



TRAINING CURRICULUM for MALE PEER EDUCATORS

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Integrated Population and Coastal Resource Management Initiative (IPOPCORM)

The Integrated Population and Coastal Resource Management Initiative (IPOPCORM) is a project designed to improve the quality of life of communities that depend on coastal resources, while maintaining biological diversity and productivity of coastal ecosystems. The purpose of the project is to encourage and support integration of Reproductive Health (RH)/Family Planning (FP) strategies into Coastal Resource Management (CRM) agenda, plans, and models in selected areas in the Provinces of Palawan, Bohol, Cebu, Negros Oriental, Siquijor and Camiguin where population pressures are threatening critical marine habitats. The rationale is based on the fact that the Department of Environment and Natural Resources (DENR) has identified Family Planning as an intervention to reduce fishing efforts and population pressures to sustainable levels. The developmental framework of the IPOPCORM Initiative dwells more specifically on the food security of the community, with the Local Government Units (LGUs), private organizations, people's organizations (POs), non-government organizations (NGOs) and PATH Foundation working together to implement strategies that address the threats to the food security of the community. These strategies include habitat protection, stopping illegal fishing, and reducing fishing efforts.

The three objectives of the project are to: 1) improve Reproductive Health outcomes among people living in coastal communities, 2) enhance management of coastal resources at the community level, and 3) increase public and policy makers' awareness of population-consumption-environment linkages and solutions to inter-related problems.

The beneficiaries are the fisher-folks and members of their sexual network, the youth, and the entrepreneurs, specifically to address the unmet needs in human sexuality information, education and communication, and Reproductive Health services including STD and AIDS prevention education, contraceptives management, and Family Planning. Similarly, the youth are assisted to become future stewards of the environment, and the entrepreneurs who profit from the natural resources, encouraged to create economic livelihood that are environmentally friendly.

The IPOPCORM Initiative is a community-based initiative. It builds upon the strengths of the community in partnership with the local non-government and government organizations. The thrust is towards being aware and able to take care of their personal Reproductive Health needs and the environment that provides their needs. The strategic step of integrating population and CRM systems aims to maximize the synergy of those working together in partnership for the greater good of the community.

The project is implemented by PATH Foundation Philippines, Inc. (PFPI) in collaboration with the Local Government Units (LGUs) and Non-Government Organizations (NGOs), with support from The David and Lucile Packard Foundation, and other contributors.



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Introduction

This training module is in response to the growing interest and need to begin to address the subject of Male Sexuality and Reproductive Health (RH). It aims to guide facilitators conduct a basic Male Sexuality/RH seminar for peer educators of sexually-active men, from a scientific, objective perspective, for the purpose of initiating discussion, educating, and enlightening on the most common problems and issues related to men's sexual health, and motivating men to take responsibility and control over their fertility and families' future. Material found in the module has been compiled from references listed at the end of the manual.

Contents of the module are considered basic to the understanding of Male Sexuality and Reproductive Health. Other related problems and issues will inevitably be raised during the seminar. Thus, it is recommended that the module be utilized by those who already have attended a broader course on RH, or be incorporated as part of such.

The methods and activities used in the module can be replaced, the variety intended to suit a male, adult audience. Consider these illustrative and subject to substitution, open to accommodate and adapt to local context and experience. It is important that the local dialect be the basic language of communication with members of the community. Active participation is a crucial and key factor. To meet the intended training objectives, completion of the entire two-day seminar is required.

Participation/Registration

Ideal participants for this seminar are sexually active men from the IPOPCORM project site's coastal community, between the ages of 25-49 years, who would be Male Peer Educators (MPEs) in their community. Recommended number of participants is between 10 and 15.

Register participant's name, age, civil status, occupation, family size, education, religion, and FP method used, if any. Determine profile of participants and include in narrative report.

Distribute individual nametags and seminar kits upon registration.

All efforts should be made to maintain an all-male, adult audience. Presence of women and children at the seminar is non-negotiable.

SESSION I

INTRODUCTION TO THE SEMINAR



Time: 60 minutes

Preparation:

1. Printed copies of the Pre-Survey (Annex A), for all participants
2. Visual aids for the following:
 - a. guide for personal introductions
 - b. organizational structure of the NGO's IPOPCORM project
 - c. objectives of the seminar
 - d. recommended program of activities
3. Jigsaw puzzle of figure of a two-dimensional house, consisting of 7-10 cut-up pieces of colored paper
4. Discussion among co-facilitators regarding flow of activities

Materials:

- Bond paper
- Pens
- Manila paper
- Marking pens
- Colored paper
- Masking tape
- Scissors

Steps:

1. Greet participants and welcome them to the seminar for IPOPCORM MPEs.
2. Explain that they will be surveyed in relation to the seminar. Clarify that the purpose of the Pre-Survey is to determine their baseline knowledge related to Male Sexuality and Reproductive Health, and not to measure their intellectual capacity.
3. Distribute Pre-Survey and give them 15 minutes to answer this.

4. After collecting all the completed Pre-Surveys, ask participants to take turns introducing themselves, by providing the following information:
 - a. Name/Nickname (Pangalan/Palayaw)
 - b. Strongest male characteristic (Pinaka-malakas na katangiang-panlalaki)
 - c. Greatest achievement (Pinaka-malaking nakamtan)
 - d. Most valuable possession (Pinaka-mahalagang pag-aari)
 - e. Expectations from the seminar (Ina-asahan sa seminar)

5. Particularly take note of participants' expectations from the seminar and write these on manila paper. Facilitators also should introduce themselves and their organization's IPOPCORM project, specifically describing the following:
 - a. the Peer-Education approach
 - b. community-based distribution (CBD) of FP commodities and IEC materials
 - c. local referral system that includes Barangay Health Workers and the Municipal Health Office
 - d. organizational structure of their NGO's IPOPCORM project

6. Review seminar's objectives stated as follows:

By the end of the seminar, participants will

- a. Become familiar with the major male and female organs and functions involved in human reproduction and sexually transmitted disease (Maging pamilyar sa mga pangunahing organs ng lalaki at babae, na may kaugnayan sa 'human reproduction' at 'sexually-transmitted disease');
- b. Become aware of the concept of gender and gender roles, and what influence these (Malaman ang konsepto ng gender at gender roles, at ang mga nakakaimpluwensya nito);
- c. Know the different characteristics associated with becoming a man (Malaman ang iba't ibang katangiang kaugnay ng pagiging isang ganap na lalaki);
- d. Know some common problems related to sex and reproduction among men, its causes and risk factors, and possible options to prevent these (Malaman ang ilan sa mga pangkaraniwang problema na may relasyon sa sex at 'reproduction' sa mga kalalalahan, ang mga naglalagay sa panganib at mga dahilan nito, at mga posibleng paraan upang maiwasan ito);
- e. Have a better understanding of the nature and purposes of marriage and sexual intercourse, and the common threats to a relationship (Magkaroon ng mas mahusay na pang-unawa sa layunin ng pag-aasawa at pakikipagtalik, at sa mga banta sa isang relasyon);

- f. Have an improved understanding of male sexuality, how pregnancy happens, and the need to plan families (Magkaroon ng mas mahusay na pang-unawa tungkol sa sekswalidad ng kalalakihan, paano nangyayari ang pagbubuntis, at ang pangangailangang magplano ng pamilya);
 - g. Have an increased awareness of the attributes of the Modern Contraceptive Methods for men, and Paraan Dos for their sexual partners, and of the risks associated with Withdrawal (Magkaroon ng mas mataas na kaalaman sa mga katangian ng mga paraang pamplano ng pamilya ng mga kalalakihan, at Paraan Dos para sa kanilang kapareha, at sa mga panganib kaugnay ng Withdrawal);
 - h. Be able to dispel myths and misconceptions about the male methods of fertility control and Family Planning (Mapabulaanan ang mga haka-haka tungkol sa mga paraang pamplano ng pamilya ng mga kalalakihan);
 - i. Become aware of Sexually Transmitted Disease (STD), how to prevent infection, and possible short- and long-term consequences of untreated STD (Magkaroon ng kaalaman tungkol sa Sexually Transmitted Disease (STD), paano ito maiiwasan, at mga posibleng komplikasyong dulot ng di-ginamot na STD);
 - j. Become familiar with the IPOPCORM Communication Strategy for Coastal Men, and be able to initiate open discussion of Male Sexuality and Reproductive Health concerns, issues and basic messages with their male peers (Maging pamilyar sa IPOPCORM Communication Strategy para sa mga kalalakihang nakatira sa tabing-dagat, at makapagsimula ng malayang talakayan tungkol sa mga alalahanin, isyu at mensahe ukol sa Male Sexuality and Reproductive Health sa kanilang mga kapwa-lalaki).
7. Link participants' expectations to seminar's objectives. Explain which expectations can be met by this particular seminar, and which can not. Emphasize that some subject matter may be delicate and sensitive, but should not be taken to be offensive, or with malice.
8. Present the following recommended program of activities for the seminar:

DAY 1

8:30 – 9:30	Registration
	Plenary Session: Introduction to the Seminar
9:30 – 10:30	Small Group Activity/Plenary Presentation and Discussion: Male and Female Reproductive Systems

10:30 – 10:45	BREAK
10:45 – 11:30	Plenary Activity: Life Cycle of Men
11:30 – 12:15	Plenary Discussion: Human Fertility
12:15 – 1:15	BREAK
1:15 - 2:00	Small Group Discussion/Plenary Presentation and Discussion: Male and Female Characteristics and Roles
2:00 – 3:00	Plenary Activity: Opinion Poll Plenary Discussion: Love and Intimacy/Jealousy/Sexual Infidelity
3:00 – 3:15	BREAK
3:15 – 4:00	Plenary Activity/Lecture-Discussion: Common Sex-related Problems of Men
4:00 – 4:30	Plenary Lecture/Discussion: Sexually Transmitted Disease
4:30 – 5:00	Plenary Lecture/Discussion: Male Climacteric/Benign Prostatic Hypertrophy/Prostate Cancer

DAY 2

8:30 – 12:00	Small Group Activity/Plenary Presentation and Discussion: Integration of Reproductive Health, Coastal Resource Management, and Economic Enterprise
12:00 – 1:00	BREAK
1:00 - 2:00	Plenary Lecture/Discussion: Modern Contraceptive Methods for Men
2:00- 2:45	Plenary Presentation/Discussion: IPOPCORM Communication Strategy for Coastal Men
2:45 – 3:45	Plenary Role-playing/Lecture-Discussion: Inter-Personal Communication/Counseling
3:45 – 4:00	BREAK
4:00 – 4:30	Plenary Presentation/Discussion: Qualifications and Responsibilities of IPOPCORM MPEs
4:30 - 5:00	Plenary Session: Seminar Review

Make sure participants approve of the schedule.

9. Ask participants to suggest house rules to be adopted for the duration of the seminar. Write one house rule agreed upon, on each of the pieces of the prepared jigsaw puzzle. If not mentioned by the participants, suggest that there should be no such thing as a stupid question, and to maintain privacy of any personal information that may be shared by participants. At a place clearly visible to all, post the puzzle's pieces together to complete the form of a two-dimensional house, and the agreed set of rules written on these.
10. One of the co-facilitators should check the Pre-Survey. Only numbers 2, 7, 8 and 10 are false, and all the rest are true. Determine average score of the participants and include in the narrative report.

SESSION II

MALE AND FEMALE REPRODUCTIVE SYSTEMS



Purpose:

Become familiar with the major male and female organs and functions involved in human reproduction and sexually transmitted disease

Time: 60 minutes

Materials:

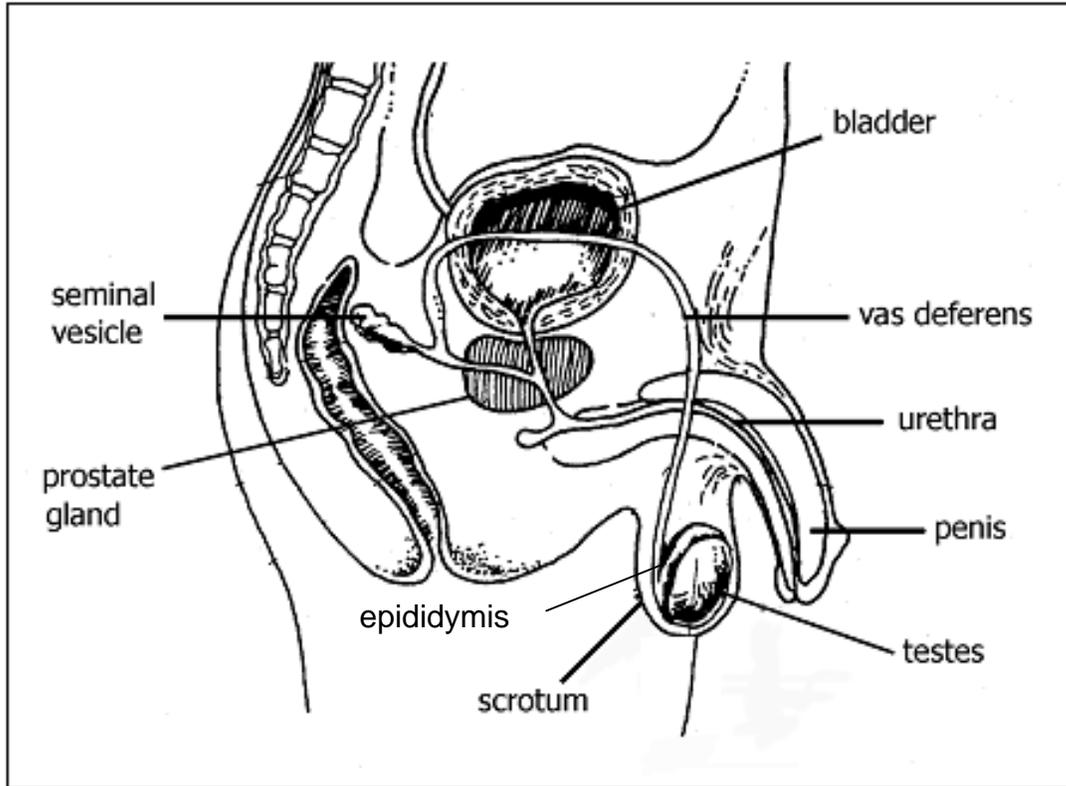
- Manila paper
- Marking pens
- Masking tape
- Scissors
- Illustrations of Male and Female External/Internal Reproductive Anatomy

Steps:

1. Introduce the session.
2. Divide participants into 2 groups. Ask one group to draw the external and internal male genitalia, and the other group, the external and internal female genitalia, and label the parts using local terms. The groups should each select a member to present their group's output in a plenary session.
3. Ask the groups to take turns presenting their outputs.
4. Reinforce correct information provided by participants, and only cover gaps and correct misinformation, with the aid of illustrations of the male and female external/internal reproductive anatomy.

Facilitator's Notes:

Illustration of Male Reproductive Anatomy



Male Reproductive System

The **penis** contains three inflatable tubes of erectile tissue. During sexual arousal, these three channels become engorged with blood. This enables the healthy penis to increase in size, become hard, and stand erect. The highly sensitive, helmet-shaped head of the penis is the **glans penis**. It is exposed when the foreskin is rolled back, or is constantly so in the case of circumcised men.

The **urethra** is the tube that carries away urine from the body. In women, the urethra is only 3 centimeters long, but a man's is about 20 centimeters. The urethra in men begins at the **bladder**, runs down the middle of the prostate gland, and extends through the length of the penis. Urine from the bladder is finally expelled from the body at the opening.

In men, the urethra is also the opening through which semen leaves the body. Semen is the sticky liquid that comes out of the penis during ejaculation (sexual climax). Men's bodies are made so that they cannot ejaculate and urinate at the same time. During ejaculation, the tube for urination is closed off and only semen can flow through the urethra.

When males are stimulated, veins in the penis fill with blood and the penis becomes hard and erect. This is called an “erection”. This usually happens when a man is sexually excited, but it’s also normal to sometimes get an erection for no reason at all (“involuntary” erection). Teenage boys and men often have erections while asleep, which can occur as often as 5 times a night, each lasting for periods of up to 30 minutes.

The size of the penis varies depending on age, temperature, arousal, and honesty. Soft adult penises are usually between 3 ¼ and 4 ¼ inches long. Most hard adult penises vary from 5 to 7 inches long, but some may be shorter or longer.

The **testes** are the male genital organs that produce sperm - the germ cell that can father offspring. The testes are formed inside the body but by birth, these have usually descended to the **scrotum** – the sac that holds the testes. The scrotum provides a cooler environment outside the body, where sperm can be produced. During puberty (teenage years), the testes become larger and “drop” between the legs. Usually one hangs lower than the other. Testes are very sensitive and need to be supported when engaging in contact sports, such as football.

The testes also produce the male hormone – testosterone. During puberty, the testes start to produce more testosterone, which causes the boy’s penis to grow, his voice to “break”, and pubic hair to appear. Testosterone stimulates growth and weight gain, and can also cause acne.

The **epididymis** serves as the storage place for sperm. The tube that provides passage for sperm from the epididymis to the urethra during ejaculation is called the **vas deferens or “the vas.”** Remember “the vas” because a Family Planning method for men involves “the vas.”

The **seminal vesicle** is a gland that produces the sugar- and protein-containing fluid that provides nourishment for the sperm.

Between the penis and the bladder, is a round-shaped gland the size of a jackfruit seed, the **prostate**. It produces the fluid in semen, in which the sperm swim. As men grow older, the prostate grows bigger. This can constrict the flow of urine. The prostate can be felt about 2 to 3 inches inside the anus. Wearing surgical gloves, a doctor needing to examine the prostate, inserts a finger into the anus to perform a digital rectal examination.

Illustration of Female External Reproductive Anatomy

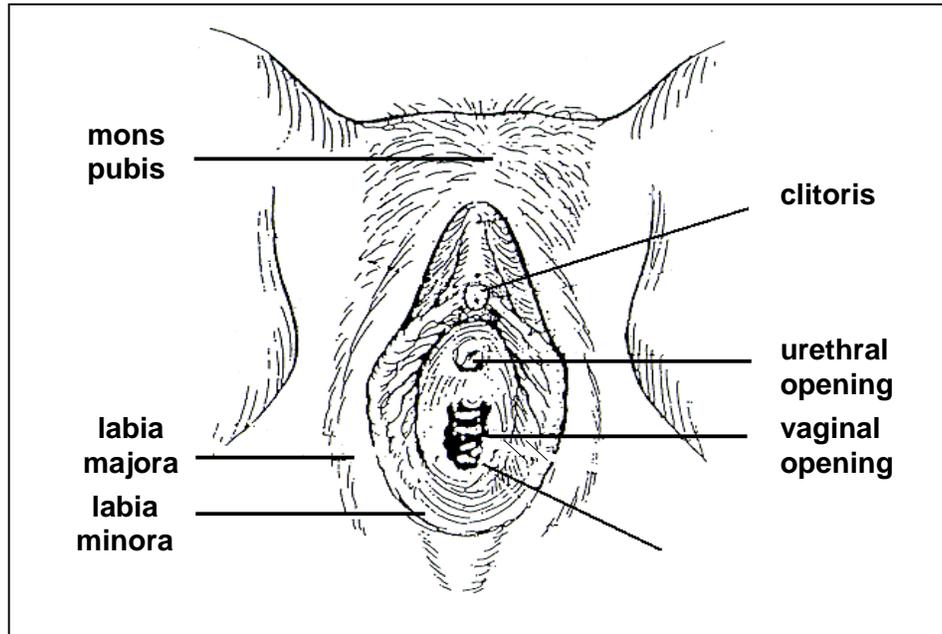
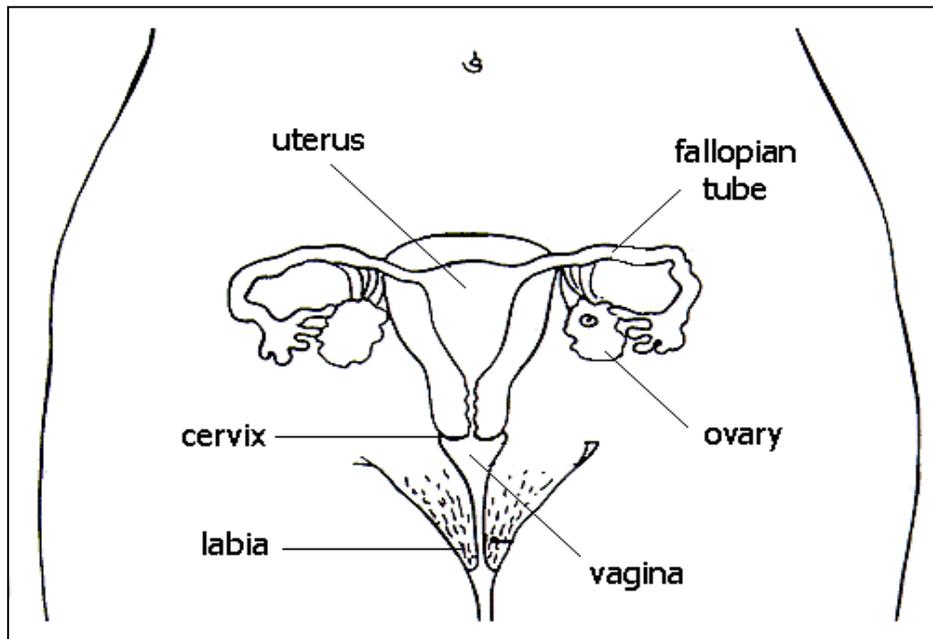


Illustration of Female Internal Reproductive Anatomy



Female Reproductive System

Mons pubis	a soft fatty tissue which lies over the prominent pubic bone
Labia majora	outer, rounded folds of fatty tissue with overlying skin and covered with hair
Labia minora	inner folds of tissue covered with mucous membrane
Clitoris	a small projection which contains tissue that becomes erect during sexual stimulation; counterpart of the penis
Vagina	an elastic, muscular canal that provides passage for the menstrual flow, for the birth of babies, and receives the penis during sexual intercourse
Cervix	the neck of the uterus where cervical mucus is secreted; entrance between the vagina and the uterus
Uterus	a thick-walled hollow organ which houses and protects the fetus during pregnancy; commonly called the womb;
Endometrium	the inner lining of the uterus; undergoes thickening in the ovulatory and early post-ovulatory stages of the menstrual cycle to prepare the uterus for possible implantation of fertilized egg
Fallopian tubes	two tubes that extend from the uterus to the ovaries; sperm travels through the tubes to reach the egg; fertilization of the egg takes place in the tubes; the fertilized egg then travels to the uterus where further growth takes place
Ovaries	two round-shaped structures responsible for the development and expulsion of the egg and the development of female hormones, i.e., estrogen and progesterone

SESSION III

LIFE CYCLE OF MEN



Purpose:

Know the different characteristics associated with becoming a man

Time: 45 minutes

Preparation:

1. Different characteristics of becoming a man, each printed on a separate meta-card
2. Pieces of bond paper posted around, indicating the following age ranges: 0-9, 10-19, 20-29, 30-39, and 40-49

Materials:

- Meta-cards
- Marking pens
- Bond paper
- Masking tape
- Scissors

Steps:

1. Introduce the session.
2. Give each participant several pieces of blank meta-cards.
3. Ask participants to write on the blank meta-cards their significant personal experiences, specifically in relation to being male.
4. Post the meta-cards under the corresponding age range printed on pieces of bond paper posted around.
5. Validate responses of the participants, correlate their answers with characteristics of becoming a man, using the prepared meta-cards, and provide additional input.
6. Correct the following, if it comes up:

Myth: It is dangerous to have an erection and not ejaculate.

Fact: It may be frustrating to become excited and not be able to relieve the sexual tension. But it will not cause sperm to “back up”, or your testes to swell (“blue balls”), or any other effect.

Facilitator's Notes:

For boys, the first outward sign of puberty is growth of the testes and scrotum, which occurs at age 10-13 ½. Some boys also develop swellings under their nipples in the early stages of puberty. This is normal and usually disappears within a year. As hormone-production in the testes accelerates, other developments follow, as shown in the following chart:

Becoming a Man	
Characteristics	Age Range
Growth of testes and scrotum begin	10-13 ½
Pubic hair appears	10-15
Growth spurt starts	10 ½ - 16
Growth of penis begins	11-14 ½
Change in voice begins	11-14 ½
Growth of penis and testes completed	12 ½ - 17
Facial and underarm hair appear	12 – 17
First masturbation	11-12
First penetrative sex	17-18

After puberty, the man's testes produce sperm continuously. Sperm is stored in coiled tubes on top of the testes (epididymis). If they are not used (if the man does not ejaculate), the sperm simply disintegrates. Sperm cannot be "used up" no matter how often a male ejaculates. The testes produce billions of sperm every month. Whereas females can only become pregnant on two or three days of the month, a male can father a child at any time. Sperm can live inside a female's body for as many as four or five days.

Around age 40, most men notice a gradual decline in the frequency and fullness of their erections. Ejaculations become less intense and the length of time between orgasm increases. On the other hand, older men can often sustain intercourse longer without ejaculating, a decided plus for both sexes.

SESSION IV

HUMAN FERTILITY



Purpose:

Have an improved understanding of male sexuality, how pregnancy happens, the fears and challenges brought about by pregnancy, and the need to plan families

Time: 45 minutes

Preparation:

1. Focus Group Discussion (FGD) questions printed on manila paper

Materials:

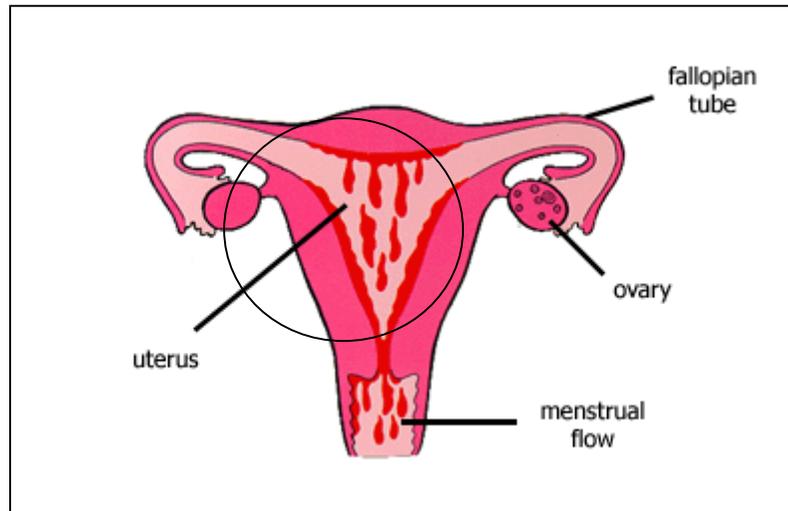
- Manila paper
- Marking pens
- Masking tape
- Scissors
- Illustrations of the menstrual cycle, fertilization, and implantation

Steps:

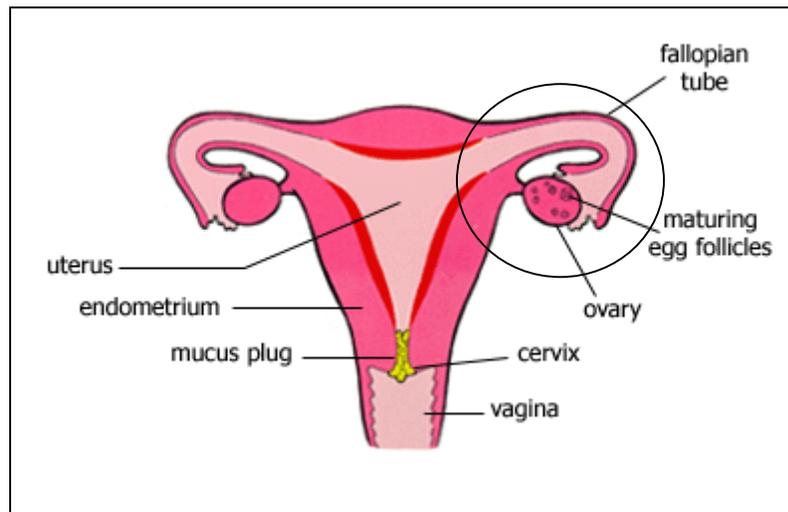
1. Explain and discuss the menstrual cycle, and how pregnancy occurs. Make use of illustrations of the menstrual cycle, fertilization, and implantation.
2. Divide participants into 3 groups.
3. Assign each group to answer one of the following FGD questions:
 - What are the reasons why men engage in sex?
(Ano-ano ang mga kadahilanan kung bakit nakikipagtalik ang mga lalaki?)
 - What are the problems and worries in sexual intercourse that could lead to pregnancy?
(Ano-ano ang mga problema at pinangangambahan sa pakikipagtalik na nauuwi sa pagbubuntis?)
 - What are the responsibilities of men if pregnancy occurs?
(Ano-ano ang mga responsibilidad ng lalaki kapag mangyari ang pagbubuntis?)
5. Instruct them to write their answers on manila paper, and select a reporter for each group.
6. After all groups have presented, process the activity. Go through the answers one by one. Emphasize that pregnancy, which occurs after sex, has life-long consequences.
7. Discuss issues related to controlling fertility.
8. Ask participants what they learned from the session.

Facilitator's Notes:

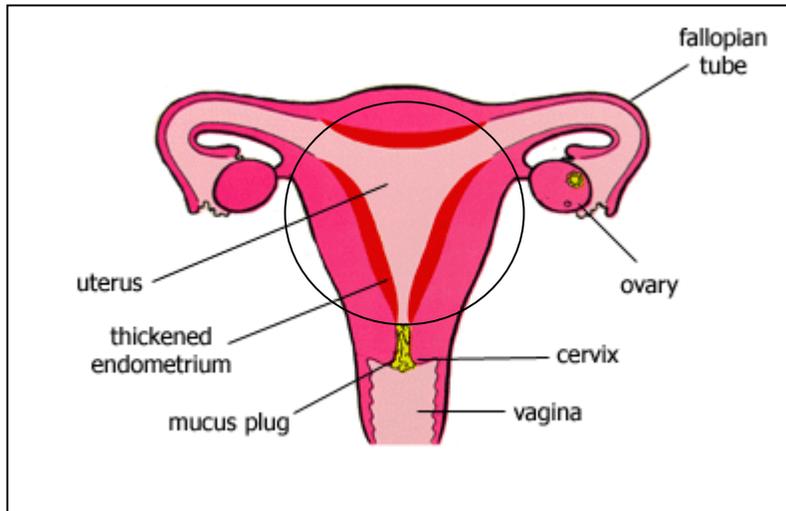
Illustration of the Menstrual Cycle



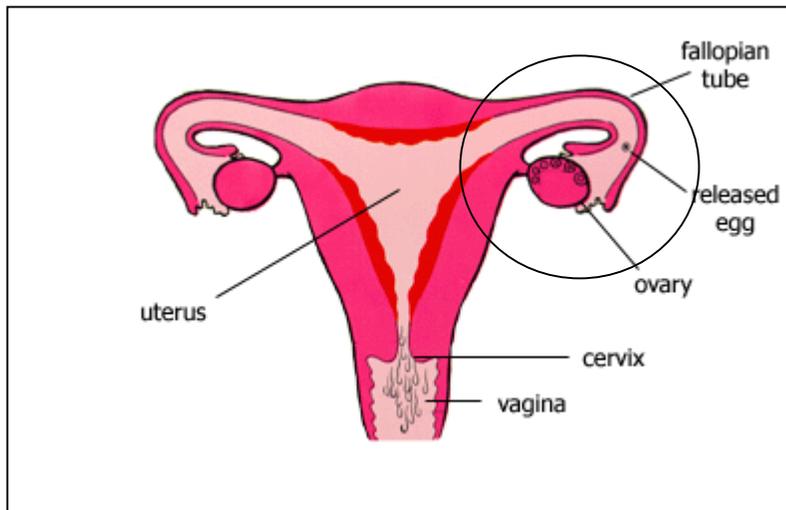
Pre-Ovulatory Menstruation



**Pre-Ovulatory
Maturation of the Follicles**



Post-Ovulatory



Ovulatory

Illustration of Fertilization

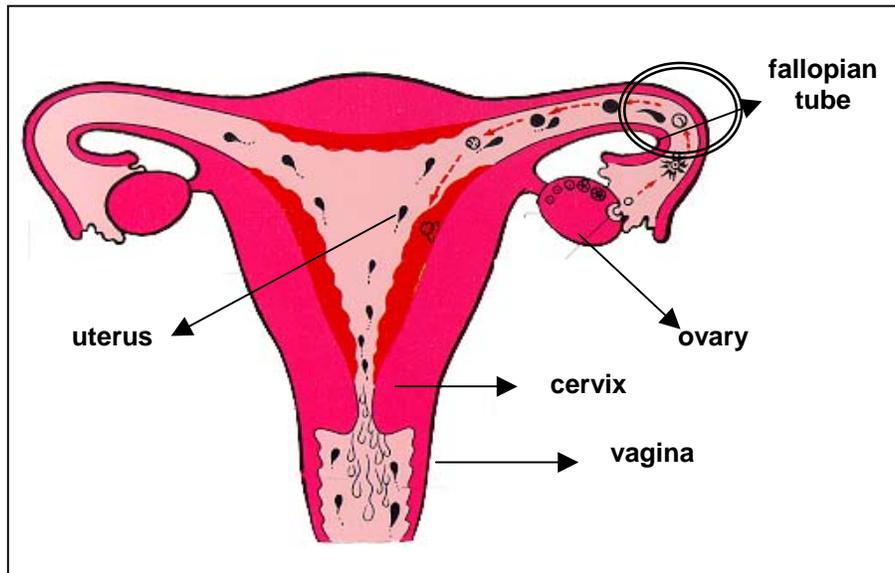
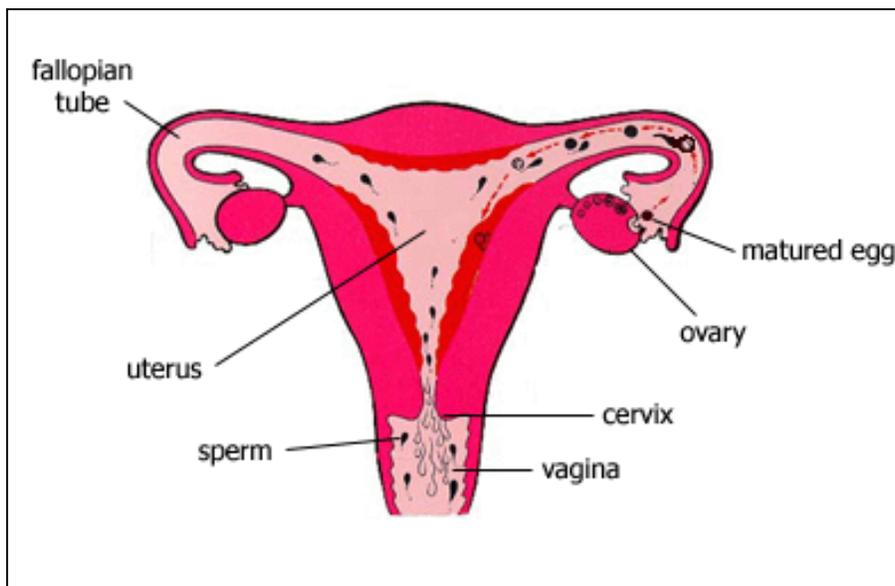


Illustration of Implantation



How Pregnancy Happens

During sexual intercourse, sperm is ejaculated through the man's penis into the woman's vagina. Some of the sperm move through an opening in the woman's womb into the fallopian tubes, where they may encounter and join with an egg. The process of an egg and a sperm uniting is called fertilization.

The fertilized egg takes several days to travel down the fallopian tube to the uterus where after one-and-a-half to two days, it implants in the uterine lining and develops over the course of the next nine months.

It is also possible for sperm to be deposited in or near the lips around the vagina during sex play. If fertile mucus is present, sperm can move into the vagina and follow the same route to join with the egg. This is possible even if the woman has never had intercourse!

The number of days when a woman can become pregnant ("the fertile time") varies from woman to woman and from menstrual cycle to menstrual cycle. Usually, a woman's fertile time lasts 6-12 days or about one-third of the cycle. To prevent pregnancy, a woman should abstain from intercourse during her fertile time, or ask her partner to use a condom, or use another method of Family Planning that provides protection throughout her cycle (i.e., pill, injectable).

A woman can also become pregnant if she has intercourse during her menstrual period, especially if she has a short cycle (less than 28 days) and does not use any protection.

Controlling Our Fertility

Controlling our fertility is central to controlling our lives. Later sections in this manual present tools for understanding our fertility and making choices about whether and when to have children. All couples must be free to prevent unwanted pregnancy and gain access to all legal methods of Family Planning.

Most men and women in this society assume that the responsibility for Family Planning should fall on women. One reason for this is that women have more at stake in preventing pregnancy than men do, for they bear the child and, in this culture, are primarily responsible for raising them. Placing total responsibility for fertility control on women is unfair. Total responsibility often creates anger and resentment that can't be helped but get in the way of our sexual feelings.

A man can share the responsibility of Family Planning in several ways. When no good method is available, a supportive partner will join his wife in exploring ways of lovemaking without intercourse. He can use condoms and not just when the wife reminds him to. If the couple decides they have enough children, he can have a vasectomy – a minor operation on "the vas". A man, who truly shares responsibility for pregnancy, will gain his wife's respect and a greater sense of self-respect and control over his own future. The couple will also feel better about their relationship and are more apt to practice Family Planning better.

What can we do? We can learn for ourselves and teach one another about the available methods of fertility control. By speaking openly and by carefully comparing experiences and knowledge, we can guide each other towards workable methods. By talking together, we can also get a better handle on our more subtle resistances to Family Planning. We can join together to insist that the legislature, churches, parents, doctors and others, change their attitudes and practices so that we can enjoy our sexuality without risking unwanted pregnancy.

We can create self-help centers in our communities where information, discussion and personal support in the choice of Family Planning, will be better met. We can use the good clinics that do exist. Whatever we choose to do, as couples or as men in groups, we can act together.

SESSION V

MALE AND FEMALE CHARACTERISTICS AND ROLES



Purpose:

Become aware of the concept of gender and gender roles, and what influence these

Time: 45 minutes

Materials:

- Strips of paper in two different colors
- Meta-cards
- Marking pens
- Masking tape
- Scissors

Steps:

1. Divide participants into 2 groups. In forming the groups, ask the participants to each pick a colored strip of paper. Group together those who picked the same color.
2. Distribute the meta-cards and marking pens.
3. Instruct one group to brainstorm on characteristics (*katangian*) and roles (*tungkulin*) assigned to men by family and community, and the other group, on characteristics and roles assigned to women.
4. In addition, both groups should give examples of situations when men/women may have to break out of conventional role structures.
5. Make them write these down on meta-cards. The groups should each choose a member to present their group's output.
6. Have the groups present, then process the activity. Remember to use the characteristics and roles identified by the participants, to emphasize men taking responsibility and control, especially of fertility management and Family Planning.

SESSION VI

LOVE AND INTIMACY/JEALOUSY/SEXUAL INFIDELITY

Purpose:

Have a better understanding of the nature and purposes of marriage and sexual intercourse, and the common threats to a relationship

Time: 60 minutes

Preparation:

1. 'Agree' and 'Disagree' each printed on separate meta-cards

Materials:

- Meta-cards
- Manila paper
- Marking pens
- Masking tape
- Scissors

Steps:

1. Introduce the session. Explain that you will read out one at a time, the following statements related to the subjects of love and intimacy, jealousy, and sexual infidelity:

In choosing marriage partners what men and women look for, are just the same. (Sa pagpili ng mapapangasawa, pareho lang ang hanap ng lalaki at babae.)

It is only natural for married men to still desire to have sex with other women. (Natural lang sa lalaking may-asawa ang mag-nais pang makipag-sex sa ibang babae.)

Jealousy is a sign of love. (Ang selos ay tanda ng pagmamahal.)

Marriage is a means for having sex to be freely permitted. (Ang pagpapakasal ay paraan upang pahintulutan na libreng makipag-sex.)

It is possible for a man and woman to marry and love, even without sex. (Maaaring mag-asawa at magmahalan ang isang lalaki at babae kahit na walang sex.)

2. Participants should then decide if they agree or disagree with the statement. Ask them to express their decision by moving to the side with the meta-card with 'Agree' printed on it, or to the other side where the 'Disagree' meta-card is posted. Instruct the participants to stay in the middle while the statements are being read.
3. Read each statement twice and then let each participant decide if he agrees or disagrees with what was read.
4. After all participants have decided and taken their places on either side, ask 3-4 volunteers from each side to express their points of view and reasons for agreeing or disagreeing. Write these on manila paper.
5. Discuss the pertinent reasons mentioned for agreeing or disagreeing with each statement. Try to correct misconceptions and provide additional input.

Facilitator's Notes:

Love and Intimacy

There is a hunger in most of us for real intimacy. We need to connect with another person in a profound way. Trust is the foundation of intimacy, and with that trust comes the responsibility for another person's vulnerable self.

We must love and accept ourselves before we can give love and accept the love of others fully and freely. We need to accept all facets of ourselves, including our sexual selves, if we are to realize full intimacy with our spouse. It is never too early or too late to begin the dance of intimacy, to pay attention to your partner in a deeper way, to communicate honestly and openly, and to work to maintain quality in your relationship.

Good sex requires good communication and the trust of being able to let go. Communication about our sexual needs is a continuous process. Even in the most loving relationships, asking for what we want is hard. How do we work on better communication in sex? Making love is one of the special times when we have more than words to use to reach each other. Taking your wife's hand and putting in a new place, making the sounds that let her know you are feeling good, whispering in her ear "lets go slow" – there are many ways of communicating if we will use them.

Jealousy

If men feel insecure in their relationships, they can feel jealous. Jealousy can flood men with an intense sense of inadequacy and a fear of abandonment. It can carry with it, a mistaken sense of infidelity, and hurl a man into states of panic and terror. He sees the woman as emotionally more powerful than him. Feeling unequal and threatened, he doubts his lover's commitment to the relationship.

The best thing men can do, is to tell their partners how they feel. For most couples, self-disclosure will lead to reassurance and a healthier relationship than before. Men, who fail to manage their jealousy, become possessive and feel the need to control the other person, as a way of avoiding feelings of jealousy. Excessively jealous men -- combined with alcohol --are dangerous and can kill.

Sexual Infidelity

Extra-marital sex is common for both men and women. Boredom of sex in a long-term relationship occurs for some married couples because there is no mystery, danger, or newness in their encounters. Those are some of the factors that make an extra-marital relationship exciting.

Ideally, what we should all do is learn ways to make sex exciting in a long-term relationship by changing locations, positions, and what ever else you can think of. Try everything to bring life back into your sex play. When we love, we can communicate with hope rather than with anger. This type of loving communication will enable us to enjoy more satisfactory sexual activity, a happier relationship, and longer life.

SESSION VII

COMMON SEX-RELATED PROBLEMS OF MEN

Purpose:

Know some common problems related to sex and reproduction among men, its causes and risk factors, and possible options to prevent these

Time: 45 minutes

Preparation:

1. Visual aids for the following:
 - a. common sex-related problems of men
 - b. pointers on what to do

Materials:

- Manila paper
- Marking pens

Steps:

1. Ask participants what sex-related problems of men they think are common.
2. Add the following common sex-related problems of men, if not mentioned:
 - **Impotence** – unable to keep the penis erect (hard) long enough to have sexual intercourse. Studies show that 50% of men over age 40 have experienced some form of impotence.
 - **Premature ejaculation** – ejaculating before you and your partner are satisfied (“pop your cork”). 30% of all men have experienced premature ejaculation.
 - **Dripping penis (tulo)** – white or yellow discharge from the penis. This is a sign of genital infection or Sexually Transmitted Disease (STD). Men, on average, have a 60% chance of being infected with an STD – especially men who have multiple sex partners.
3. Ask the participants what they believe the causes of these conditions are, and correct any misconception. Explain the following:
 - a. what it is
 - b. who has it
 - c. what causes it
 - d. what to do about it

4. End the discussion with the following pointers on what to do if men are faced with these problems:
- Partners must discuss what confuse their minds.
(Pag-usapan ng mag-partner ang mga gumugulo sa isipan.)
 - Determine and discuss what would make each one happy.
(Alamin at pag-usapan kung anuman ang makapagpapaligaya sa bawat isa.)
 - Don't hesitate to consult or seek counseling from a psychotherapist.
(Huwag mag-atubiling kumunsulta o humingi ng payo sa isang psycho-therapist.)
 - Consult a doctor if one suspects that a drug he is taking may have caused his sterility so that the doctor could prescribe an alternative medicine.
(Kumunsulta sa doktor kapag ang iniinom na gamot ay maaaring siyang dahilan ng pagkabaog para mabigyan ng alternatibong gamot.)
 - One needs to rest and relax.
(Kailangang magpahinga at mag-relax.)

Facilitator's Notes:

IMPOTENCE

- | | |
|----------------------|---|
| What is it? | - Unable to keep the penis erect (hard) long enough to have sexual intercourse on at least 25% of attempts. |
| Who has it? | - Every man experiences this from time to time. Usually impotency is short-lived (temporary) and only becomes a problem when it happens frequently (> 25% of the time). |
| What causes it? | - <i>Sudden onset</i> of impotence is typically the result of some unusual stress. Once stress is removed, potency often returns.
- In young men, anxiety (worry) and lifestyle habits (smoking, alcohol-use) are often the cause of impotency. In older men, impotency is usually caused by physical problems such as hardening of the arteries, high blood pressure and diabetes. Some drugs may cause impotence (i.e., diuretics, beta blockers). |
| What to do about it? | - Stop smoking. Studies suggest smoking damages the penis' tissue by making it less flexible.
- Limit yourself to one drink. In small doses, alcohol may increase your desire for sex but larger doses (more than 1 drink) can depress the nervous system and ruin sexual function.
- Exercise your pelvic muscles – the ones you use to stop the flow of urine. Tighten and hold muscles for 10 seconds, then relax. Do this at least 20 times a day.
- Jog a few miles a day. Research shows aerobic exercise can reduce the risk of impotency by 70% because exercise helps to prevent hardening of the arteries.
- Consult a doctor if your problem persists. |

PREMATURE EJACULATION

- What is it? - When a man ejaculates before he and his partner are satisfied.
- Who has it? - 30% of men have experienced premature ejaculation. This only becomes a problem when the loss of control happens frequently enough to impair your day-to-day life.
- What causes it? - Inability to control the ejaculatory reflex. Men who frequently experience premature ejaculation have not learned to recognize the erotic sensation they feel as they approach the point of orgasm (pre-cursor sign).
- What to do about it?
- To learn control, you must slow down. Concentrate on becoming more aware of the pre-cursor sign.
 - The instance you feel that your going to “pop your cork,” bear down as if you were trying to move your bowel. This increases the pressure inside your abdomen (belly) and relaxes the muscles that contract during ejaculation –giving you a few more minutes before you ejaculate.
 - Masturbation can also be a “conditioning program” for premature ejaculation. Masturbate with a dry hand until you can go 20 minutes before ejaculating. Then add a lubricant such as baby oil, and masturbate until you can hold out for 20 minutes again. Keep practicing until you can hold out for 20 minutes.
 - If the problem persists, consult a doctor.

DRIPPING PENIS (“TULO”)

- What is it? - White or yellow discharge from the penis (“tulo”).
- Who has it? - Men who have a genital infection or Sexually Transmitted Disease (STD). Research shows that men have a 60% chance of becoming infected with an STD, particularly men who have multiple partners and do not use protection (condom).
- What causes it? - Germs that are passed by an infected partner during sexual intercourse without a condom.
- What to do about it?
- If you have a discharge from your penis and had more than one partner in the past 3 months, you probably have an STD.
 - Both you and your partner(s) need to be treated immediately by a doctor or trained health worker.
 - Treatment requires 7-10 days of the appropriate drug(s). Even if the symptom disappears after 3-4 days of treatment, you must complete taking all of the drugs otherwise the STD can recur.
 - If you have sex during treatment, be sure to use a condom so that you do not infect your partner(s) or get a different STD from your partner(s).
- How to prevent STD?
- Be faithful to one partner. If you can't do that, then use a condom every time you have sex – with all partners.
 - The long history of STD has made caution in sex one of the facts of life.
 - The AIDS epidemic, which started in the 1980s, has made caution in sex a fact of life or death! We will talk more about AIDS in later parts of this manual.

SESSION VIII

SEXUALLY TRANSMITTED DISEASE

Purpose:

Become aware of Sexually Transmitted Disease (STD) including HIV/AIDS, how to prevent infection, and possible short- and long-term consequences of untreated STD

Time: 30 minutes

Materials:

- Manila paper
- Marking pens
- Masking tape
- Scissors

Steps:

1. Ask participants if they are familiar with the term STD. If not, define this for them.
2. Ask also if they know of any disease or symptoms of a disease that can be transmitted through unprotected sexual intercourse.
3. Work around their answers in conducting lecture/discussion on STD. Focus on the following:
 - a. symptoms
 - b. disease prevention
 - c. what to do if there is an infection
 - d. complications of the disease
4. Correct the following, if it comes up:

Myth: STD will go away by itself.

Fact: STD will not go away without proper treatment. If left untreated, STD can cause more serious problems – and can even make the man infertile (unable to father a child). Therefore, it is very important that men seek immediate and proper treatment as soon as they see or feel “tulo”, or burning during urination, or a lesion (sore) on their penis.

5. End the session by asking feedback questions.

Facilitator's Notes:

Sexually Transmitted Diseases (STDs):

- Are caused by different micro-organisms
- Can be caused by viruses, bacteria, protozoa, or parasites

For example: Trichomoniasis is caused by a parasite
Chlamydia, Syphilis, Gonorrhea are caused by bacteria
Genital Herpes, Warts, AIDS are caused by viruses

- Could occur as a solitary or multiple infection in an individual
- Usually passed from one person to another through sexual contact, either through anal, vaginal or oral sex; can also be transmitted through transfusion of infected blood, sharing of contaminated needles and other skin piercing instruments, and from an infected mother to her unborn child
- May or may not have symptoms, and anyone can infect or become infected
- Can affect certain parts of the body such as the reproductive organs, mouth, anus, throat, eyes, or may affect the whole body
- Some STDs can be cured, some can only be treated; if not treated, some STDs can cause serious health problems such as infertility, blindness, problems during pregnancy, paralysis and even, death

SESSION IX

MALE CLIMACTERIC/BENIGN PROSTATIC HYPERTROPHY/PROSTATE CANCER

Purpose:

Become more familiar with Reproductive Health conditions associated with aging in men, and be able to detect these

Time: 30 minutes

Materials:

- Manila paper
- Marking pens
- Illustration of Male Reproductive Anatomy
- Masking tape
- Scissors

Steps:

1. Greet the participants and introduce the session.
2. Review the male reproductive anatomy first, before proceeding to the discussion.
3. Ask the participants what symptoms associated with Sexual and Reproductive Health, they have observed among elderly men. Brainstorm also on what they possibly would see.
4. Bring the discussion to the following conditions:
 - a. Male Climacteric
 - b. Benign Prostatic Hypertrophy
 - c. Prostate Cancer

Focus on the following:

- a. What these are
- b. What the symptoms are
- c. How to detect these

Facilitator's Notes:

Male Climacteric

It has been demonstrated that as men age, their testosterone production ebbs but does not cease. Thus, from a sex-hormone standpoint, the situation in the aging male is not analogous to the hormonal changes a woman experiences as she goes through menopause.

In younger men, testosterone levels show a distinct rhythmic pattern, with highest values in the morning and significantly lower levels in the evening. Older men lose this rhythm, maintaining a constant level of circulating serum testosterone throughout the day. It is as if the driving force regulating sexual function has shifted from high to low gear.

The testes have two biologic functions, to produce the hormone testosterone and to manufacture and release sperm. Different cells in the testes regulate these individual functions. It has been known for some time that the total number of cells producing testosterone decreases with age. The testes of older men have at least 44% fewer testosterone-producing cells than the testes of younger men. Older men also have a selective scarring of the sperm-producing cells. Nevertheless, the testes have an extraordinary reserve capacity and do not need their full complement of sperm-producing or testosterone-releasing cells to function normally. Men, who have lost one testicle to surgery, maintain testosterone production, and full potency and fertility, as well.

Although all systems required for normal male sexual function remain operational in older men, these systems function with decidedly less verve. With aging, blood flows less briskly, to the genitals. Nerves that carry signals to allow erections to occur transmit their impulses with less velocity. The hormonal system that propels male sexual and reproductive function continues to chug along at an adequate, if not ideal, pace. For many older men, the function of vascular, neurological, and hormonal systems, though sub-optimal, is still sufficient for enjoyment of sex. Thus, it is not the collapse of any single system but rather, the collective impact of "adequate but sub-optimal" functioning of all that explains the decline in sexual activity of the aging man. Modifications in penile erectile response probably surface sometime after the age of 60 years at the earliest. The process accelerates during the 70s, and is firmly entrenched after the age of 80 years.

Aging itself does not obliterate sexual urges, or the ability to derive pleasure from sex. Couples who work within the boundaries of sexual functioning imposed by the effects of aging, can continue to experience a satisfying sexual life.

Benign Prostatic Hypertrophy (BPH)

The vast majority of men will encounter prostate difficulties in the course of their lives, with more than a third of them needing prostate surgery. Men have a 50% chance of developing Benign Prostatic Hypertrophy (BPH), an enlargement of the prostate which obstructs the flow of urine from the bladder.

A man may experience the following symptoms:

1. difficulty starting the flow of urine
2. an interrupted flow
3. weaker flow than before
4. a sense that the bladder hasn't completely emptied
5. dribbling after leaving the toilet
6. increased urgency (having to hurry to the toilet)
7. increased frequency (having to urinate more often than before)

These symptoms, especially increased urgency and frequency, can seriously lessen the quality of life. Men with BPH should visit a doctor and not wait until symptoms get worse, nor assume that nothing can be done about it. By ignoring it, treatment could later prove less effective. Moreover, the doctor would want to check if the problem is BPH or Prostate Cancer.

Objective criteria for gauging the severity of symptoms include the following:

1. whether one has felt in the past 30 days that the bladder hadn't completely emptied after urinating
2. if one has felt the need to urinate within 2 hours after last having gone to the toilet
3. if one has stopped and started several times while urinating
4. if one has experienced urgency
5. if the flow was weak
6. if one has had to strain to begin to urinate
7. if one's sleep has been interrupted to go to the toilet

In addition to digital rectal examination, the following can also be carried out:

1. blood tests
2. urine tests
3. ultrasound scans
4. urine-flow test (in which one urinates into a special toilet that measures the rate of flow)

Options for treatment are as follows:

1. The first is 'watchful waiting', which is often the best strategy if symptoms are not too disruptive of a man's quality of life, and as long as the presence of Prostate Cancer has been ruled out.
2. The second option for men with more severe symptoms involves the use of drugs. If a complete blockage is suffered, catheterization may be required. A tube is inserted into the penis under local anesthesia, and the blocked urine flows out through it.
3. The third option for treating BPH is surgery and for some, this can be the best course of action.

Prostate Cancer

More men die with, rather than by, Prostate Cancer. But the number of men with Prostate Cancer is up to 30% of men in their 50s, and up to 70% of men in their 70s. Many of them don't even know they have it. Three times as many men die from Prostate Cancer, as the number of women, who die of Cervical Cancer, yet there's relatively little awareness of it in the general population. It is the second most common cause of death by cancer in men. Early identification of Prostate Cancer improves the chances of successful treatment. However, men often don't know they have it until the cancer is quite advanced. This is because symptoms usually don't manifest in the early stages. No pain is felt, and there may be no perceivable change. In fact, Prostate Cancer is often discovered during a digital rectal examination when a man presents with BPH. It can also be identified through simple blood tests. Increasingly, middle-aged men are being urged to have an annual digital rectal examination.

Other symptoms of Prostate Cancer include the following:

1. difficulty in passing urine
2. urgency to urinate
3. a sense of not completely emptying the bladder
4. blood in the urine
5. weight-loss
6. lower back-pain

Several of these symptoms are similar to BPH, so having these symptoms does not necessarily mean that one has Prostate Cancer.

Prostate Cancer can be successfully treated with the following:

1. Female hormones. Possible side effects are:
 - a. diminished libido
 - b. impotence
 - c. breast enlargement
2. Radiotherapy applied to the location of the tumor.
3. Surgical removal of the prostate, the tumor or the testes, in some cases.

SESSION X

INTEGRATION OF REPRODUCTIVE HEALTH, COASTAL RESOURCE MANAGEMENT AND ECONOMIC ENTERPRISE

Title: Balancing Act: Role-playing exercise on Family Planning and Economic Enterprise

Purpose:

Illustrate the combined roles of Reproductive Health (Family Planning in particular), Coastal Resource Management, and Economic Enterprise in the household's food security and general welfare

Time: 3 hours, 30 minutes

Preparation:

1. Two folded pieces of paper, each containing a unique scenario and set of written instructions as follows, translated in the local dialect:

SCENARIO #1

- a. Choose one participant who will act as your wife.
 1. The husband is a small-scale fisher and the wife is a fulltime homemaker.
 2. The only source of family income is fishing.
- b. Choose 5 participants who will act as your children.
 1. The children's ages are 10, 9, 7, 5 and 3.
 2. The first 3 children are enrolled at the public school.
- c. Discuss among the family members and decide on:
 1. What are the household's major needs?
 2. What does each family member need?
 3. How much would each cost?

For food, base calculation on the minimum nutritional requirements of all family members.

- d. Determine next, ' How much does the husband earn from fishing monthly?'

- e. Budget the family's expenses for the next month based on the husband's income.
- f. Fill up budget worksheet provided.

SCENARIO #2

- a. Choose one participant who will act as your wife.
 - 1. The husband is a small-scale fisher and the wife tends a sari-sari store.
 - 2. The store and fishing are the sources of family income.
- b. Choose 3 participants who will act as your children.
 - 1. The children's ages are 10, 7 and 3.
 - 2. The first 2 children are enrolled at the public school.
- c. Discuss among the family members and decide on:

- 1. What are the household's major needs?
- 2. What does each family member need?
- 3. How much would each cost?

For food, base calculation on the minimum nutritional requirements of all family members.

- d. Determine next, ' How much does the husband and wife earn monthly?'
- e. Budget the family's expenses for the next month based on the husband's, and wife's income.
- f. Fill up budget worksheet provided.

- 2. Two budget worksheets as follows, translated in the local dialect:

Budget Worksheet

BUDGET FOR MY FAMILY

1. How many family members (including yourself) are there? _____
2. How much does each working member earn monthly? What is the total amount?

Name	Monthly Earnings
Total Monthly Earnings	

3. What are the major monthly, family expenses? (Examples: electricity, water, tuition and fees, food, supplies (home/school/ work), operational expenses (work), house repair, etc.) For food expenses, calculate the minimum nutritional requirements of all family members, for all food groups. Be detailed with the budget for food. Use a separate sheet for additional items.

Monthly Needs	Amount
Total Monthly Expenses	

4. Tabulated costs of minimum nutritional requirements for all food groups, for selected ages
5. Reference to Training Curriculum for Couple Peer Educators

Materials:

1. Pencils and paper
2. Manila paper
3. Marking pens
4. Masking tape
5. Scissors

Steps:

1. Make participants form two groups. Ask for one volunteer from each group to act as the husband and pick one of the two folded pieces of paper containing the scenarios/instructions.
2. Ask each volunteer to read the scenarios/instructions aloud, and follow the instructions written, starting with role assignments. Each group member should be assigned a role (i.e., father, mother, or child). Group members not assigned family roles, will act as observers.
3. Ask the observers to take note of budgeting difficulties (if any) encountered by the families, and determine factors contributing to the difficulties, and how problems like these could be avoided in the future.
4. Remind participants to try their best to act out their roles as realistically as possible.

IMPORTANT! This is a family affair. Discussions must involve all family members. Observers are not allowed to join in the discussion.

5. Make the observers take turns describing their findings.
6. Let the participants also share their thoughts and describe their feelings during the activity.
7. Define Family Planning, provide information regarding the situation in the country, and discuss the benefits that can be gained by managing both fertility and coastal resources. (Refer to Training Curriculum for Couple Peer Educators.)



8. Stress the following:
 - a. If couples do not practice Family Planning, there may not be enough coastal resources to go around in the future.
 - b. Mangroves and coral reefs protect fish against storm surges. Similarly, Family Planning protects against population surges.
 - c. Proper spacing of children is necessary to assure healthy offspring.

SESSION XI

MODERN CONTRACEPTIVE METHODS FOR MEN



Purpose:

Have an increased awareness of the attributes of Modern Contraceptive Methods for men (i.e., Condom, Vasectomy), and Paraan Dos for their sexual partners, and of the risks associated with Withdrawal

Be able to dispel myths and misconceptions about male methods of fertility control and Family Planning

Time: 60 minutes

Preparation:

1. Visual aids for discussion of male methods and Paraan Dos
2. Handout: Frequently Asked Questions (Annex B)

Materials:

- Manila paper
- Marking pens
- Samples of the Condom and Paraan Dos
- Penis models for condom-use demonstration
- Illustration of Male Reproductive Anatomy
- Masking tape
- Scissors

Steps:

1. Ask the participants if they are familiar with any Family Planning method.
2. Encourage the participants to share with the group any personal experience related to their use of contraceptives, if any.
3. For every method that the participants mention, provide pertinent inputs for them to remember. Focus on the following:
 - a. what it is
 - b. how it works
 - c. how effective it is
 - d. its advantages/disadvantages
 - e. for whom it is

Take the opportunity to correct misconceptions that may arise from the discussion.

4. Place emphasis on the following:
 - a. Modern Contraceptive Methods for men: Condom and Vasectomy
 - b. Paraan Dos: for their sexual partners
 - c. Risks associated with Withdrawal
5. Demonstrate and explain the proper use and care of the Condom and let participants do return-demonstration.
6. End the session by asking feedback questions.
7. Provide handout.

Facilitator's Notes:

The information in this section focuses on Modern Contraceptive Methods for men, and the Oral Contraceptive Pill and Paraan Dos for their sexual partners, which are part of the Department of Health's (DOH) program. Other methods that are considered traditional and non-scientific have been added as well.

The following Contraceptives are methods that basically prevent the union of egg and sperm:

- 1) Condoms
- 2) Voluntary Surgical Contraception (VSC)
 - Vasectomy

Other methods of preventing pregnancy:

- 1) Traditional
 - Withdrawal
- 2) Safer Sex Activities
- 3) Abstinence

For men's sexual partners:

- 1) Paraan Dos

CONDOMS

- | | |
|----------------------|--|
| What is it? | - Rubber device worn over the erect penis during sex |
| | - A barrier method |
| How does it work? | - Prevents sperm from entering the vagina |
| How effective is it? | - Highly effective, if used correctly and consistently |

CONDOMS

Advantages	<ul style="list-style-type: none">- Easy to use- Reversible- Can serve as a back-up method- Inexpensive way of having sex without fear of pregnancy or STD/HIV- Can make the penis stay hard longer
Disadvantages	<ul style="list-style-type: none">- Interrupts sex- Can break easily if not stored properly- One-time use only- Allergy
Indications	<ul style="list-style-type: none">- For men at risk of taking responsibility for an unwanted pregnancy, and of acquiring STD/HIV

Voluntary Surgical Contraception: VASECTOMY

What is it?	<ul style="list-style-type: none">- Permanent sterilization for men who do not want any more children
How does it work?	<ul style="list-style-type: none">- Tubes (vas deferens) that carry sperm from the testes to the urethra of the penis are cut
How effective is it?	<ul style="list-style-type: none">- Highly effective
Advantages	<ul style="list-style-type: none">- Highly effective- Safe- Convenient- Single procedure
Disadvantages	<ul style="list-style-type: none">- Surgical- Permanent- Requires training of provider- Does not protect from STD/HIV
Indications	<ul style="list-style-type: none">- For men who no longer want to have any more children

Traditional Practice: WITHDRAWAL

- What is it? - The penis is withdrawn from the vagina before ejaculation
- How does it work? - Prevents union of egg and sperm
- How effective is it? - High failure rate
- Effectiveness depends on the man's ability to withdraw prior to ejaculation
- Other facts: - Can result in unintended pregnancy
- Does not prevent transmission of STD/HIV
- Traditional and common in rural communities

SAFER SEX Activities

- What is it? - Any sexual activity that does not allow exchange of body fluids
- How does it work? - Prevents union of egg and sperm
- How effective is it? - Effective in preventing pregnancy and transmission of STD/HIV
- Other facts: - Health service providers should support the choice and teach negotiating and planning skills for using safer sex methods effectively

ABSTINENCE

- What is it? - Avoiding sex or sexual activities with another person
- How does it work? - Prevents union of egg and sperm
- How effective is it? - Effective in preventing pregnancy and transmission of STD/HIV
- Other facts: - Health service providers should support the choice and teach negotiating and planning skills to avoid sex effectively

PARAAN DOS

What is it?	- Safe and effective way for men's sexual partners to prevent an unwanted pregnancy after unprotected sex within 72 hours or 3 days
How does it work?	- Prevents ovulation - Changes the lining of the uterus (endometrium) making it not suitable for implantation of a fertilized ovum
How effective is it?	- Effective when used correctly. If 100 women had sex during mid-cycle, 8 would become pregnant. With ECP, only 2 would become pregnant.
Advantages	- Highly effective - Very safe; no deaths or serious medical complications have been reported - No known adverse effects on the growth and development of an established pregnancy; does not cause fetal malformations or congenital defects - Convenient
Disadvantages	- Not effective once a fertilized egg is implanted; cannot be used to disrupt an established pregnancy - Should not be used as a regular contraceptive method - Does not protect from STD/HIV
Indications	- For men's sexual partners who have had unprotected sex, contraceptive-use errors, missed pills for more than two days, miscalculated safe days with the Natural Family Planning method, and contraceptive accidents such as Condom breakage/slippage and IUD expulsion

Common myths/misconceptions and proper responses:

Myths/ Misconceptions	Responses/Answers
VASECTOMY	
Vasectomy is castration.	The man who has a Vasectomy does not lose his testes/penis or any of his masculine characteristics and feelings, except that he definitely will not make a woman pregnant.
Vasectomy causes weakness and makes a man lose his sexual desire and ability.	A man will look and feel the same as before. The Vasectomy procedure does not affect his erection and ejaculation. Problems in achieving erection could be psychological.
Vasectomy causes impotency.	Vasectomy only stops the sperm from reaching and fertilizing the female egg. The man continues to have erections and ejaculations during sexual intercourse.
CONDOMS	
Condoms will decrease sexual pleasure.	For some people this is true. However, this does not have to be the case. After all, the Condom does not have to be applied until after the couple is already aroused. Also sometimes, just knowing that you cannot get pregnant or become infected with STD makes sex more enjoyable. Moreover, Condoms can keep the penis stay hard longer.
Some Condoms cannot fit.	"One size fits all." Condoms can fit any size of penis as long as it is correctly used.

SESSION XII

IPOPCORM COMMUNICATION STRATEGY FOR COASTAL MEN



Purpose:

Become familiar with IPOPCORM's basic messages and communication strategy for coastal men

Time: 45 minutes

Preparation:

1. List of basic messages for coastal men, printed on manila paper, translated in the local dialect

Materials:

- Manila paper
- Marking pens
- Masking tape

Steps:

1. Tell participants they will now use what they have learned from the different previous sessions. Ask them what these sessions were and the corresponding messages emphasized. List these down on manila paper.
2. Review the list and ask if all participants are satisfied. If not, make the necessary changes according to their inputs.
3. Compare this to the prepared list of basic messages found in the IPOPCORM Communication Strategy for Coastal Men translated in the local dialect. Emphasize that these are the messages they have to impart as MPEs.
4. Stress that open discussion of Male Sexuality and RH concerns, issues and basic messages is necessary to achieve the following:
 - a. raise awareness
 - b. correct misunderstanding
 - c. alleviate unnecessary worry
 - d. motivate men to take responsibility and control over their fertility and families' future.
5. Discuss the other aspects of the IPOPCORM Communication Strategy for Coastal Men, with reference to the following:

**Communication Strategy for Coastal Men
IPOPCORM**

Communication Objective: To promote among men, greater responsibility and control over their fertility and their community's coastal resources

Expected Outcome: Increased Family Planning acceptance and participation by men
Increase rational use of coastal resources

Audiences (Primary and Secondary)	Messages	Sources (who deliver the messages)	Channels/ Formats
<p>Primary: a. Fishermen</p> <p>Secondary: a. Wives of fishermen b. Non-fisher-folk c. People's Organizations (POs)</p>	<p>A. Most Male Sexuality and Reproductive Health (RH) problems can be prevented.</p> <ol style="list-style-type: none"> 1. It is manly to take responsibility and control. 2. Using Condoms makes the penis stay hard longer, and is a cheap way to have sex without fear of pregnancy or STD. 3. Vasectomy does not cause weakness nor diminishes manhood. 4. Withdrawal can result in unintended pregnancy and STD. 5. STD can cause infertility. 6. STDs may or may not have symptoms, and anyone can infect or become infected. 7. Open discussion of Male Sexuality and RH concerns and issues is necessary to raise awareness, correct misunderstanding, and alleviate unnecessary worry. 	<ul style="list-style-type: none"> - Community Health Outreach Workers (CHOWs)/ Community Facilitators (CFs)/ Male Peer Educators (MPEs)/ Community-Based Distributors (CBDs) - Non-Government Organizations/ People's Organizations - Municipal Health Office (MHO) personnel - Barangay Health Workers (BHWs) 	<p>Interpersonal:</p> <ul style="list-style-type: none"> - Seminars/ Meetings/ Assemblies - Inter-Personal Communication thru CHOWs/ CFs/MPEs/CBDs/MHO personnel/ BHWs <p>Mass media:</p> <ul style="list-style-type: none"> - Print IEC materials - Local radio

Audiences (Primary and Secondary)	Messages	Sources (who deliver the messages)	Channels/ Formats
	<p>B. If couples do not practice Family Planning, there may not be enough coastal resources to go around in the future.</p>		

SESSION XIII

INTER-PERSONAL COMMUNICATION/COUNSELING

**Purpose:**

Be able to initiate open discussion of Male Sexuality and Reproductive Health concerns, issues and basic messages among peers

Time: 60 minutes

Preparation:

1. 2 Role-plays of outreach by co-facilitators, one that's effective, the other, unsuccessful
2. Reference to Training Curriculum for Couple Peer Educators

Materials:

- Manila paper
- Marking pens
- Masking tape
- Scissors

Steps:

1. Introduce the session by explaining that participants will be observing a typical outreach session in the community among male fisher folks (during fishing or peer get-together), with co-facilitators performing in the role-playing. One will play the role of an MPE, and another will act as a fisherman. The co-facilitators will present two scenarios: one demonstrating an effective outreach, and the other, portraying one that's unsuccessful.
2. After the 2 role-plays, ask the participants what they observed made the first outreach effective, and the second, unsuccessful.
3. List down their responses and synthesize, emphasizing qualities of good Inter-Personal Communication and Counseling.
4. Provide pertinent information from Training Curriculum for Couple Peer Educators, building on the contributions of the participants.

SESSION XIV

QUALIFICATIONS AND RESPONSIBILITIES OF IPOPCORM MALE PEER EDUCATORS (MPEs)

Purpose:

Understand the qualifications, and know the roles and responsibilities of IPOPCORM MPEs

Time: 30 minutes

Preparation:

1. List of recruitment guide and tasks of MPEs, as seen annexed to the Program Description attached to partner NGO-PFPI Sub-Agreement, translated in the local dialect, printed on manila paper
2. Reference to Training Curriculum for Couple Peer Educators
3. Referral/Reporting Forms

Materials:

- Manila paper
- Marking pens
- Masking tape
- Scissors

Steps:

1. Brainstorm with the participants their roles and responsibilities, and qualifications as MPEs, and list these on manila paper.
2. Compare this with the prepared list and discuss the following (Refer to Training Curriculum for Couple Peer Educators):
 - a. qualifications, and roles and responsibilities
 - b. how to do Peer Education to motivate men to plan their families
 - c. how they would go about doing their tasks
 - d. available sources of support
3. Emphasize that the IPOPCORM CHOWs will assist them in the fulfillment of their tasks.

SESSION XV

SEMINAR REVIEW

**Purpose:**

Measure knowledge gained by the participants after the seminar

Time: 30 minutes

Materials:

- Post-survey (Annex A)
- Course evaluation (Annex C)

Steps:

1. Distribute Post-survey and Course Evaluation. Inform the participants that they have 15 minutes to finish these.
2. Have them exchange papers and check the answers by asking the participants to take turns in reading aloud each question and providing the answer. Explain the correct answer and make the necessary clarifications for every item.
3. After the Post-survey have been checked, collect these and let participants fill out the Course Evaluation.

Annex A

Pre-/Post-Survey

Write True before the number, if the statement is true, and False, if the statement is false. (Isulat bago ng numero, kung Tama o Mali ang mga sumusunod.)

1. Sperm cells are made in a man's testes. (Sa itlog ng lalaki nagagawa ang punlay.)
2. Women can pass STD to men during sex but men cannot pass STD to women during sex. (Habang nakikipag-sex, naisasalin ng babae ang STD sa lalaki ngunit ang lalaki hindi ito naisasalin sa babae.)
3. Alcohol can interfere with a man's ability to have an erection. (Ang alcohol ay maaaring maki-alam sa kakayanan ng isang lalaki na tigasan.)
4. Couples who space their children have better control over their families' future. (Ang mga mag-asawang nag-pupuwang ng anak ay mas may kontrol sa kinabukasan ng kanilang mga pamilya.)
5. Fertility control is the responsibility of both men and women. (Ang pag-kontrol ng kakayahang magka-anak ay responsibilidad pareho ng lalaki at babae.)
6. Use of Condoms can prevent STD and pregnancy, at the same time. (Ang STD at pagbubuntis ay sabay na-iiwasan ng pag-gamit ng Condom.)
7. Vasectomy makes a man lose his sexual desire and ability. (Ang Vasectomy ay nakakawala ng interes at kakayahan ng isang lalaki makipag-sex.)
8. Withdrawal is an effective method to prevent pregnancy. (Ang Withdrawal ay mabisang paraan upang iwasan ang pagbubuntis.)
9. Untreated STD can lead to infertility in men. (Sa mga lalaki, ang STD na hindi nagamot ay maaaring ma-uwi sa pagka-baog.)
10. It is dangerous for a man to have an erection without ejaculating. (Delikado para sa lalaki ang tigasan ng ari at hindi labasan.)

Annex B

Frequently Asked Questions (Mga Madalas na Katanungan)

VASECTOMY

1. Does vasectomy decrease sexual desire?

No. There is no evidence that vasectomy decreases sexual desire.

(Ang Vasectomy ba ay nakababawas ng hilig sa pakikipagtalik?

Hindi. Walang ebidensya na ang Vasectomy ay maaaring makabawas ng hilig sa pakikipagtalik.)

2. Could a vasectomized person still be able to have erection and ejaculation?

Yes. Vasectomy has no effect on the ability of a man to achieve an erection and ejaculation.

A man who underwent vasectomy will retain his ability to have erection and ejaculation.

(Maaari pa rin bang tigasan at labasan ng tamod ang isang lalaking nagpa-Vasectomy?

Oo. Ang Vasectomy ay walang epekto sa kakayahan ng isang lalaki na tigasan at labasan ng tamod. Ang isang lalaki na nagpa-Vasectomy ay maaari pa ring tigasan at labasan ng tamod.)

3. After vasectomy, when will a man be safe not to cause pregnancy?

To be safe that a man would not be able to cause pregnancy after vasectomy, it is necessary to use a back-up method like condoms for the first 20 ejaculations or for the first 3 months after vasectomy, whichever comes first. In order to be absolutely certain, the semen could be examined for remaining sperm cells.

(Pagkatapos magpa-Vasectomy, kailan magiging ligtas ang lalaki na di makabuntis kung makikipag-sex?

Upang maging ligtas na di makabuntis ang isang lalaking nagpa-Vasectomy, kinakailangang gumamit siya ng back-up method, tulad ng condom, sa unang 20 beses na paglabas ng tamod (20 ejaculations) o sa unang 3 buwan pagkatapos magpa-Vasectomy, alin man ang mauna. Ngunit upang higit na makaseguro, ipasuri ang tamod kung mayroon pa itong semilya.)

4. Could a man perform strenuous activity such as that of lifting objects after vasectomy?

Yes. As soon as the wound got healed, a man could carry out tasks that he used to do.

(Maaari bang gumawa ng mabibigat na gawain katulad ng pagbubuhat pagkatapos na magpa-Vasectomy?

Oo. Sa sandaling gumaling na ang sugat, maaari nang gawin ang mga bagay na dating ginagawa.)

5. Is vasectomy a plausible reason why a man could become a homosexual?

No. Vasectomy has no causal linkage with homosexuality or to the sexual preference of a man.

(Ang Vasectomy ba ay maaaring maging dahilan ng pagiging bakla ng isang lalaki?
Hindi. Walang kinalaman ang Vasectomy sa pagiging bakla ng isang lalaki o sa pagpili ng magiging partner ng isang lalaki.)

6. Are the testes of a man removed when he undergoes vasectomy?

No. It is the vas deferens which is the part tied and cut when a man undergoes vasectomy.

(Tinatanggal ba ang itlog o bayag ng isang lalaki kapag nagpa-Vasectomy?
Hindi. Ang anurang-punlay o vas deferens ang bahaging tinatali at pinuputol kapag nagpa-Vasectomy.)

7. Is it still possible to re-connect or re-anastomose the cut vas deferens of a man who underwent vasectomy?

Yes, but this is a difficult surgical operation to perform. Usually, the operation would not be successful. If the vas is re-anastomosed, the sperm usually encounter difficulty in passing through it.

(Maaari pa bang pagdugtongin ang pinutol na tubo o anurang-punlay ng isang lalaking nagpa-Vasectomy?)

Maaari, ngunit ito ay mahirap gawin. Kadalasan ay hindi nagiging matagumpay ang operasyon. Kung mapagdugtong man, nahihirapan na ring makadaloy ang punlay.)

CONDOM

1. Does condom provide 100% protection to prevent pregnancy and STD/HIV?

The protection provided by condoms to prevent pregnancy and STD/HIV depends on its correct and consistent use.

(Nagbibigay ba ang Condom ng 100% proteksyon upang maiwasang magbuntis at magkaroon ng STD o HIV?

Ang proteksyong ibinibigay ng Condom upang maiwasang magbuntis at magkaroon ng STD o HIV ay depende sa tama at palagiang paggamit nito.)

2. Do condoms decrease sexual satisfaction during sexual intercourse?

This is true for some men but not for all men. There are certain things that could be done in order to enjoy the use of condoms.

(Nababawasan ba ang kasiyahan sa pakikipagtalik kapag gumagamit ng Condom?

Ito ay totoo para sa ibang mga lalaki pero hindi para sa lahat ng lalaki. May mga bagay na maaaring gawin upang maging kasiya-siya ang paggamit ng condom.)

3. Would condom fit to all sizes of penises?

Yes. The condom is for all. The condom fits all various circumferences and lengths of penises.

(Ang condom ba ay sukat sa lahat ng ari ng lalaki?

Oo. Ang condom ay maaari sa lahat. Ito ay sukat sa kahit anong laki o haba ng ari.)

4. Could condom be the cause of itchiness/pruritus of the penis?

Maybe but this is a rare occurrence. This could be experienced if the one using it is sensitive/allergic to latex rubber. Penile itchiness may also be a symptom of an underlying infection.

(Ang Condom ba ay maaaring maging sanhi ng pangangati ng ari?

Maaari ngunit bihira lamang itong maranasan. Ito ay nararanasan kung ang gumagamit nito ay sensitibo sa gomang latex. Ang pangangati ng ari ay maaari ring sintomas ng impeksyon.)

5. Can the use of condom be a reason for losing trust/confidence with one's partner?

The use of condom needs to be discussed and agreed by partners so as not to be the cause of losing trust on each other.

(Ang paggamit ba ng Condom ay maaaring maging dahilan ng pagkawalang-tiwala sa partner?

Ang paggamit ng Condom ay kailangang pinag-uusapan at pinagkakasunduan ng magpartner upang hindi maging dahilan ng pagkawalang-tiwala sa isa't isa.)

6. Can a condom be re-used if it was already used?

No. The condom may be broken if it is not correctly used.

(Maaari bang gamitin muli ang Condom na nagamit na?

Hindi. Maaaring mabutas ang Condom kung hindi tama ang paggamit nito.)

7. Does condom break easily?

No. A condom only gets easily broken if it is not used correctly.)

(Madali bang mabutas ang condom?

Hindi. Maaaring mabutas ang condom kung hindi tama ang paggamit nito.)

8. Do condoms protect against pregnancy and transmission of STD/HIV?

Yes. It is only the condom as a family planning method that provides dual protection to prevent pregnancy and STD/HIV?)

(Nagbibigay ba ng proteksyon ang condom laban sa pagbubuntis at sa pagkakaroon ng STD at HIV?

Oo. Tanging ang Condom lamang ang paraan ng pagpapalano ng pamilya na nagbibigay ng proteksyon laban sa pagbubuntis at sa pagkakaroon ng STD at HIV.)

9. What lubricants can be applied when using condoms?

The following can be used as condom lubricants:

- water
- saliva
- KY jelly
- Glycerine
- egg white

Oil, lotion and other oil-based substances cannot be used.

(Ano-ano ang mga pampadulas na maaaring gamitin kapag gumagamit ng Condom?

Ito lamang ang maaaring gamitin bilang pampadulas:

- tubig
- laway
- KY jelly
- Glycerine
- puti ng itlog

Hindi maaaring gamiting pampadulas ang oil, lotion at iba pang likidong may langis.)

10. Does a condom have tiny holes?

The condom has no tiny holes in it. A condom may have some holes if it is not correctly used.

(May maliit na butas ba ang Condom?

Walang butas ang Condom. Maaaring magkabutas lamang ito kung hindi tama ang paggamit.)

11. How do you use a condom correctly?

Paano ang tamang paggamit ng Condom?

Illustration/Instructions of Correct Condom-use

Correct Condom Use (Ang tamang paraan ng paggamit ng condom)



1. Make sure that the condom is not expired. (Siguraduhing hindi expired ang condom.)



2. Pinch nipple-end of condom to release air. (Pisilin ang dulo ng condom para mawala ang hangin.)



3. Unroll the condom over the entire length of erect penis (Isuot ang condom sa buong haba ng matigas na ari.)



4. Use only water-based lubricants like saliva. Do not use oil or lotion. (Gumamit lamang ng water-based lubricants, gaya ng laway. HUWAG gumamit ng oil o lotion.)



5. Upon withdrawal, make sure that the condom does not tear nor slip off. (Pagkatapos ng sex, habang nilalabas o wini-withdraw ang ari, ingatang hindi mapunit o matanggal ang condom.)



6. Take off the condom carefully and dispose properly. (Dahan-dahang hubarin ang condom at itapon sa tamang lugar.)

Annex C

COURSE EVALUATION

A. Utilizing a scale of 1-5, with 5 as the highest score, rate the following:

1. Value of seminar to participant (Halaga ng seminar sa sarili)
2. Usefulness of what was learned (Kapakinabangan ng mga natutunan)
3. Ability of the facilitators to transfer knowledge (Husay ng taga-pagsalita na magsalin ng kaalaman)
4. Effectiveness of the methods used (Galing ng mga paraang ginamit)
5. Attainment of seminar's objectives (Pagkamit ng mga layunin ng seminar)
6. Duration of the seminar (Haba ng seminar)
7. Amount of participants' participation (Dami ng pakikilahok ng mga kasali)

B. Answer briefly the following questions:

1. What was the most valuable learning? (Ano ang pinakamahalagang natutunan?)
2. What was liked most? (Ano ang pinaka-nagustuhan?)
3. What was disliked most? (Ano ang pinaka-di-nagustuhan?)
4. Would you recommend the seminar to others? Why? (Ire-rekomenda mo ba ito sa iba? Bakit?)
5. How could this be improved? (Paano pa ito mapapabuti?)

Annex D. Minimum Nutritional Requirements

Computation for FAMILY #1 (5 Children)

Age	RDA (g)	Rice	RDA (g)	Sugar	RDA (g)	Fat/Oil	RDA (g)	Meat	RDA (g)	Vegetable	RDA	Fruit	RDA	Milk
Price per kilo		P18.00/kg		P26.00/kg		P30.00/kg		P80.00/kg		P5.00/kg		P5.00/kg		
Bana - 32	460	8.28	35	0.91	35	1.05	195	15.6	175	0.88	150	5.25		
Asawa - 29	330	7.02	20	0.52	30	0.9	175	14	175	0.88	150	5.25		
Anak -10	390	7.02	20	0.52	30	0.9	160	12.8	145	0.73	150	5.35	100	17.5
-9	320	5.76	20	0.52	35	1.05	95	7.6	110	0.55	150	5.25	150	26.25
-7	320	5.76	20	0.52	35	1.05	95	7.6	110	0.55	150	5.25	150	26.25
-5	230	4.14	25	0.65	30	0.9	80	6.4	95	0.48	75	2.63	240	42
-3	160	2.88	25	0.65	35	1.05	65	5.2	80	0.4	50	1.75	240	42
Total/day	2,210	40.86	165	P4.29	230	P6.90	865	P69.20	890	P4.47	875	P30.63	880	P154.00
x 1 month	30 days	30 days	30 days	30 days	30 days	30 days	30 days	30 days	30 days	30 days	30 days	30 days	30 days	30 days
Total/month	66,300	P1,225.80	4,950	P128.70	6,900	P207.00	25,950	P2076	26,700	P134.10	26,250.00	P918.90	26,400	P4,620.00

*Total expenses per day = P310.33

Total expenses per month = P9,309.75

Computation for FAMILY #2 (3 Children)

Age	RDA (g)	Rice	RDA (g)	Sugar	RDA (g)	Fat/Oil	RDA (g)	Meat	RDA (g)	Vegetable	RDA	Fruit	RDA	Milk
Price per kilo		P18.00/kg		P26.00/kg		P30.00/kg		P80.00/kg		P5.00/kg		P5.00/kg		
Bana - 37	460	8.28	35	0.91	35	1.05	195	15.6	175	0.88	150	5.25		
Asawa- 34	330	7.02	20	0.52	30	0.9	175	14	175	0.88	150	5.25		
Anak -10	390	7.02	20	0.52	30	0.9	160	12.8	145	0.73	150	5.25	100	17.5
-7	320	5.76	20	0.52	35	1.05	95	7.6	110	0.55	150	5.25	150	26.25
-3	160	2.88	25	0.65	35	1.05	65	5.2	80	0.4	50	1.75	240	42
Total/day	1,660	P30.96	120	P3.12	165	P4.95	690	P55.20	685	P3.44	650	P22.75	490	P85.75
x 1 month	30 days	30 days	30 days	30 days	30 days	30 days	30 days	30 days	30 days	30 days	30 days	30 days	30 days	30 days
Total/month	49,800	P928.8	3,600	P93.6	4,950	P148.50	20,700.00	P1,656.00	20,550	P103.20	19,500	P682.50	14,700	P2,572.50

*Total Expenses per day = P206.16

Total expenses per month = P6,184.65

References

1. Men's Health
The Common Sense Approach
Joe Armstrong
Gill & Macmillan Ltd., Dublin
1999
2. Sexual Health for Men
The Complete Guide
Richard F. Spark, M.D.
Perseus Publishing, Massachusetts
2000
3. Ever since Adam and Eve
The evolution of human sexuality
Malcolm Potts and Roger Short
University Press, Cambridge
1999
4. When Your Trainees Don't Read
A Manual for Reproductive Health Trainers
Ruben Velasquez Guerra, et al
Asociacion Pro-bienestar de la Familia de Guatemala
(APROFAM) and Development Associates, Inc.
1996
5. Community-based Integrated Reproductive Health and
Coastal Resource Management
Training Curriculum for Couple Peer Educators
PATH Philippines
2002
6. Frequently-Asked Questions on Modern Contraceptives
PATH Philippines
2002
7. Our Bodies, Ourselves
1992
8. Male Reproductive Health
Men's Health Website
2002
9. You and Your Adolescent: Parent's Guide for Ages 10 to 20
Steinberg and Levin
1990