allow time for the client to ask questions and receive answers.

6.6.3.2. Confidentiality

The HIV testing process must be confidential. The discussion between the provider conducting the HIV test and the client cannot be disclosed to anyone else without an expressed consent/assent from the client to do so. Confidentiality should be respected, but it should not be allowed to reinforce secrecy, stigma or shame. Counsellors should discuss, among other issues, whom the client may wish to inform about the test result and how he would like this communication done. The client should be counselled that sharing his test result with a sexual partner(s), family member, another trusted person and health care provider is often highly beneficial to the client's mental health (that is, enables social support) and will help identify others who need HIV testing.

6.6.3.3. Counselling

HIV pre-testing information can be provided in a group setting, but all clients should have the opportunity to ask questions in a private setting if they request it. All HIV testing must be accompanied by appropriate and high-quality post-test counselling based on the specific HIV test result. Quality assurance mechanisms as well as supportive supervision and mentoring systems should be in place to ensure that the provision of high-quality counselling is achieved.

6.6.3.4. Correct test results

HIV testing providers should strive to achieve high-quality testing services, and quality assurance mechanisms should ensure that people receive correct diagnoses. Quality assurance may include both internal and external measures that should be supported by the national reference laboratory. All clients who receive HIV-positive diagnoses should be retested to verify their diagnoses before initiation of HIV care or treatment.

6.6.3.5. Connection

Linkage to prevention, treatment and care services should include effective and appropriate follow-up, including long-term prevention and treatment support. Providing HIV testing in an area where there is no access to care or poor linkage to care, including antiretroviral therapy, has limited benefits for those who have to live with HIV.

6.7. MALE CIRCUMCISION POSTPROCEDURE COUNSELLING FOR ADOLESCENT BOYS AND MEN

The counsellor should ask questions to ensure that the client—and, if he is a minor, his parent(s)/guardian(s)—understands the postprocedure instructions and follow-up appointment schedule. Detailed information on postprocedure counselling for each follow-up visit is in Chapter 10, but the primary objectives and key messages for postprocedure counselling follow:

- confirming that the client understands wound care instructions and the need for clean clothing, and has the means for contacting clinical staff with any questions
- counselling the client to keep the wound dry for the first 24–48 hours while the dressing is in place
- counselling the client to use clean water (bottled or boiled and cooled) to wash the wound until the skin heals
- ensuring that the client understands that he must not apply any substance to the wound that was not prescribed by his circumcision provider because the use of traditional medicines, ashes, dung and home remedies can result in a dangerous infection, including tetanus
- describing to the client the signs and symptoms of adverse events, recommendations for contacting clinic staff and when to return to the clinic when an adverse event is suspected (see Chapter 10)
- determining the client's ability to comply with the prescribed follow-up schedule, including transport to the male circumcision clinic or to a clinic near the client's residence, given his work or school schedule and family commitments
- counselling clients and their sexual partners on the necessity for abstinence from sexual intercourse, including masturbation; if abstinence is not possible, counselling on the need for condom use during the healing period and offering recommendations to improve compliance with abstinence or mitigate an elevated risk of acquiring or transmitting HIV infection
- reinforcing to clients the partially protective benefit of male circumcision against HIV infection and the need to reduce risk behaviours that increase exposure to HIV and other sexually transmitted infections
- discussing effective prevention options, such as using condoms correctly and consistently, having sexual partners tested, reducing sexual partners, taking pre-exposure prophylaxis and engaging in other HIV prevention measures
- providing clients with written wound care instructions
- repeating to clients the wound care instructions at each follow-up visit, especially at the 48-hour visit, as this may be the time when the dressing is removed, thereby presenting the first opportunity for potential application of traditional remedy to the wound

KEY MESSAGES

- Group education supports counselling services and provides the bulk of information about HIV testing services, HIV prevention and male circumcision. It reduces the need for intensive, individualized pre-test HIV counselling.
- Individual preprocedure and postprocedure counselling is used to respond to the client's questions and concerns about the procedure; reinforce key HIV risk reduction messages tailored to the client; and educate the client about proper wound care, hygiene and the importance of abstinence while the wound is healing.
- Male circumcision providers have a duty to ensure that voluntary and informed consent/assent is obtained from the client before the procedure is performed, and maintain the client's confidentiality and privacy.
- Providers must work to establish a trusting relationship with clients by being respectful, empathetic and nonjudgemental towards them at all times.
- Clients need to be reminded of the partial protective effect of male circumcision against acquiring HIV infection and the need for continued correct and consistent condom use, as well as other risk reduction measures.

ANNEX 6.1. COMMUNICATION TECHNIQUES[§]

Various communication techniques may be used strategically to assure a supportive environment that meets the needs of an individual and results in a positive client experience. Using different types of communication—including nonverbal or the use of body language, eye contact and active listening—is as important as verbal communication. Establishing a confidential relationship that is conducive to sharing information between the provider and the client, from the start, is important to help a client feel welcome and at ease. For example, the provider can do the following:

- greeting the client by name
- introducing themselves by name to the client
- making eye contact with the client
- shaking hands with the client, if appropriate
- being friendly and welcoming to the client
- having empathy for and being nonjudgemental with the client
- engaging in nonverbal communications with the client

Other basic communication skills to use when talking with clients include active listening, acknowledging feelings, asking questions and summarizing what the client says.

Active listening involves paying attention to a client in a way that shows respect, interest and empathy (more on this below). Active listening is paying attention to the content of the client’s words and the feelings and worries expressed in his tone of voice, facial expression and posture.

Acknowledging feelings is a communication skill that has to do with the emotional layer of a conversation. The purpose of acknowledging feelings is to let a client know the provider recognizes and understands his feelings on the topic being discussed. It involves identifying the emotion a client seems to be feeling, based on the client’s words, facial expression, body language and other nonverbal cues. Most health care providers are good at giving information and are often tempted to solve emotional situations through the provision of information. However, most people need to have their feelings acknowledged and discussed before they are able to truly hear and receive information. Ignoring or making light of a client’s feelings can cause him to stop communicating and stop hearing what is being said. The following types of phrases can acknowledge a client’s feelings:

- It seems to me you are feeling...
- It sounds like you...
- What I hear you saying is...

It is important that providers use language they are truly comfortable with so that the conversation sounds genuine and not awkward.

Asking questions can enrich a conversation, yet the way questions are asked influences the responses given. Open-ended questions are those that cannot be answered with a simple yes-or-no answer. They usually begin with how, what or why—for example, “will you say a little more about why you think that?” or “how did you feel when that happened?” Open-ended questions help people open up and express their feelings, encourage more detailed conversations and give clients more control over what they wish to share. Asking skilful open-ended questions will help providers learn about clients without clients feeling interrogated. Closed-ended questions, on the other hand, often prompt a short, yes-or-no type of an answer that can sometimes lack details needed to better care for the client.

[§] Reproduced from (2)

Summarizing pulls together conversational threads, so the client can understand the whole picture; it also helps to ensure that the client and provider understand each other correctly. This process helps the provider identify the next steps the client should take.

Encouraging can affirm a client's decision to undergo male circumcision. Remind the person throughout his visit that by choosing circumcision, he is demonstrating responsibility for his health, health of his loved ones and health of the society, in general. Remind him that male circumcision is safe and effective, and that he can help assure his own smooth course by complying with the simple care and recovery guidelines provided. Also remind him that the temporary pain/discomfort and inconvenience involved will lead to a lifetime of benefits.

Maintaining confidentiality is always important in clinical settings. Every provider is ethically bound to keep confidential all personal information about clients who are under their care. When clients trust that their personal disclosures to providers are confidential, they are less likely to withhold important information and more likely to seek support for what concerns them most.

Showing empathy is the act of seeing the world through another person's eyes and understanding how that person feels from their point of view. It is a characteristic of an encouraging and trusting relationship, and the ability to relate is essential to supporting clients. It is possible to feel empathy for someone even if there is disagreement with the decision they make. The ability to empathize with clients goes hand-in-hand with having respect for them. Respect for the client and his situation is a requirement for all effective communication.

Therefore, providers should do the following:

- protect confidentiality
- remain nonjudgemental
- enable clients to explore their feelings
- provide clients the information they need to make informed decisions
- assist clients in making decisions but not make decisions for clients
- facilitate referrals as needed

A good communicator has the following characteristics:

- kind, understanding and supportive
- able to exercise confidentiality
- responsible, a good listener and easy to talk to
- open and nonjudgemental
- always available
- aware of when to speak and when to listen
- helpful and caring
- trustworthy
- respectful of clients
- knowledgeable on the subject

ANNEX 6.2. CORE CONTENT AND KEY MESSAGES FOR MALE CIRCUMCISION EDUCATION AND COUNSELLING¹

GENERAL DESCRIPTION OF HIV AND AIDS	
Provide the client with general information on HIV and AIDS and risk reduction. Key messages include:	<ul style="list-style-type: none"> • HIV causes AIDS. • Even when people living with HIV feel and look healthy, they can pass the infection to other people. • Persons diagnosed with HIV can live a long and healthy life by taking antiretroviral treatment, in addition to other care and support services.
MODES OF TRANSMISSION	
Identify the most common methods of HIV transmission and the hierarchy of risk associated. Key messages include:	<ul style="list-style-type: none"> • HIV is transmitted or passed into the body in four body fluids: <ul style="list-style-type: none"> • Semen (exchanged through sexual intercourse via vaginal, anal or oral penetration) • Vaginal fluids (exchanged through penile or oral intercourse) • Blood (exchanged through sharing contaminated injection equipment, open sores or wounds, or infected blood transfusions) • Breast milk (exchanged through lactation to feeding infants) • The most common way to get HIV is by having sexual contact without a condom with an HIV-positive person.
KNOWN RISK FACTORS FOR HIV	
Identify behaviors, physical characteristics and other factors that put persons at an elevated risk of contracting HIV. Key messages include:	<ul style="list-style-type: none"> • Behaviors that increase the chance of contracting HIV: <ul style="list-style-type: none"> • Not using condoms during sexual intercourse • Having more than one sexual partner • Use of unclean needles • Physiological factors that increase the chance of contracting HIV: <ul style="list-style-type: none"> • The presence of other sexually transmitted infections (STIs) or sores on or around the genitals • Not being circumcised • Someone may have HIV and not know it if he/she: <ul style="list-style-type: none"> • Has not been tested recently for HIV • Does not know his/her partner(s)'s HIV status or if his/her partner(s) have ever been tested

¹ Reproduced with permission from (2)

RISK REDUCTION METHODS

Recommend specific actions that clients and secondary audiences can take to reduce the risk of HIV transmission. Key messages include:

- Always use condoms when having sex, including anal and vaginal intercourse.
 - Condoms are available at the VMMC site, as well as at (these other places within the community).
- If you have more than one sexual partner, consider reducing your number of sexual partners.
- Men who do not have HIV should consider getting circumcised.
- Know your HIV status and know your partner's (or partners') HIV status.
 - Testing regularly for HIV can help ensure timely access to HIV treatment should you become infected and reduces the risk of transmitting HIV to your sexual partner(s).
 - Consider testing for HIV again with your partner(s) to make it easier to share your HIV results with each other (both negative and positive).
 - After you both test, agree with your partner(s) not to have sex with others, to avoid STIs, including HIV.
- Confidential HIV testing and STI screening are part of VMMC services. HIV testing is optional and, while recommended, is not a requirement to receive VMMC services. If you have an STI, you will receive treatment and be asked to come back another day for the surgery. If you choose not to test now, you can test after the procedure or on the day of your follow up visit.
- If you are HIV-positive, being linked with ongoing care and accessing antiretroviral treatment will better enable you to live a healthy life and reduce the risk of transmitting HIV to your sexual partner(s).

VMMC BASIC FACTS

Benefits, link to HIV prevention, partial protection and more. Key messages include: [...]

- VMMC is the removal of the foreskin to reduce males' risk of acquiring HIV infection through heterosexual intercourse.
- VMMC can be performed by surgical procedure or by use of a device (see section on Devices).
- There are cells in the inner layer of the foreskin that are near to the surface through which HIV can enter the body more easily. During circumcision, this part of the foreskin is removed. After circumcision, the remaining part is less likely to tear and more difficult for HIV to penetrate.
- In addition to reducing the risk of acquiring HIV, circumcised men are at lower risk of contracting other STIs like syphilis and gonorrhoea.
- Circumcised men are at lower risk of infections of the urinary tract system and cancer of the penis.
- Circumcised men might find it easier to maintain cleanliness of the penis and improved hygiene.
- VMMC offers only partial protection against acquiring HIV.
- Circumcised men still need to practice safer sexual practices after VMMC. Correct and consistent condom use is critical, and particularly, if for any reason you have sex before you are fully healed.
- VMMC does not directly protect your partner(s) from HIV, but it decreases your risk of getting HIV and giving it to them, and it reduces the risk of cervical cancer for female partners.
- HIV-positive men can be circumcised, but VMMC will not reduce the risk of transmitting HIV to their partners. There is a window of a few weeks after circumcision before the healing is complete when the risk that an HIV-infected man could transmit the virus to a sexual partner actually increases. It's important to take steps to reduce this risk.[...]
- In sites where both standard VMMC surgery and devices are available, group education sessions should include information about the different options for male circumcision, including the benefits and risks of each method. Please see section on Devices for more information.

POST-OPERATIVE CARE AND THE HEALING PERIOD

Note: this topic is first introduced here during group/general education discussion and will be reinforced with more detail during the immediate post-operative counseling.

Provide clients and their partners with detailed information on the importance of abstinence from sexual activity, including sexual intercourse and masturbation, during the six-week healing period after VMMC. Offer recommendations to improve compliance with abstinence and for those who raise concerns about complying, suggest that they discuss other strategies to reduce HIV transmission risk with the counselor during the individual session. Emphasize the importance of compliance to post-operative follow-up visits and following the provider's instructions on wound care and hygiene. Key messages include:

- The doctor will send you home after VMMC with tablets to be taken for pain relief after surgery/device male circumcision.
- You will be sent home with instructions on caring for your wound and when to come back for follow-up appointments. It is very important that you follow all of these instructions.
- Abstinence from all sexual intercourse and masturbation for six weeks after surgery or male circumcision device removal is strongly required.
 - For HIV-negative men, sexual intercourse during the six-week healing period increases the risk of acquiring HIV.
 - For HIV-positive men, sexual intercourse during the six-week healing period increases the risk of transmitting HIV to sexual partner(s).
- If you are absolutely unable to abstain for the entire healing period, masturbation poses less risk than sexual intercourse (though, it may result in a longer time for the wound to heal).
- Condoms are available at the VMMC site and will be offered at client's discharge.
- Discuss the six-week abstinence period with your partner(s) before and after the VMMC procedure.
- Do not put any herbs, cow dung or any other substances on the wound. It should be kept dry.

DEMONSTRATE PROPER CONDOM USE [...]

Conduct condom demonstration (if possible, for male and female condoms) according to national guidelines. Include the use of props, such as penis models, in the demonstration. If appropriate in the group setting, ask clients to demonstrate proper condom use on the penis model.

ANNEX 6.3. HIV TESTING SERVICES**

Male circumcision services offer an important opportunity to help individuals learn their HIV status, so HIV tests should be consistently offered in male circumcision programmes. Education and counselling will address HIV testing and male circumcision services at the same time; key messages are highlighted in this section. The 2015 updated HIV testing services guidelines (5) state that since most people now receive their HIV test results on the day of the test, it is no longer necessary to offer intensive, individual HIV pre-test counselling; in fact, doing so may create barriers to service delivery. Pre-test information can be provided through posters and group education. It is important to document informed consent/assent for the test and follow national guidelines and training standards for providing HIV testing services. Self-testing is also a recommended approach.

A6.3.1. Post-test counselling for clients who test negative for HIV

Where appropriate and according to the age of the HIV-negative client, post-test counselling should include the following:

- explanation of test results and HIV status
- education on methods to prevent HIV
- provision of male condoms (at least), female condoms (if available) and lubricant
- emphasis on knowing the status of sexual partner(s), and availability of counselling and testing services for partners and couples
- referral and linkage to relevant HIV prevention services, including male circumcision and pre-exposure prophylaxis for people at substantial, ongoing HIV risk
- retesting dependents on risk exposure

Because HIV transmission through a wound may occur more readily, emphasize the need to abstain from any sexual activity during the six-week postprocedure healing period. Abstinence helps the wound heal and prevents exposure to HIV.

A6.3.2. Post-test counselling for clients who test positive for HIV

Clients who are positive for HIV may be in shock and unable to absorb the education or counselling needed. They will need follow-up counselling and linkage to HIV care and treatment, including screening for tuberculosis. If feasible, it may help to accompany them to the clinic where HIV treatment is available (see Box A6.3.1). If clinically eligible for male circumcision, an HIV-positive client should be able to access male circumcision services if he chooses to do so, although he may want to establish his clinical condition (for example, viral load) and ensure that he is stabilized on antiretroviral therapy before undergoing the invasive procedure.

If parent(s)/guardian(s) are not present when a minor tests positive for HIV, you must wait for the parent(s)/guardian(s) to be present before delivering the test results. Consider the national HIV test guidelines for minors.

** Adapted from (1)

Box A6.3.1. Post-test counselling for clients who test positive for HIV

Emphasize to the client that any sexual contact during the six weeks following circumcision and/or until the wound is completely healed greatly increases the risk of transmitting HIV to his sexual partner(s).

- Explain test results and the diagnosis.
- Give the client time to consider the results and cope emotionally.
- Discuss the client's immediate concerns.
- Identify someone in the client's social network who can provide support.
- Provide clear information on antiretroviral therapy, benefits for maintaining health, reducing risk of HIV transmission and starting treatment.
- Make an active referral with a specific time and date for starting antiretroviral therapy.
- Discuss barriers to care and arrange follow-up for any clients unable to enrol in HIV care and treatment on the day of their diagnosis.
- Provide information on how to prevent HIV transmission, including reduced transmission risk when virally suppressed on antiretroviral therapy, and provide male and female condoms and lubricant.
- Discuss possible disclosure of test result to others, and risks and benefits of this disclosure, particularly among couples or partners. Offer couples counselling to support the disclosure.
- Encourage and offer partners, children and other family members HIV tests.
- Assess risk for intimate partner violence; discuss steps to ensure safety.
- Assess the client's or his partner's (or partners') risk of suicide, depression and other mental health consequences as a result of the diagnosis.
- Provide additional referrals for prevention, counselling, support and other services (for example, tuberculosis screening and referral, sexually transmitted infection screening and treatment, and contraception).
- Encourage the client to ask additional questions.

ANNEX 6.4. SAMPLE CONTENT FOR CIRCUMCISION CONSENT/ASSENT FORMS

Consent form for adult male clients to sign

Circumcision helps prevent a man from acquiring HIV and some other infections, and makes it easier to keep the penis clean during washing. However, during and after the operation, something can go wrong—this happens to about one in 50 men (6–10). The most common problems are bleeding, infection or pain, but these problems are almost always easy to treat and almost always get better completely. Very rarely, there may be a severe infection, including tetanus, which may lead to death (less than one for every 1 million people) (11).

My name is _____, and I am asking that male circumcision (removal of my foreskin) be done on me under local anaesthesia. I give you my permission to do this procedure.

Signature Date.....

(Client requesting male circumcision)

My name is _____. I am the **counsellor/provider** who has given information to the above client. I have given information about:

- definition of male circumcision,
- benefits of male circumcision,
- male circumcision procedure,
- risks of male circumcision,
- preparing for male circumcision,
- what to do after male circumcision,
- what to do about any adverse events or problems after male circumcision,
- an emergency contact number and information about where to go in an emergency, and
- importance of using condoms after male circumcision.

I have given the client an opportunity to ask me questions about all of the above topics. I have asked the client some questions to make sure that he understands the information I gave. To the best of my assessment, the client is capable of giving consent and has enough information to decide whether to proceed with male circumcision (removal of the foreskin).

Signature

Date

(Counsellor/provider)

Consent form for parent(s)/guardian(s) to sign

Circumcision helps prevent a man from acquiring HIV and some other infections, and makes it easier to keep the penis clean during washing. However, during and after the operation, something can go wrong—this happens to about one in 50 men (6–10). The most common problems are bleeding, infection or pain, but these problems are almost always easy to treat and almost always get better completely. Very rarely, there may be a severe infection, including tetanus, which may lead to death (less than one for every 1 million people) (11).

Name of parent(s)/guardian(s):

Contact address:

Phone number:

Name of client:

Consent

I am the client's parent(s)/guardian(s). I am asking you to do a male circumcision (removal of foreskin) on my son/ward under local anaesthesia. I give you permission to do this procedure.

Signature

Date.....

(Parent(s)/guardian(s) requesting male circumcision on behalf of a minor)

Assent form to sign by counsellors/providers

If the client is a minor and the parent(s)/guardian(s) have provided informed consent, the provider should sign below to indicate that assent was also obtained.

My name is _____. I am the **counsellor/provider** who has given information to the above client. I have given information about:

- definition of male circumcision,
- benefits of male circumcision,
- male circumcision procedure,
- risks of male circumcision,
- preparing for male circumcision,
- what to do after male circumcision,
- what to do about any adverse events or problems after male circumcision,
- an emergency contact number and information about where to go in an emergency, and
- importance of using condoms after male circumcision.

I have given the client an opportunity to ask me questions about all of the above topics. I have asked the client some questions to make sure that he understands the information I gave. To the best of my assessment, the client has enough information to decide whether to proceed with male circumcision (removal of the foreskin), **is capable of giving assent and has given assent.**

Signature

Date
(Counsellor/provider)

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