

# **FIELD WORKER'S HANDBOOK**





**HIV** A small piece of matter which infects your body's immune system so that you cannot fight infections

**AIDS** the name for a group of diseases that you can get because of HIV infection

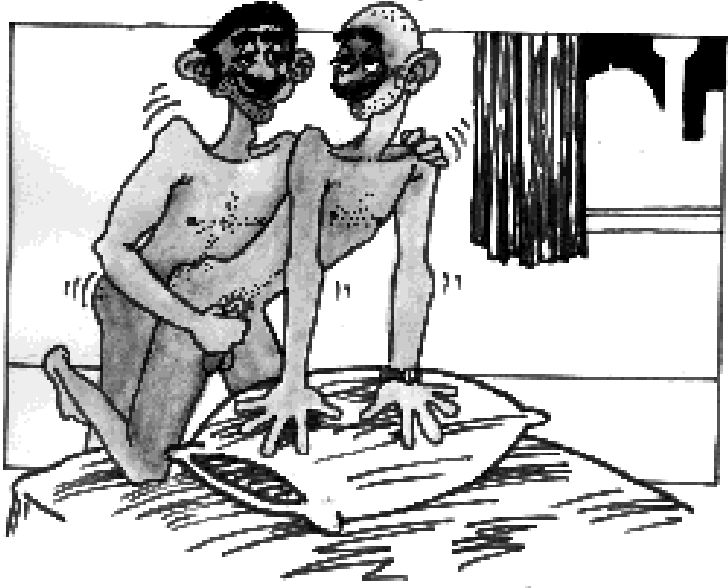
HIV exists in the blood, semen and vaginal fluids.

**AIDS WILL KILL YOU**

You can catch HIV -  
by not using a condom  
for vaginal sex



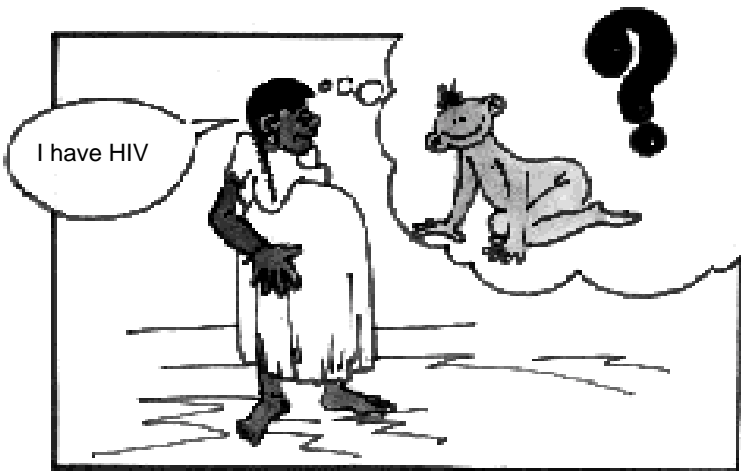
not using a condom for anal sex



by sharing needles and syringes



the baby can become infected with HIV before birth or after breast-feeding





You cannot catch HIV from an infected person by shaking hands, kissing, sharing cups, plates, spoons, or from any regular contact



**Using condoms for anal or vaginal sex can save your life.**

**Do not share needles.**

## ORAL SEX



there is a small risk associated with oral sex where there may be bleeding gums or sores in the mouth and/or throat - using a condom for oral sex will protect you.

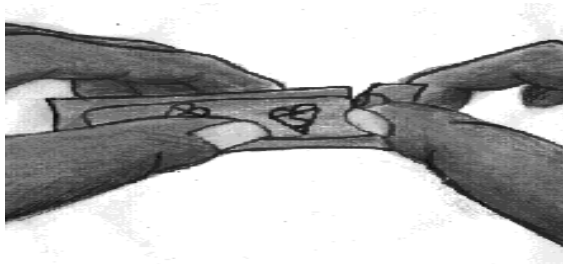


## **Do you always use a CONDOM when you have anal or vaginal sex?**

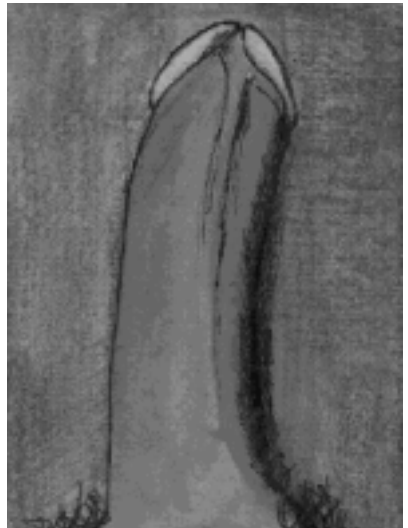
If you do not then your health  
and your life may be at risk from  
HIV which leads to AIDS, or other sexually transmitted infections.

### **How to use a condom properly**

Open the package carefully making sure that you don't scratch the condom with your fingernails. Gently squeeze the other side so the condom will slide out.

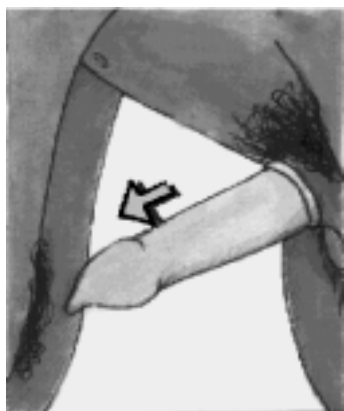


Your penis must be erect before the condom is put on. If you are not circumcised, pull your foreskin down before you put the condom on. Because pre-cum can contain HIV, put the condom on before there is any contact with your sex partner's anus or vagina.



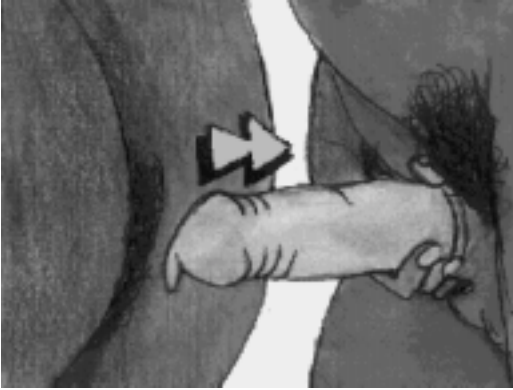
Do not use any oil, ghee, or similar product for lubrication. They will damage the condom. Only use a water-based lubrication, such as KY jelly.

Squeeze the air out of the tip of the condom and place the rolled condom of the head of the erect penis, with roll facing outside.



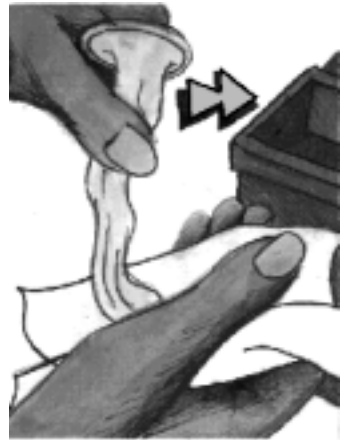
Unroll the condom gently down the full length of the hard penis as far as it will go, still squeezing the closed end.

Once the condom is on, put some water-based lubricant over the condom, and also in the anus or vaginal openings. This will help ease the act of penetration and reduce pain as well as any tissue damage.



Your penis must be withdrawn after the man comes (ejaculates) before it goes soft. Hold onto the condom firmly at the base of the penis and withdraw the penis while still hard. While doing this remember to keep the condom and penis clear from contact with your partner's vagina or anus.

Wrap the condom in a tissue and dispose of it hygienically (not down the toilet!) in a waste bin.



#### REMEMBER:

- \* Never use a condom more than once.
- \* Always use a condom from a package that is still within the expiry date.
- \* Always ensure that you are putting on a condom correctly, otherwise they can be damaged or burst.



## **Sexually Transmitted Diseases**

Many people with sexually transmitted diseases do not have any symptoms. People can be infected with more than one sex disease

### **DO YOU HAVE ANY OF THESE SYMPTOMS?**

#### **General** (occurs in both males and females)

- \* painful urination, difficulty urinating, frequency of urination increases
- \* swollen and painful glands/lymph nodes in the groin
- \* blisters and open sores (ulcers) on the genitals, painful and/or non-painful
- \* small lumps under the skin
- \* warts on the genital area
- \* non-itchy rash on limbs
- \* itching or tingling sensation in the genital area
- \* flu-like symptoms (headache, malaise, nausea, vomiting)
- \* fever, chills
- \* sores in the mouth
- \* occasional diarrhoea

#### **Anal symptoms**

- \* itching/burning around the anus (the opening) and/or rectum (the end of the alimentary canal)
- \* pus or mucous discharge in stools
- \* mild to severe pains on bowel movements
- \* warts around anus
- \* bleeding

#### **Males**

- \* discharge from penis (green, yellow, pus-like)

## Females

- \* irregular bleeding (abnormal menses)
- \* lower abdominal/pelvic pain
- \* abnormal vaginal discharge (white, yellow, green, frothy, bubbly, curd-like, pus-like, unpleasant smell)
- \* swelling and/or itching of the vagina; swelling of the cervix
- \* painful or difficult intercourse

**If you or your partner have any of these symptoms, see a qualified doctor immediately.**



Gonorrhea



Syphilis - first stage



secondary syphilis rash around anus



herpes genitalis



syphilis - on a lip

## **Know Your Rights**

*Aditya Bondyopadhyay*

### **What are your rights if the police arrest you? What can you do?**

#### **§ You have the following rights when you are arrested:**

- To be informed the Reason for your arrest.
- You also have the right to inform at least one friend, acquaintance, or relative of the fact of your arrest and where you are being held.
- You have a right to consult a lawyer, and be represented by the lawyer.
- If you cannot afford a lawyer, you have the right to ask for free legal aid. Ask the magistrate when you are produced before him for being provided with such legal aid.
- You cannot be handcuffed. However necessary force may be used against you or to restrain you, if you resist arrest.
- You have to be produced before a magistrate within 24 hours of your arrest. You may insist on this if you are not so produced.
- If you are charged with a bailable offence, you have the right to be released on bail.
- You have the right to apply for bail before the magistrate/ court, if you are charged with an offence that is non-bailable.
- You have the right to be examined by a doctor at the time of your arrest and any injury marks on your body must be recorded.

- You also have the right to be examined by a doctor every 48 hours of your detention.
- You have the right to meet your lawyer during interrogation.
- The police cannot force you to give evidence against yourself. Therefore you may keep quite and not answer any question during interrogation.
- It is important to understand that anything that you tell the police cannot be used as evidence against you.
- The police cannot use force or third degree measures against you.

**§ These are some of the things you may do in case you are arrested:**

- It is always best to keep the telephone number of either a reliable lawyer, or such person who can get you a lawyer always with you, and insist on calling that person after you are arrested.
- If you anticipate an arrest, it is advisable to apply for and obtain an order of anticipatory bail.
- When you are being arrested, there is no point in resisting arrest. It is best to seek legal help afterwards.
- Feel confident to tell the police that you are aware of your rights and that some of their actions are illegal.



## **WHAT YOU ALWAYS WANTED TO KNOW**

*a guide to psycho-sexual concerns  
for males who have sex with males*

## **ANAL SEX**

Apart from males who have sex with males, a significant minority of males who have sex with females also have anal sex with them.

Reasons may be varied, from the pleasure receive by both receiver and giver, to avoidance of pregnancy, maintaining vaginal virginity, to male demands, as well as an alternate sexual practice.

It should be recognised that not all “homosexuals” practice anal sex, whilst many “heterosexuals” do.

The rectum and anal area is laden with nerve endings, just like the vagina or penis. Pressure and fullness can feel very erotic, whilst deep penetration can stimulate the prostate in the male, or the female “G-spot” located on the top front wall of the vagina which can increase the sensations of erotic pleasure. See diagram.

Unlike the vagina, the rectum is not naturally lubricated and penetration causes tiny abrasions in its delicate lining, making it easier, of course, for a range of infections to pass through into the blood stream, such as HIV. This is why you should always use a condom.

The anal walls also have less elasticity that the vaginal walls, so it doesn't stretch so easily to accommodate a penis. This is why the receiver needs to be completely relaxed, and the giver needs to go slowly and gently. Otherwise, the pain can be quite intense, and any roughness can cause bleeding. To reduce these risks, use o lubrication is essential. This lubrication must be water-based as any oil-based lubrication will damage the condomm.

The anus itself is ringed by two sphincter muscles, one laying on top of the other. The outer one is the one you voluntarily relax during defecation. The inner one is involuntary and it will clamp shut if something attempts to enter it too fast. But if you are fully relaxed, the anus is amazingly expandable.

The anus is a short barrel an inch or so long, which connects to the rectum, another barrel that's five to nine inches long. Together they only act as a passageway, not a storage area, for faeces (which are stored deeper inside the colon). Taking a bath or a shower before sex, should ensure that the anus is clean.

Penetrating an anus is different from penetrating a vagina. Different techniques are necessary to ensure that both partners enjoy the act. Anal sex requires gentleness, plenty of water-based lubrication, and patience.

## **RULES**

1. It is best to wash your anus before penetration to clean it. This reduces risks of transmission of bacterial infection. A simple bath or shower should be sufficient.

2. To reduce the risks of infection of HIV or other diseases, always use a condom for anal sex.

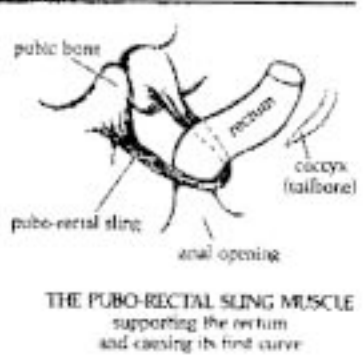
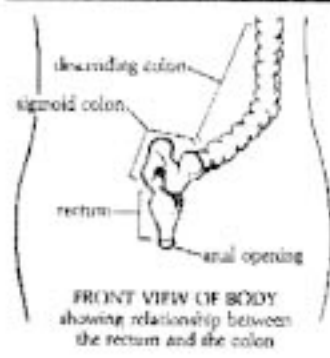
3. Make sure you use the condom properly

4. Make sure you use a water-based lubricant.

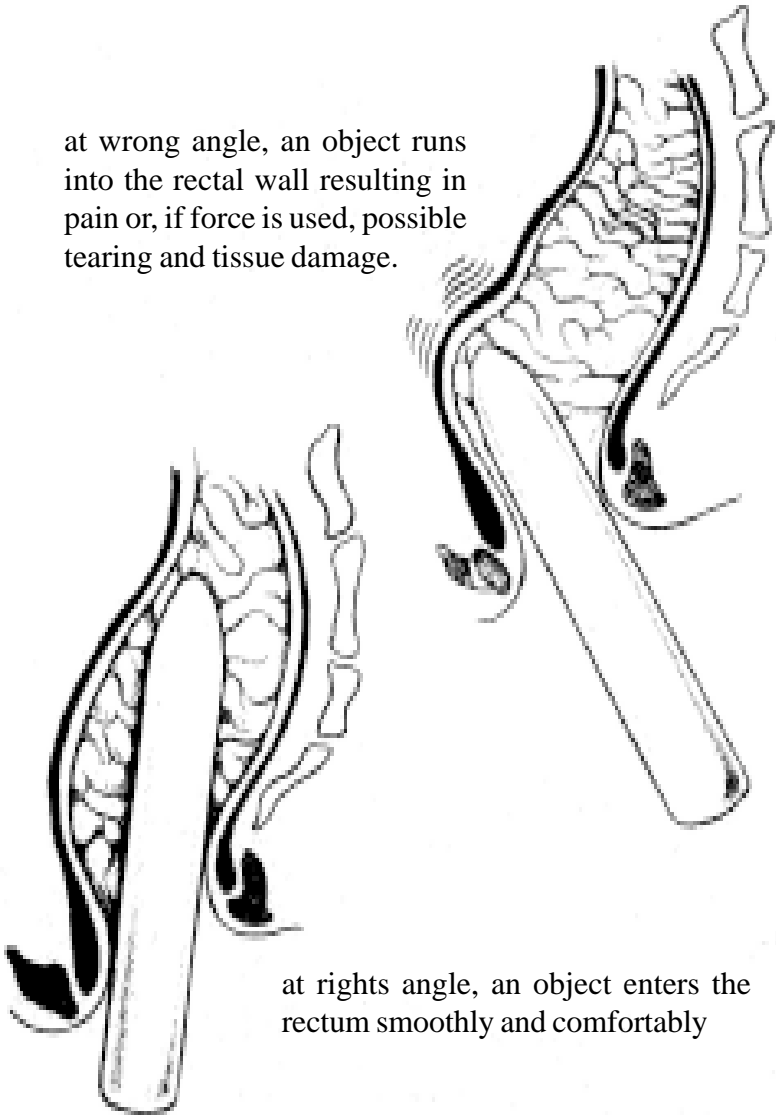
Put some on the condom (upper end) once the penetrating partner has put it on, and also gently put some around the anal rings. This will ease the act of penetration, reduce the level of pain, as well reduce the risks of analbleeding and damage.

5. The act of anal penetration and the rapidity of thrusts can damage the anal walls thus producing anal bleeding and increase the risks of HIV infection. Penetration should be slow and gentle to reduce these risks.

6. To reduce the risks of damage and bleeding, as well as increase the pleasure, the angle of penetration should be such that it should be smooth and comfortable for both partners. See diagram.



at wrong angle, an object runs into the rectal wall resulting in pain or, if force is used, possible tearing and tissue damage.



at rights angle, an object enters the rectum smoothly and comfortably

# EJACULATION

Also known as “discharge”.

Semen is made up of

- a. sperm produced in the testicles
- b. seminal vesicle fluid
- c. prostate fluid

Semen consists of a huge number of sperm cells (anything up to 90 million of them) and the plasma (fluids) that carries them. Sperm makes up only five percent of semen. Only one of these sperm cells is necessary to fertilise an ovary to produce a child.

The plasma consists of fluids from the prostate and seminal vesicles, fluids that contain fructose (a sugar) protein, citric acid, alkalines, and energy producing substances for the sperm to live in.

A reasonably normal ejaculation will produce between 2 to 5 millilitres of semen. A low volume might indicate a problem such as retrograde ejaculation, wherein semen is being forced up into the bladder rather than out the penis.

Apart from conception, semen is NOT a “vital body fluid” which you have to hoard. Semen is being secreted continuously by your genital apparatus. Semen cannot be stored within your body even if you want to. It is like overfilling a glass of water. Semen has to come out somehow.

It is a myth that one drop of semen is equivalent to 40 drops of blood. Ejaculating does NOT weaken the body. A sensation of weakness may occur after ejaculating but this is the same as that which occurs after doing any exercise. Energy is used to do sex. Doing sex is like doing physical exercise. A few moments rest (“catching your breathe”) is enough to feel normal.

### ***Semen quality and quantity***

The normal quality of semen is usually that of a whitish, sticky fluid. However, this quality can vary for a range of reasons, from being thickish to a fairly clear, thinnish fluid. This variation is also normal and is to do with the frequency of ejaculations.

The quantity of semen depends upon the intensity of stimulation, the period of abstinence, age and hormone levels. As the man grows older the colour of semen may change from white to light yellow, and the quantity may decrease. But this has not relationship to the virility of the man.

### ***Night Discharge***

Sometimes known as “nightfall” or “sapna dosh”.

Infants only days old can have erections. Small boys can have orgasm. But it takes a young man to have a night discharge. Night discharge - also know as nocturnal emissions or nightfall - are physically impossible until puberty, when you begin to produce semen. Its occurrence depends upon the development of the entire sperm producing organs - the testicles, the prostate and its seminal vesicles.

In a way nightfall is rather like menarche - a female’s first period. They tell the male that his reproductive organs are functioning.

The average age for the first ejaculation is anything between 11 years to 15 or 16.

Research has indicated that boys under the age of 15 could have as many as 12 a week. They usually decrease in frequency with age, but may still continue into old age, particularly if there are no other outlets for discharge.

Such “nightfalls” are normal, and almost every young male has them. And there is nothing you can do to prevent them.

Nocturnal erections is your penis's way of "breathing". Medical science now believes that the penis may not get all the oxygen it needs from blood flow during the day, so it compensates with up to three hours of erections to increase the blood flow, and hence oxygen.

It is NOT a sign of illness, or requires treatment. Regular masturbation or sex will reduce (if not stop) this occurring.

### ***Premature ejaculation***

This term is used to define those males who cannot seem to control their ejaculations, coming, what appears to be, extremely quickly. This is the most common psychosexual "problem", but therapists have never been able to agree on a precise definition. However, rapid ejaculation is fairly easy to overcome.

Usually premature ejaculation occurs through

- a. a high degree of sexual excitement
- b. a certain degree of a lack of control
- c. usual practice of speedy ejaculations

Learning to control ejaculation involves:

- a. become more aware of your own sexual arousal patterns
- b. practice bringing yourself to various levels of arousal, then backing off before ejaculation.

Practice through masturbation by the starting/stopping technique, and try to last 15 minutes with ejaculation. While doing these exercises, take deep, easy, relaxed breaths, breathing from our belly. This helps to forestall ejaculation.

Practice this over a period of weeks, and within 3 months, you should have a much greater ejaculatory control.

Another method to reduce the urge to ejaculate is to give your pubococcygeus muscles a squeeze. These are the muscles you use when you try to shut the flow of urine when urinating. Try contracting

it whenever you get reminded of it - some 50 to 100 times a day. It is the same muscle that contracts for ejaculation, therefore strengthening it will give you more control during sex.

## **ERECTIONS**

When you penis becomes hard - strong, rigid

A stimulus coming from your brain or your genitals, or both, moves along nerve pathways to widen the arteries that lead to your penis. Blood flow increases into the tiny caverns in the corpora cavernosa - two main tubes of tissue that make up the core of your penis. The blood flow quickly increases by nearly tenfold the amount of blood in the penis, expanding it. The inflowing blood strains against the sheath surrounding each of the cavernosa, creating rigidity, making the penis stiff and hard.

The flow of blood out through the penile veins is virtually squeezed off by the expanded erectile tissue. So the erection continues until the nerve message stop.

The most complicated part of an erection is its connection with the nervous system. There are two nerve pathways involved. If your penis is touched erotically the erection is being sustained by that part of the nerves that deals with autonomous body functions , i.e. digestion. In other words, it happens automatically without you have to think about it.

The other pathway for erections is through mental stimulus, such as an erotic conversation, or visual erotica.

The best erections are the result of the combination when both sets of nerve pathways are in action. Thinking and doing. That is why anxiety can affect the ability to have erections.

Similarly there are also different nerve pathways for erection and ejaculation. Ejaculation can occur without erection, just as an erection can occur without ejaculation.

Almost every adult male has had trouble achieving or maintaining an erection from time to time - that is completely normal. Many things can cause this: physiological reasons such as too much alcohol or an unexpected side effect from a medicine, or psychological reasons, like performance anxiety, anger, exhaustion, shame.

Research have also found that there is a strong correlation between erection problems and heart disease, high blood pressure, and perhaps high levels of cholesterol in the blood.

When your body cannot deliver enough blood to engorge your penis, you have an erection problem. If the problem persists for a long period of time, that perhaps you need to see a doctor about it. Don't wait.

If you are encountering erection problems, it is probably time to see a specialist. The problem may involve hormonal, neurological, vascular and other bodily systems, or side effects of medications, or past surgeries. A complete medical and sexual history, needs to be done first. Some things may suggest a psychological explanation:

- Can you get an erection with one partner or during masturbation, but not with another partner?
- Are you going through some heavy life stress, like divorce or job loss?
- Is there a history of depression or some other mental illness?
- Is there an absence of physical problems—diabetes, heart disease, advanced age and so on?

Usually even if the man's problem is primarily physical, he has almost always developed some emotional problems to go along with it. A variety of screening tests can also help clarify the origin of the problem.

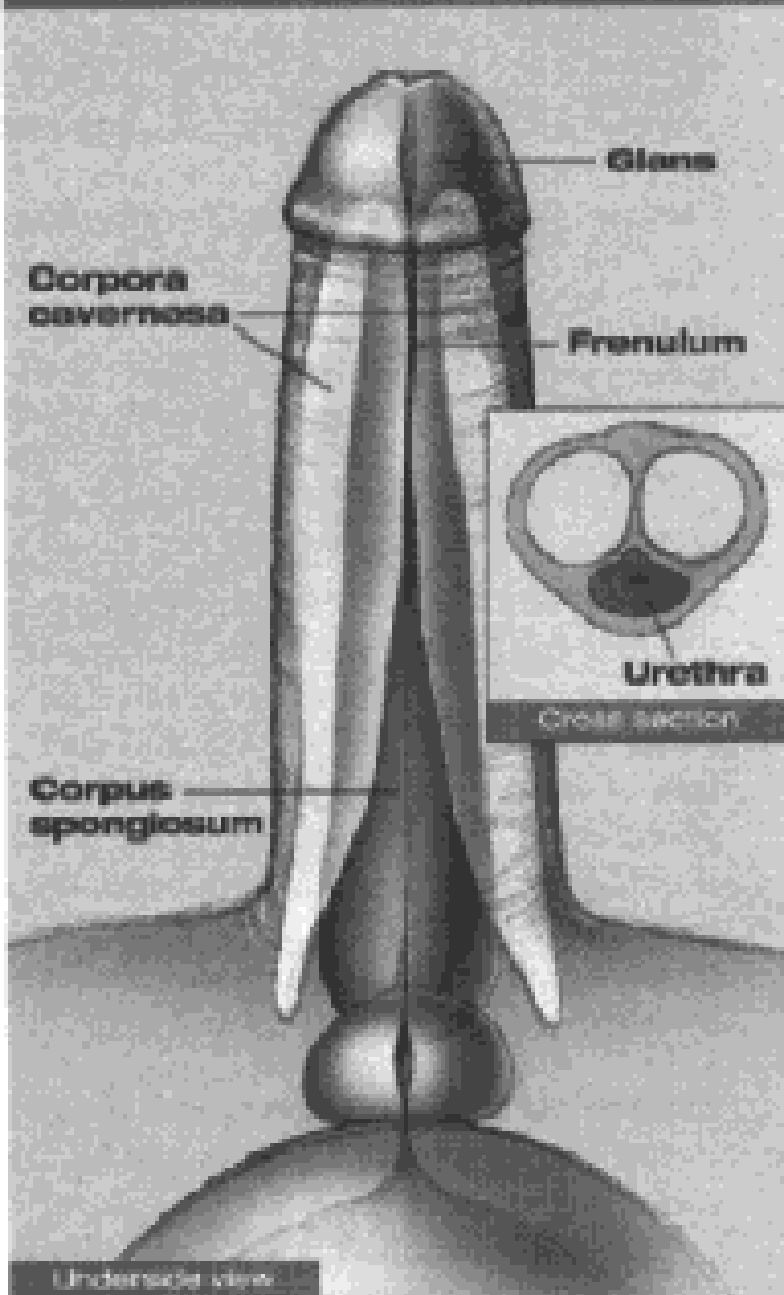
Erections can and will vary between individuals as well as over time. The angle of erections will also vary. For some men, the erect penis will be almost vertical, for others it will be at a range of angles to the horizontal. These variations are normal.

For many young men, erections will continue even after ejaculation.

#### Medical assistance

Some men believe that they need medical assistance to get erections. After they have been to see a specialist doctor to discover whether a physical problem needs to be addressed, or the psychological problems have been explored.

# Inside the Penis



## **FORESKIN**

The foreskin is a thin sheath of skin that's attached to the skin covering the shaft of the penis. It can cover the head (glans) of the penis, or it can be retracted to expose it.

The foreskin consists of an outer layer of skin plus an inner layer of mucousal tissue (produces mucous) similar to the skin inside the eyelid. A band of tissue called the frenulum holds the foreskin in place. During intercourse the foreskin slides back so that about an inch and a half of the soft inner foreskin, along with an equal amount of outer foreskin. During masturbation the foreskin can glide back and forth.

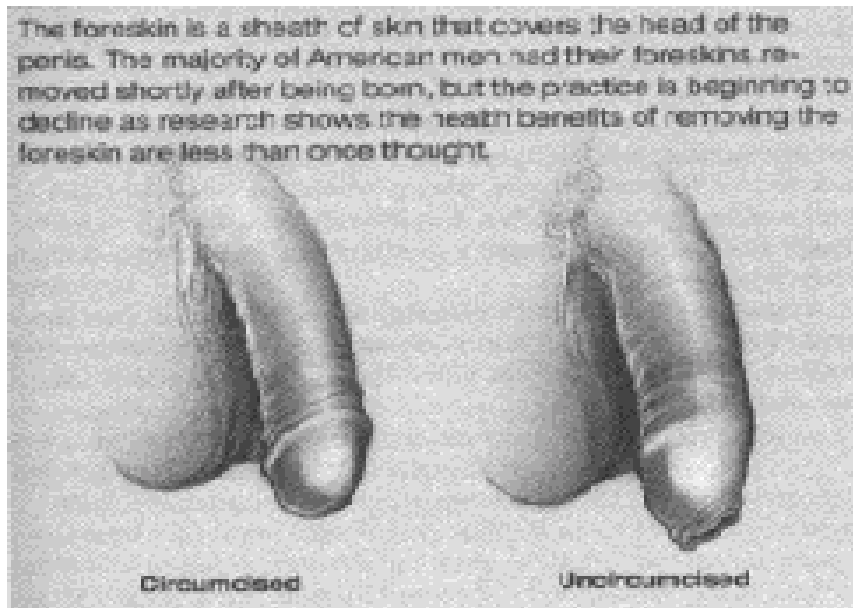
The foreskin also protects the glans (head of penis) and keeps it moistened and sensitive. When you are a circumcised, the glans tissue becomes less sensitive and toughened because of regular exposure.

Some uncircumcised males may have a condition called phimosis. This means that the foreskin does not develop properly and cannot be fully retracted to reveal the head of the penis, or becomes tight around the head during erection. It requires surgical correction, i.e. circumcision, or a dorsal slit to widen the foreskin's opening so it will slide back and forth.

A significant issue is chronic infection underneath the foreskin. It's complications are many, but it is easily dealt with by a simple daily washing with mild soap and water. Good hygiene is the best preventive medicine for uncircumcised males.

If you do get a common fungal infection marked by swelling and redness, it requires treatment. Go see a sympathetic pharmacist, or your doctor.

Infections under the foreskin can be a problem. Left untreated, they can cause penile scarring, painful erections and phimosis.



## **MASTURBATION**

An extremely common sexual behaviour, with no resulting harm. It teaches you about your own sexual responses.

Masturbation is NOT a disease!

It can help you gain more ejaculatory control. To do this you use the stop-start technique, taking yourself to the point of an impending orgasm, stopping (or squeezing the penis at the frenulum) until the pre-ejaculatory sensations subside, then starting up again and continuing for several cycles, until you allow ejaculation.

Masturbation is NOT harmful. It does not produce physical disability or reduce your virility. It does NOT lead to any deformity of the penis or curvature of the penis, NOR does it affect the ability to achieve or sustain an erection. It is just another form of physical pleasure.

Frequency of masturbation is an individual response. Usually the younger you are the more frequent you may desire to masturbate. This is a result of the physical changes occurring in the body. Semen quality may vary if one masturbates fairly frequently in the course of a day or two. But this is nothing to worry about.

## **PENIS**

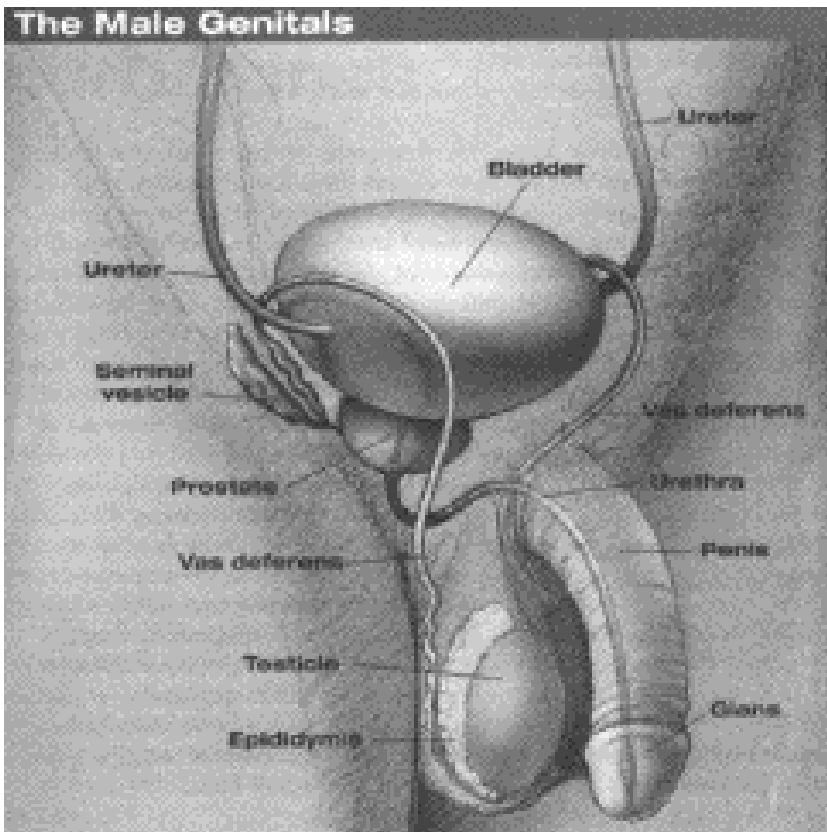
The penis is a complicated part of the body. The tube that ends at the tip of the penis is called the urethra and it travels all the way back to the bladder which stores your urine. The urethra is surrounded in the penis by soft tissue called the corpus spongiosum. The tip of the penis, the incredibly sensitive glans, is comprised entirely of this tissue.

As for the rest of the penile shaft, just beneath the skin's surface are two side-by-side canisters of erectile tissue, the corpora cavernosa. A central artery runs down the middle of each, During an erection these cavernosa become engorged with blood and make the penis hard and

erect. Each central artery branches off into thousands of tiny endings that, with the right message, flood microscopic spaces, causing them to swell and stiffen (like pumping air into a soft football and make it swell up and harden). The penis then performs two functions. Urination and semen discharge.

The size, shape and angle of an erect penis will vary from person. Such variation is completely normal. Each penis shape and size is a unique feature. This size and shape is NOT determined by masturbation, its frequency, or different types of sexual acts. It is determined by genetic factors.

Many erect penis will curve in either direction, or vary in thickness across its length, or angle differently. In fact about one-quarter of all



penis bend in some direction and some bend downwards even when erect. Unless the bend is severe or causes you pain, there is nothing wrong or abnormal about your penis.

Penis sizes will vary considerable, both as soft and hard versions. It's shape and the angle of erection will also vary. No two penis will be the same. Each penis is a unique feature, just as you are. The size of the unerect penis does not indicate its size when it is erect. There is no truth to the myth that size of hand/feet or whatever indicates the size of the erect penis.

Size of the erect penis can vary anywhere from 3 to 10 inches plus.

Most men worry about the size and shape of their erect penis, believing that there is something either too small, or wrong with its shape or size. Usually there is absolutely nothing to worry about. Your penis is your own and unique to you. The size of your penis is only important if you think it is so.

Sometimes the man may worry because he believes he cannot satisfy his partner. This psychosexual worry is usually unnecessary and brought on by different beliefs and perceptions that arise from personal issues and not the reality. Satisfaction is a personal issue.

Some men are so concerned that they wish to enlarge their penis. There are a range of techniques and operations available. But these can be very expensive, unpleasant, and sometimes risky.

## **PROSTATE**

Your prostate is deep inside you, in front of your rectum, just above your penis (at its base) and below your bladder, surrounding the urethra.

For much of your twenties and thirties your prostate keeps you in shape. It is slightly more than half an inch in diameter. After you reach your mid-forties (or thereabouts) it begins to grow and continues to do so throughout the rest of your life.

Females do not have a prostate gland, and no one is to sure of its functions, other than being a sex accessory gland. Its primary function, together with the seminal vesicles, two wing-like attachments, consists of providing the fluid for your semen. In the fluid is sugar to feed the sperm, alkaline substances to counteract the acidity of your urethra, and substances to make the fluid thicken at first and then make it clear.

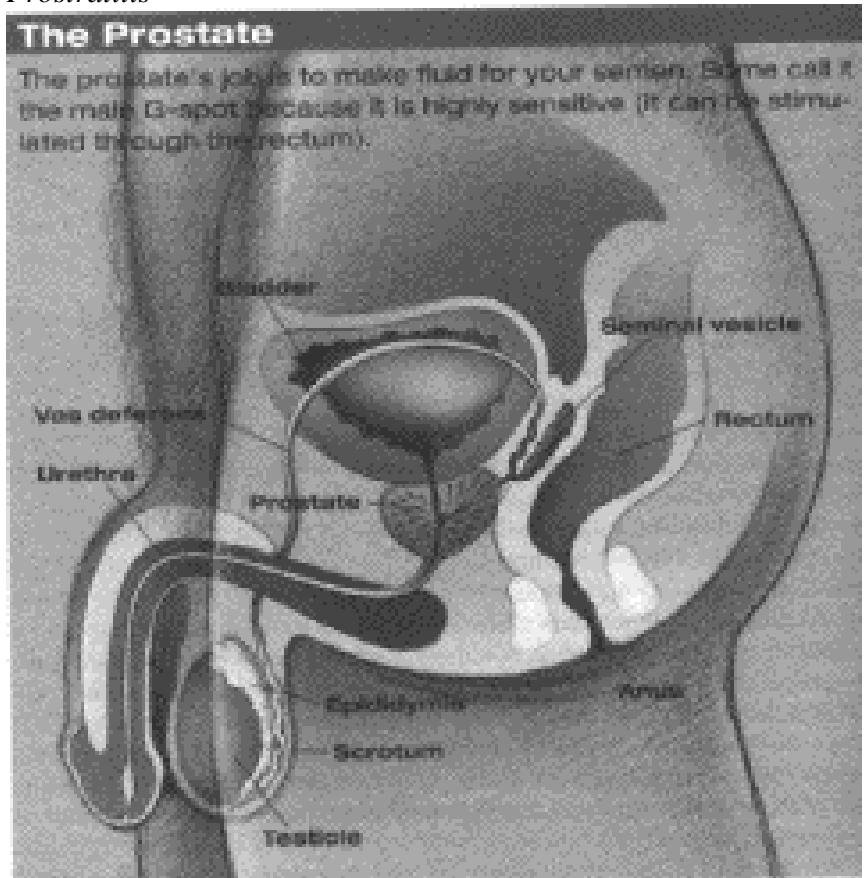
Because it also has a bundle of nerve endings it can be a site for sexual pleasure. The numerous nerve bundles pass by the prostate towards the penis. Pressing these nerve bundles is pleasurable. This can be achieved by deep anal penetration.

In males, orgasm occurs in a two-stage process: emission and ejaculation. In the emission stage the various fluids that make up your semen are pumped into the prostatic urethra in readiness for discharge. In order to release this semen, the prostate, seminal vesicles and other ducts go into a series of “regularly recurring expulsive contractions”. At the same time, the vas deferens puts sperm into the seminal mixture.

It's during this two-to-three second emission phase when the prostate is having rapid spasmic contractions, that increase the whole erotic experience.

It can also develop cancer in later years - prostate cancer.

## *Prostratitis*



An inflammation of the prostate gland is called prostatitis. If you get acute prostatitis, you'll get a fever, chills, a cute pain, a burning sensation when urinating, a frequent urge to urinate, and possibly blood in the urine. Chronic prostatitis differs on that you may not have fever and the pain is not as acute. But you have a bacterial infection in either case and the resolution for either is a course of antibiotics.

Nonbacterial prostatitis is an inflammation of the prostate without the infection. The symptoms are similar, though there may be fewer urinating problems. It is far more common. Unfortunately there is no

known cause and no known cure. Warm baths have been recommended.

Finally, prostatodyhnia which is quite painfully. It is believed to be caused by a muscle spasm, or possibly a pinched nerve. Remedies include warm baths, and sometimes an alpha-blocker prescription drug to relax the muscle.

See a doctor.

### *Enlarged Prostate*

you will know whether you have problems by the following symptoms:

- \* your urinary stream slows in force and volume than previously
- \* you have difficulty getting started or maintaining a urinary stream
- \* you feel the urge to urinate more often
- \* you wake up several times each night to urinate
- \* yet, when you have urinated, you don't feel you have finished

See a doctor.

## **SMEGMA**

Smegma is a white paste that forms under the foreskin of uncircumcised males. It is the product of sloughed -off skin cells and the foreskin's natural lubricants. If allowed to build up it can irritate your skin and give off an unpleasant smell.

You should never allow it to build up to that point. You should retract your foreskin and wash the head of your penis (and around your pubic area) every day.

Circumcised men do not produce smegma because they have lost the ability to produce it with the loss of the foreskin.

## TESTICLES

The testicles produce sperm, the male reproductive cell, which is needed in conjunction with the ovary which the female produces, so that a child can be developed.

It also produces some 95 percent of the male hormone, testosterone, which circulates throughout the body through the blood vessels.

Testosterone is the hormone that makes you a male, that ensures that the foetus develops as a male, that ensures that at puberty your male genitalia develops and you can produce sperm, enables you to grow your beard and body hair. Testicles keep producing testosterone throughout your life.

You normally have two testicles. Within each egg-shaped testicle, there are a maze of tubes, like a ball of yarn. Between the tubes, special cells called Leydig's cells, produce testosterone. And within the tubes, sperm is produced. The sperm travel out of the testicles into the epididymis, a soft, lumpy mass at the back and top of the testicles that you feel when you examine yourself for testicular cancer. It actually is one long, continuous tube, which is approximately some 100 feet long if stretched out.

The sperm exit the scrotal sac via a long, thin tube called the vas deferens. During the emission stage of orgasm the vas quickly moves millions of sperm from the epidymis as an ejaculation.

One testicle usually hangs slightly lower than the other. On 85 percent of males it is the left testicle that hangs lower.

Testicles are contained in the scrotal sac, or scrotum that hangs below the penis. The skin here is thinner and contains less fat than your skin elsewhere. Its primary action is to control the heat loss around your testicles. The scrotum keeps the testicles slightly lower than the body

## Inside the Scrotum

### **Vas deferens:**

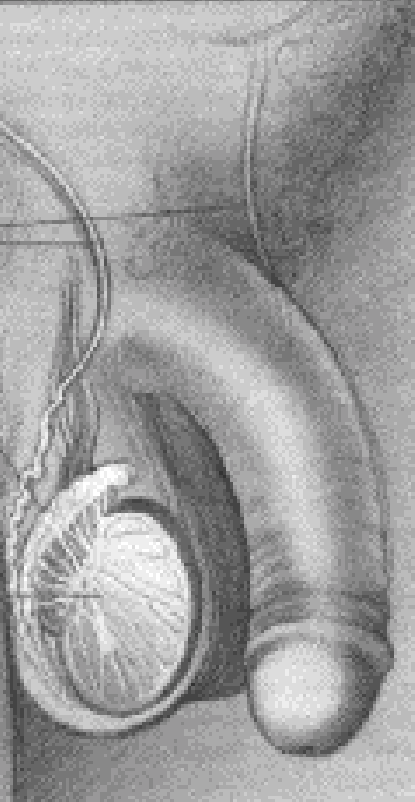
A long tube that transports sperm to the urethra.

### **Epididymis:**

A soft, lumpy mass that is actually one long tube where mature sperm collects.

### **Testicle:**

Inside this egg-shaped ball is a maze of tubes where sperm is continually created. Between the tubes are cells that make the male hormone testosterone.



temperature . Your testicles go up and down through a muscle tissue called cremaster, which contracts when they get too cold (or when you are about to ejaculate) and relaxes when they get too warm.

It has been shown that testicles need a slightly lower temperature to produce the vast quantities of sperm. If that ability is affected - your testicles do not descend in your youth, or if you wear tight underwear - your sperm count will drop.

Intermittant twinges in the testicles are common and these sometimes happen after orgasm and/or ejaculation. If it lasts less than a minute then there is nothing to worry about. An infection or inflammation causes testicular pain that builds up gradually. In such cases see a doctor.

## ***Testicular Cancer***

### **Self-examination**

Cancer of the testicles can develop in males from the age of 15 years onwards, and can lead to infertility. It is therefore important to self-examine yourself. It is important to note that not all testicle abnormalities are cancerous. However almost 100% of all cancers of the testicle can be cured if detected at an early stage.

### **Warning signs**

- \* small hard painless lump
- \* a dull ache
- \* a testicle getting larger
- \* one testicle feeling heavier than the other
- \* collection of fluid

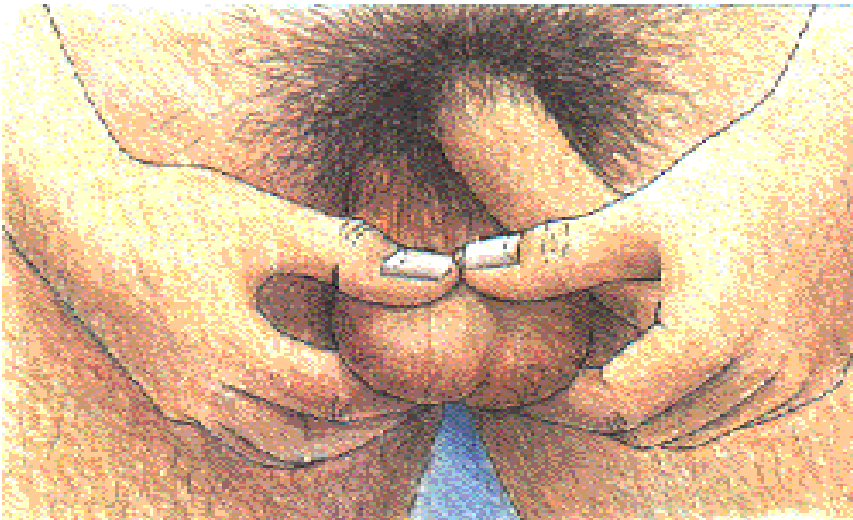
Check once a month. If you have any fears, then you should get a check-up.



it is best to examine your testicles after a warm bath or shower when the heat relaxes the skin making examinations easier



using a mirror look for any swelling or change in size, bearing in mind it is common for one testicle to hang slightly lower than the other



next examine each testicle in turn: using both hands, gently roll the testicle between the thumbs and fingers, you will find a hard ridge on top of each testicle - this is normal; you are checking for any lumps, irregular swellings or change in firmness

# GUIDELINES FOR COUNSELLING

## What is Counselling?

Counselling is:

- A relationship between two people
- In which information is shared
- Options are discussed
- Client is facilitated to find the best options for her/himself from the ones discussed.

A counselling relationship at a site or in the office can start with:

- Shaking hands and introducing yourself by telling your name

### Examples:

Hello, Namaste, Aslamalekum, I am .....

- Introduce your organisation and its work

### Example:

I work for organisation called..... We mainly work on male sexual health etc.

- Give a complementary remark that makes the client feels nice about himself

### Example:

*That is a very nice shirt that you are wearing..  
I like the way you have your hair..*

- Continue the conversation by posing open-ended questions

**Example:**

*How many times during a week do you come here?  
How many tea stalls are there in this park?*

- Once the conversation starts, information can then be shared

**Example:**

*Our organisation assists people who are tested positive for any sexually transmitted infection. We have a doctor who comes here every Saturday etc.*

*We have a drop in centre at .....and each Wednesday we have a social group where we all meet and discuss our problems. It is very nice and friendly etc.*

- It is possible that the client may describe several problems that are on his mind

**Example:**

*I have a burning sensation when I urinate and also each night I have a problem falling asleep. My brother is forcing me to take up a job outside the city etc.*

*My body is aching all the time. I am harassed by the hotel people where I am staying. They think that I am a sex worker and they are very rude to me etc.*

- Normally in any given situation counsellors have time constraints. Therefore, it is always good to prioritise the problems of the clients with mutual agreement with him.

**Example:**

*So you were saying that you have a problem when you urinate and then you also said that you find it difficult to fall asleep at night time. You mentioned about your brother insisting that you take a job outside the city. In total we have three issues/problems that we have to resolve. We have 20 minutes today and we will try to talk about all the three but lets decide in what order we will address these three issues. If anything is left due to time constraint then we call discuss that on the follow up date. How do you feel about that?*

- Once the problems are prioritised then take up the first issue with the client and start discussing the options with him.

**Example:**

*So you said that you would want to discuss your sleeping problem first. What do you think may be causing this problem. Okay if it is the food you eat what kind of food do you feel creates more problems for you. Is it possible for you not to eat that food for one or two nights and see if it helps you in sleeping better or like you said that you will change the rice with a roti and see. Okay so change the rice with the roti and see if that helps.*

- Normally a counselling session would follow the same format as above. However, one needs to remember the following during any counselling session:

**ESSENTIALS OF COUNSELLING:**

- Always introduce yourself to your client
- Be polite and complimentary to your client
- Make the client feel relaxed
- Assure the client confidentiality

- Ask your client open-ended questions
- Share information with your client in precise, short and simple language
- Be attentive towards your client
- Reassure the client of your support and provide sense of comfort through touch, if needed and if culturally appropriate
- Avoid using street language with your client
- Behave in a professional way i.e. being friendly does not necessarily mean that you replicate your client's behaviour.
- Be punctual
- Maintain eye contact with your client
- Motivate the client to speak if he is hesitant to speak
- Provide emotional support to your client
- Have empathy and avoid sympathy towards your client
- Be positive in your attitude
- Do not interrupt your client when he is speaking. Even if he is saying something incorrect.
- Wait till the client has finished speaking and then politely without commenting on inaccuracy of client's information give out correct information
- Try to follow the client's posture i.e. sit down if your client is sitting etc.
- Use positive reinforcement during the counselling session
- Try to bring your client back to the relevant issue if he is distracted. This should be done in a polite way
- Your client is the most important thing to you and he should be aware of that by your attitude
- Share information with your client and stay away from advising him
- Facilitate the decision making process of the client. Do not impose your own decision upon the client
- Always make follow up appointment before the client leaves or you leave the site
- Wrap up each issue that has been resolved during the session
- Have good grasp over the subject matter of counselling i.e. if

you are counselling on HIV/AIDS prevention then you should know all about it before you start talking to a client

- If you feel that you do not have an answer for a question tell your client that you will find the answer and would let her/him know in next session or refer him to someone who may have the answer.
- Always be non-judgmental while counselling
- Your body language should not be offensive or intimidating to the client
- Probe without getting inquisitive
- Exercise objectivity
- Do not promise anything that you cannot do for your client
- Recap for the client once he is finished telling the problem
- Try to have minimum physical barriers between yourself and your client
- Create an environment of trust for you client
- If the client is agitated try to calm him down before starting the session
- Do not use accusatory tone with your client
- Your voice should be clear but soft
- Do not force the client to say or do things that he may not want to do or admit

## **Importance of the essentials:**

**We introduce ourselves to other person i.e. client in this case because:**

- It is polite
- It shows the other person that we are respecting him
- It helps in building rapport with the person
- It helps in building trust with the person

**When you compliment the other person on something he may be wearing or something that he may have done:**

- It makes the other person feel good
- It helps in breaking barrier of shyness and reluctance in your client
- It shows the client that you care and are taking notice of him
- It creates a friendly and easy to talk environment

**When you make your client feel relaxed:**

- He finds it easy to talk and discuss the problem with you
- It gives him confidence in you and in self
- It motivates the client to give you information that otherwise he may hold back
- Sharing difficult experience becomes easy for your client

**When you assure your client of confidentiality he:**

- Feels confident
- Share experiences problems that they may not share in other situation
- Trust you with their secrets
- Refer their friends to you for counselling

**When you ask your client open-ended questions it helps in:**

- Free flow of information from the client
- Understanding the problem better because the information is detailed
- Building rapport with the client

**When you share information with your client in short, precise and simple language it helps the client to:**

- Understand better
- Remember the messages
- Repeat to his friends without losing much
- Ask questions without forgetting what you had said

**When you are attentive towards your client your client feels:**

- Important
- Comfortable
- Motivated
- Confident

**When you are punctual you are:**

- Setting up a good example for your client
- Creating trust in your client
- Creating confidence in your client
- Making your client feel good about himself
- Letting your client know that you are serious about your work

**When you maintain eye contact with your client you:**

- Show your client that you are listening to him
- Understand the problem of your client better
- Motivate your client to share all he needs to share

### **Empathy versus sympathy gives your client:**

- Self confidence
- Assurance that you as counsellor have the strength to provide support if needed
- A positive message regarding your professionalism

### **If you have a positive attitude you:**

- Pass it on to your client
- Facilitate your client effectively to find solution to his problems

### **If you interrupt your client while he is talking to you the client:**

- Gets nervous and the flow of information stops
- Feels intimidated and loses confidence in himself
- May have problem in communicating with you in future

### **When you use positive reinforcement with your client during the counselling session:**

- It helps in building up the confidence of the client
- The client starts feeling comfortable
- The client starts trusting you
- The client is willing to share more than he may have planned to

### **When you advise your client:**

- It can effect his self confidence adversely
- It can intimidate your client
- It can effect the decision making power of the client negatively
- It can create a feeling of dependency in your client

### **When you make a follow up appointment with your client it:**

- Conveys to the client that you are concerned about him
- Helps you in knowing whether client was able to resolve the problem
- Helps you in systematically recording all what you may have done to assist the client

### **When you know your subject matter you:**

- Are confident
- Are able to share accurate information with your client
- And your client have a good rapport

### **The Dos and Don'ts of counselling that you should always remember:**

#### **Do**

- Always greet your client
- Be polite with your client
- Introduce yourself, your organisation, and its work
- Be precise and clear
- Always know your subject matter
- Be punctual and always keep appointments
- Make your client feel comfortable
- Ask open-ended questions
- Facilitate the decision making process of your client
- Share information
- Maintain eye contact with your client
- Recap the conversation for your client
- Make your client feel important
- Empathy

## **Don't**

- Be judgmental
- Make promises that you cannot keep
- Impose your own solutions on your clients
- Show sympathy to your client
- Give advise to your client
- Provide incorrect information
- Interrupt your client while she/he is talking
- Intimidate your client through your body language
- Use negative reinforcement
- Think that you can control your client's behaviour