



Couples HIV Counselling and Testing

Participant's Handbook

2009

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INTRODUCTION

After a quarter of a century of a generalized HIV epidemic, Uganda continues to experience a severe and mature HIV epidemic. Currently, 6.4% of adults and 0.7% of children are infected with HIV – about one million people nationwide.

As the epidemic matures, the population groups most severely affected have shifted from young unmarried individuals to older and married or formerly married individuals. Currently, HIV prevalence peaks among women aged 30-34 years and men aged 40-44 years, a shift of five to ten years later from the pattern in the early 1990s.

International attention has been drawn to the ‘recent’ reversal of Uganda’s prevention success. Sub-national longitudinal studies and indirect estimates indicate a rising rate of new infections with HIV incidence ranging from 0.2-2.0% in different regions of the country. The annual incidence reached 132,500 new cases in 2005. This includes 25,000 mother-to-child transmissions.

According to the Uganda HIV/AIDS Sero-Behavioral Survey in 2004/2005, the most important source of new infections continues to be sexual transmission, which accounts for 76% of new HIV infections¹. A follow-up analysis of the same survey data suggests that up to 65% of new HIV infections are occurring among married people; and discordant couples may comprise up to 50% of these transmissions². These data underscore the vital importance for effective, targeted prevention work with married adults, especially discordant couples.

The goal of the training is to build the capacity of CHCT providers to assist couples. By the end of the training, participants will be able to:

- Appreciate the importance of couples HIV counseling and testing and the need for HIV prevention, care and support
- Describe the concept of and explain issues that surround couples HIV counseling and testing in Uganda
- Educate clients, their families and the community about HIV discordance
- Conduct effective pre-test HIV counseling services to couples
- Provide couples with HIV results and support to make risk reduction plans
- Identify HIV prevention and support services for positive concordant couples, negative concordant couples and discordant couples at health unit and community levels
- Support discordant couples to adopt preventive strategies within their relationships

This Couples HIV Counseling and Testing Participant’s Manual contains all of the resources that accompany the Couples HIV Counseling and Testing training. These resources are meant to aid counselors not only at the time of the training, but throughout their counseling careers.

MODULE 1 INTRODUCTION TO COUPLES HIV COUNSELING AND TESTING

Module Objectives

By the end of this module, participants will be able to:

- State the objectives of the training
- Provide an overview of the HIV counseling and testing context in Uganda
- Discuss the advantages of couples HIV counseling and testing

RESOURCE 1.1: OVERVIEW OF HIV COUNSELING AND TESTING IN UGANDA AND RATIONALE FOR COUPLES HIV COUNSELING AND TESTING

HCT Context in Uganda	Rationale for Couples HCT
Only 13% of women and 11% of men have ever tested for HIV and received their results, and only 4% have done so in the last 12 months	The majority of the country has not tested for HIV and received their results
6.3% of those in union are estimated to be HIV positive, compared to 1.6% of those never in union Married persons account for an estimated 65% of new infections	There are high HIV infection rates among married couples
89% of Ugandans do not know the HIV status of any of their partners or spouses	Couple communication around HIV in general and HIV status in particular is low
One in every 20 couples living together in Uganda is discordant (5%), with the male infected in 3% and the female in 2%	Discordance is common in Uganda
75% of men and women incorrectly believe that if one partner is infected with HIV, the other partner always is, too	Many people do not believe discordance is possible, yet transmission risk is highest in steady discordant relationships. CHCT has been shown to increase condom use among discordant couples

Source: Uganda HIV/AIDS Sero-Behavioral Survey, 2004-2005

RESOURCE 1.2: ADVANTAGES OF COUPLES HCT

Individual HCT	Couples HCT
Client learns only his/her HIV status	Client's learn each other's HIV status
Client is faced with the burden of disclosing to his/her partner	Disclosure to partner is immediate and 100%
Couple has to deal with issues of tension and blame on their own	Counselor can help to ease tension and diffuse blame
Only one couple member hears the information	Partners hear information together, enhancing likelihood of shared understanding
Counseling messages take into account only one client's status	Counseling messages are based on the results of both couple members, and can be tailored to positive concordant, negative concordant, and discordant couples
There is no moderated opportunity for couples to talk through difficult issues	The counselor creates a safe environment and can help couples talk through difficult issues they may not have discussed before
Treatment and care decisions are more likely to be made in isolation	Treatment and care decisions can be made together

MODULE 2 COUPLES HIV COUNSELING SKILLS

Module Objectives

By the end of this module, participants will be able to:

- Appreciate how a counselor's personal issues may influence his or her ability to provide quality services to couples
- Discuss the importance of building alliances during a CHCT session
- Discuss and demonstrate basic and couples-specific counseling skills

RESOURCE 2.1 THE IMPORTANCE OF COUNSELOR SELF-AWARENESS

Counselor self-awareness is a general term that refers to the ability to understand how personal beliefs and experiences affect how a counselor reacts and responds in a counseling session. Personal biases can influence a counselor's ability to provide high-quality services to couples. Counselors regularly need to examine their own issues and improve their counseling skills to prevent their personal biases from interfering with their counseling sessions. This understanding is crucial for providing the highest quality of services to couples.

Being self-aware allows counselors to:

- Hear and understand the couple's concerns
- Offer genuine sympathy and support
- Skillfully and effectively manage the couple counseling session
- Empower the couple
- Provide high quality services to couples
- Ensure that personal values, beliefs, and experiences do not influence interaction with the couple
- Reduce the potential for biasing the couple's decisions
- Understand that he or she is not responsible for the test results or the couple's relationship

Issues that may influence the counselor's ability to provide quality services to couples

- The counselor's experience, values, and feelings relating to couple relationships, including gender roles and expectations from the culture the counselor was raised in/lives in

For example:

A counselor who may have had difficulties with his or her own partner and is not self-aware may allow personal feelings to influence how he or she treats all members of the opposite sex, even within a couples counseling setting.

- Dreams and aspirations the counselor has for his or her relationship, family, and future

For example:

A counselor who is not self-aware may impose personal feelings about a concordant positive or discordant result onto the couple, by thinking of his or her own family and dreams. However, the couple's reaction to their test results may be different from that of the counselor.

- Counselor's relationship with his or her partner

For example:

A counselor may speak frankly and openly with his or her own partner about risk for HIV and may therefore expect the couple to behave the same way.

- Counselor’s experience receiving *individual* HIV counseling and testing services
For example:
A counselor who had a bad experience when receiving counseling and testing services may expect the couple to have a bad experience as well.
- Counselor’s willingness to receive *couples* HIV counseling and testing services
For example:
A counselor who feels uncomfortable about getting tested for HIV with his or her own partner may then not value the couple’s decision to receive counseling and testing together.
- Counselor’s feelings about whether or not to disclose his or her HIV test result to partner
For example:
A counselor who is uncomfortable with disclosing his or her HIV status and is not self-aware may project personal insecurities about disclosure onto the couple.
- Partner’s reaction if counselor did disclose and the impact on their relationship
For example:
Counselors who have had bad experiences with disclosure to their partner and who are not self-aware may speak of disclosure unfavorably with the couple or may assume that the couple will react poorly to their test results.

What are some examples of personal issues that may influence how you interact with your clients?

How can you prevent these issues from negatively influencing counseling sessions?

RESOURCE 2.2 BASIC COUNSELING SKILLS

1. Active Listening

Counselors need to be good listeners in order to understand and communicate effectively. Counselors can demonstrate active listening through actions (non-verbal communication) and through words (verbal communication). See “Types of Communication” below for active listening techniques.

2. Checking Understanding

Checking understanding ensures the counselor understands what both couple members are saying individually, as well as as a unit. This corrects any potential misunderstandings between the client and the counselor and lets the couple know that the counselor is aware of their perspectives and has heard what has been said. Counselors should never jump to conclusions, but ensure they understand the full picture. See “Types of Communication” below for techniques to check understanding.

3. Asking Questions

Asking questions is beneficial for both the counselor and the couple.

Asking questions helps the couple:

- Explore his/her problems or situation
- Think and visualize more clearly the problem or situation they are confronted with

Asking questions helps the counselor:

- Obtain the required information from the couple
- Assess the needs of the couple
- Direct and focus the counseling session
- Prioritize urgent issues/problems

There are two main types of questions:

- Closed-ended questions usually have a simple “yes” or “no” answer, such as, “Do you think you are at risk of HIV infection?” or “Do you intend to have any more children?” Closed-ended questions tend to be interrogative and often seem judgmental. They also limit the response given. Counselors should limit use of this type of questions as much as possible.
- Open-ended questions invite more than one or two word responses, and can be used to gather information, increase clarity, stimulate thinking, or create discussion. Open-ended questions encourage couples to express themselves more clearly and provide more insight into their situation. Open-ended questions usually begin with who, what, when, where, why, or how (5Ws and H). Examples include, “Why did you decide to come for HIV counseling and

testing together today?” or “How do you plan to disclose to others?” Counselors should try to use as many open-ended questions as possible.

4. Answering Questions

Couples may ask questions when they are seeking more information or need clarification. Counselors should keep these points in mind when answering questions asked by the couple:

- Behind every question there is a story or problem. Probe for more information to find out what the client really wants to know.
- Give accurate answers. If you do not know the answer, inform the couple that you do not know, but will find out and follow-up. Be sure to do so.
- Provide information, not advice.
- Some questions do not have answers, e.g. “When I receive PMTCT services, will I give birth to an HIV negative baby?”
- Use clear and simple language.
- Find out what the client already knows before answering the question.

Types of Communication

1. Non-verbal communication

There are a number of physical behaviors that can be used to convey to the couple that the counselor is interested in and open to them. These include:

- Sitting posture: The acronym “ROLES” is helpful for remembering how to position your body in a counseling session.
 - R – Be relaxed
 - O – Be open
 - L – Lean forward towards the couple
 - E – Keep eye contact with the couple
 - S – Sit near the couple
- Facial expressions: Much is revealed through facial expressions, e.g. smiling, frowning, concentrating, inquiring, confusion.
- Gestures: These can be used to emphasize what one is saying.
- Nodding: Shaking your head affirmatively shows that you are following what the couple is saying.
- Tone of voice: Your tone can have a big impact on how the couple interprets the information you give. Are you encouraging? Condescending? Confident? Unsure?
- Encouragers: Meaningful sounds such as “eehh”, “aha”, “um”, or “mmm” encourage the couples to keep talking.

- Constructive use of silence: Many counselors are uncomfortable with silence or pauses in the conversation. However, silence gives the couple an opportunity to collect their thoughts so that they can respond or comment accordingly.

The counsellor should also be able to correctly interpret the clients' non-verbal expressions. Misinterpretation of the clients' expressions could be offensive to the clients' feelings causing them to lose confidence in the counsellor.

2. Verbal communication

- Paraphrasing: Restate what the couple members said in a nonjudgmental way.
- Prompting: Use short words/phrases to encourage the couple to talk more, e.g. "Can we go on?", "What else?", "Is that all?", or "Then?"
- Clarifying: If certain issues are unclear, ask, "What did you mean when you said...?"
- Reflecting feelings: Help the couple evaluate their feelings and words with statements like, "So you feel..." or "It sounds like you..."
- Repeating: At times of stress and crisis, couples may be in a state of denial or feel overwhelmed so they may not always comprehend everything they are told. Counselors should repeat important information.
- Probing: Use open-ended questions to find out more about any particular issue.
- Rehearsing: Clients practice or demonstrate what has been talked about, e.g. disclosing their HIV statuses to a family member.
- Prioritizing: Facilitate couples to decide which issues are most urgent and should be handled first.
- Externalizing: Separate a problem from the client by labeling the problem apart from the client.
- Summarizing: Review what was said.

RESOURCE 2.3 KEY CONSIDERATIONS WHEN COUNSELING COUPLES

HIV-related issues may be emotionally intense, especially when a couple is involved

Couple relationships are dynamic and complex, and HIV-related issues may be emotionally intense. In CHCT, the situation is more dynamic and complex because the counselor is dealing with two individuals who have a relationship with each other.

Relationships are full of contradictions

For example, the couple may wish to preserve the relationship even while they struggle to accept the behavior changes required to protect each other. Engaging in behaviors that increase the risk of HIV transmission may be both pleasurable and painful.

Relationships take place in the context of cultural values and norms

Culture, gender dynamics, religious background, and economic status shape couple relationships. The counselor must understand and recognize that these dynamics exist while respectfully engaging both partners in the session and valuing equality and human dignity.

Couples who volunteer for CHCT are invested in the process

Most couples constructively engage in the CHCT session. Generally, couples who request CHCT have identified HIV as an issue of concern and have decided to deal with it together. The couple has entrusted the counselor to skillfully guide and support them throughout the process.

Small behavior changes can lead to bigger ones

Life is about changes. From the moment the couple decided to receive CHCT services, they realized on some level that some form of change in their lives became inevitable. The goal of CHCT is to help the couple to build on this momentum and to initiate changes that will reduce their risk of acquiring or transmitting HIV.

It is the couple's present and future that is the most important

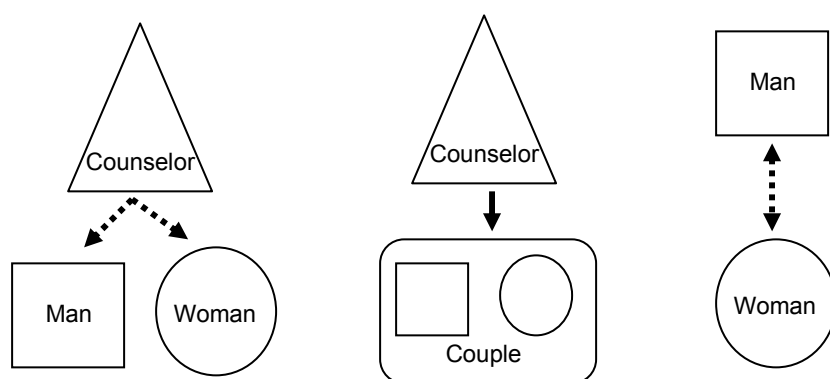
The CHCT process is not about blame. It is not about identifying the behavior or the individual that is the source of the infection. It is about helping the couple address the reality of HIV in their shared life. It is about the present and helping them deal with and prepare for their future.

One analogy that may help is to think about HIV as a snake in the house. It does not matter how the snake got into the house—front door, back door, basement, or roof—what matters is that the snake is in the house and needs to be dealt with. By focusing on solutions, couples HIV counseling and testing helps couples move on with their lives and make positive changes in their attitudes and behaviors.

RESOURCE 2.4 FORMING AN ALLIANCE BETWEEN THE COUNSELOR AND COUPLE

The counselor's first task is to build an alliance, or a partnership, with the couple. This alliance serves as the foundation that permits the couple to engage in the session and to be willing to discuss HIV-related issues. There are four alliances in couples counseling:

Essential Alliances in Couple Counseling



Between the counselor and each of the individuals

In the first two alliances, each partner should feel acknowledged, valued, respected, engaged, and empathetically understood. The counselor should convey genuine interest and investment in each of the individuals, keeping in mind that each member in a couple is unique.

Between counselor and couple

In the alliance between the counselor and the couple as a unit, the counselor should convey respect for the couple's relationship. The counselor should recognize the bond between the members of the couple and validate their mutual commitment. The couple should feel that the counselor values their relationship.

Between individuals in the couple

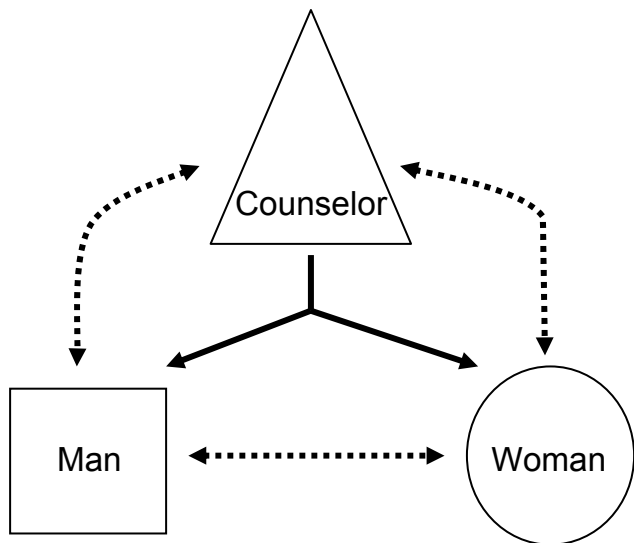
In the alliance between the couple as partners, the counselor should encourage the members of the couple to speak to and engage each other. The counselor should help the couple recognize their shared values, mutual history, and future aspirations. The counselor should acknowledge that the strength and resiliency of the couple's alliance greatly influences how they will get through challenges and build their future together. The more the couple can be supported in addressing their issues and concerns as partners—in terms of "we" rather than as individuals—the more likely they will be able to cope with the realities of HIV in their shared life.

An important thing for counselors to remember is that forming an alliance with a couple is as much of an attitude as it is a technique.

Examples of Ways to Form an Alliance

- Offer genuine warmth, kindness and compassion
- Respect the couple and where they are coming from emotionally and culturally
- Give each person a chance to speak, and listen for responses
- Use appropriate body language such as smiling and nodding to convey warmth and understanding

The counselor should pay a great deal of attention to the communication going on during the session. This includes communication from the counselor to the couple, from the counselor to each individual, and from each partner to the other.



Solid Arrow—Between the counselor and the couple as a unit

By directing conversation to the couple, the counselor recognizes the couple as a unit. The couple has a shared history and shared dreams for the future. The counselor invites the couple to share their perspectives on issues and to think about their life together. This builds the counselor's working alliance with the couple. It emphasizes and affirms the couple relationship.

For example: “How did the two of you decide to come here today?”

Dashed Arrow—Between the man and the woman

By directing the couple to speak to each other, the counselor facilitates conversations between the partners. The counselor encourages the couple to work as a team and to bring their expertise about their shared life and their strengths into the process. This strengthens the couple's alliance; builds communication skills; and facilitates dialogue, cooperation, and mutual decision-making.

For example: “How do you think the two of you would want to tell your families if either or both of you were HIV-positive?”

Dotted Arrow—Between the counselor and the partners as individuals

It is important for the counselor to engage in conversation with each member of the couple. This allows each person to share his or her perspective on issues. This also enhances the ability of the silent partner to listen to his or her partner. This process models respectful consideration of each individual’s feelings, concerns, and issues. Questions that may help both partners open up during the counseling session revolve around topics that are easy to answer but are important to the relationship.

For example: “Tell me about your family and how many children you have.”

Remember that communication takes place on many levels besides dialogue, including eye contact, body language, and nonverbal reinforcement. The counselor serves as a **communication role model** at all times.

RESOURCE 2.5 COUPLES HIV COUNSELING SKILLS

The following counseling skills will help maintain a positive atmosphere and balanced couples interactions during the CHCT session:

Demonstrate neutrality and non-biased concern for both members of the couple

Convey respect for the couple's relationship, and facilitate balanced participation of both partners and dialogue between the couple. Remind the couple of their roles and responsibilities outlined at the beginning of the CHCT session.

- "We agreed at the beginning of the session that each of you would participate equally in the discussion. Let's also hear from (name.)"

Normalize feelings, reactions and experiences

Help the couple recognize that what they are feeling is not uncommon and many others have had similar experiences. Remind the couples that HIV infection is common, and that an individual may have been infected at any time.

- "I have heard other couples express similar feelings in this situation."
- "Many couples share the same concerns."
- "You are not alone. Couples frequently deal with these issues."
- "Your concerns are understandable and reasonable. There is a lot for you to deal with."
- "What you are feeling is completely normal."

Express confidence in the couple's ability to deal with HIV-related issues and admire the couple's willingness to contend with the challenges of HIV in their lives

Reflect on their strengths and history together and how they have effectively addressed challenges in their shared lives. Make sure the couple knows that their willingness to come into counseling together and to discuss the issues will help them enormously.

- "It sounds like you have weathered some difficult and challenging times together, and your ability to do that should help you now."
- "Sometimes dealing with these challenges can make your partnership stronger."
- "Together you have created a family and provided for your loved ones. Together, I believe, you will have the strength needed to deal with these issues."
- "From what I have seen of your mutual commitment, I trust you will be able to deal with these issues."
- "I recognize that this may be difficult, and I admire your willingness to deal with these issues."
- "HIV is an issue that concerns many couples, and you have chosen to deal with this issue together."

Raise the difficult issues that the couple may need to address

At the same time, ease tension and diffuse blame using the skills mentioned in this resource.

- “I know it is not easy to think about However, it is very important that we address this issue.”

Focus on the present and future. The past cannot be changed.

Your CHCT session is not marriage counseling. Your goal is to keep the couple from dwelling too much on the source of the infection and how it came about. Instead, you should try to focus them on their present and future together and ways to support one another and their dreams.

- “It would be best if we could focus on your situation now and how to help you cope and adapt.”
- “Almost everyone has a past, and it is best left there. The past cannot be changed.”
- “Let’s look at what you can do now and in the future to address these issues.”

Avoid and deflect questions aimed at identifying the source of infection

Discussing the source of the infection is neither helpful nor relevant to the couple’s present situation. Again, encourage the couple to focus on their present situation and how they plan on dealing with it.

- “It is not possible and probably not helpful to determine when and by whom someone was infected with HIV.”
- “The reality is that the HIV virus is present. Knowing where it came from cannot change that.”
- “HIV infection could have occurred at any time after you became sexually active.”
- “Focusing on how you got infected will not change your HIV status.”

Redirect and reframe questions and discussions that are blaming or potentially hostile

Fear, anxiety, and uncertainty may be expressed as anger, aggression, or hostility. Help the partners to identify their underlying emotions.

- “It is sometimes easier to express frustration and anger than to discuss your fears. Rather than getting angry, let’s talk about what is worrying you the most. ”

Calmly and gently name and acknowledge the behavior and emotions being observed

Recognize the feelings expressed during the session. Let the couple know that the intensity of these emotions will lessen over time and they will begin to be able to adapt and cope. Naming the behavior you observe can help the partners place their feelings and emotions into perspective.

- “I understand that you may be feeling disappointed and upset.”

- “It seems as though this is a difficult issue for you. Could you help me figure out how we might talk about it in a way that would be helpful to you?”
- “You are very quiet. Is there something you would like to share?”

Build on the couple’s strengths, rather than weaknesses

In CHCT sessions, the counselor brings in expertise about HIV, behavior change, and counseling skills. The couple brings expertise about their relationship, their life together, and their strengths and resources. The couple uses their strengths and resources to address issues; the counselor skillfully supports them through the process. The couple’s strengths, such as their ability to adapt, their flexibility, and their resilience are the resources that will help the couple deal effectively with HIV.

- “You seem to be a supportive couple.”
- “I notice that you communicate very well with each other. This will be very important moving forward.”

Focus on solutions instead of dwelling on problems

Attention and energy is best directed toward generating solutions. Help the couple identify possibilities, options, and alternatives. The couple’s skills, strengths, and resources are maximized when they are directed toward creating solutions together. Attending to emotions is important, but action generates hope, optimism, and confidence. The counselor should help the couple to imagine and believe in possibilities and empower them to take action.

- “You have taken an important first step in coming in together for HIV counseling and testing today. How can we build on this to make other changes that will reduce your risk of acquiring or transmitting HIV?”
- “Now let’s talk about what steps we can take to deal with HIV in our lives. What ideas do you have on how you can move forward together?”

RESOURCE 2.6 ROLE PLAY

Couple: Steven, age 25, and Grace, age 23

Steven and Grace met at the university and dated during their last two years of school. A few months after Steven and Grace began dating, Steven's uncle died from AIDS. His death resulted in Steven and Grace talking honestly and openly about their concerns about HIV. They agreed that they would each make appointments at the VCT site to get tested and share their results. They were both relieved to find out that they were HIV-negative. They married a couple months after graduation. They are a loving, committed, and faithful couple. Currently they use condoms to prevent pregnancy. They have come to the family planning clinic today to talk with the nurse about family planning issues.

Steven:

In school Steven studied computer technology and recently obtained a good job at a cell phone company. Since he is starting to make a fairly good living, he feels it is a good time to start a family. He is also tired of using condoms, so conceiving a baby seems like a good reason to stop using the condoms. Steven comes from a big family and would like to have at least four or five children. He thinks Grace will make a wonderful mother. He is also getting some pressure from his mother to make her a grandmother.

Grace:

In school Grace studied to be a nurse and has recently started her first nursing job at the immunization clinic. She loves her work and would like to eventually work in the hospital wards, maybe even be a matron someday. Grace wants children, but not yet. She is enjoying being a newlywed and settling into married life. Besides, she just started her career and would like to work at least two years before taking time off to have a child. In her mind it would be ideal to have two children, a boy and a girl.

Counselor:

1. Facilitate a discussion about the couple's plans for starting a family.
2. Encourage the couple to communicate their feelings about the various issues related to this (such as career, in-laws, and family size).
3. Help Grace and Steven understand each other's perspective.
4. Help the couple to arrive at a mutually agreed upon plan for having children.

Review Counselor Attributes for Effectively Delivering CHCT Services:

- HIV-related issues may be emotionally intense, especially when a couple is involved
- Relationships are full of contradictions
- Relationships take place in the context of cultural values and norms
- Couples who volunteer for CHCT are invested in the process
- Small behavior changes can lead to bigger ones
- It is the couple's present and future that is the most important

Practice Counselor Skills for Effectively Delivering CHCT Services:

- Establish and reinforce alliances:
 - With each individual
 - With the couple as a unit
 - Between the partners in the couple
- Demonstrate neutrality and non-biased concern for both members of the couple
- Normalize feelings, reactions and experiences
- Effectively use silence while conveying a supportive and calm demeanor
- Express confidence in the couple's ability to deal with HIV-related issues and admire the couple's willingness to contend with the challenges of HIV in their lives
- Raise the difficult issues that the couple may need to address
- Focus on the present and future. The past cannot be changed.
- Avoid and deflect questions aimed at identifying the source of infection
- Redirect and reframe questions and discussions that are blaming or potentially hostile
- Calmly and gently name and acknowledge the behavior being observed
- Build on the couple's strengths, rather than weaknesses
- Focus on solutions instead of dwelling on problems

MODULE 3 COUPLES HIV PRE-TESTING COUNSELING SESSION

Module Objectives

By the end of this module, participants will be able to:

- Review the situations or reasons why couples seek HIV counseling and testing services
- Review the CHCT pre-test counseling protocol
- Identify the requirements of the couple in CHCT session
- Inform the couple about the counseling process

RESOURCE 3.1 CHARACTERISTICS AND MOTIVATIONS OF COUPLES WHO RECEIVE CHCT SERVICES

Types of couples who may seek CHCT services

Couples vary regarding their personal situations. The way a counselor understands and responds to a couple's unique circumstances will greatly influence their capacity to assess risk, respond effectively to their HIV results, and make realistic risk reduction plans. Different types of couples along with the specific challenges they may face are outlined below.

1. Before engaging in sex

- May use CHCT to decide whether to pursue a relationship based on test results
- If discordant, it is possible the relationship will not continue
- HIV – infected partner may have reasonable confidentiality concerns that HIV positive partner may disclose results
- Counseling session may focus on how couple will supportively manage changing the course of their relationship

2. Engaged in a sexual relationship

- Have already initiated sexual relations
- May or may not be planning to marry
- May use CHCT to decide whether to continue a long-term relationship based on their results
- Level of commitment may affect risk reduction plans
- May have or be planning to have a child

3. Engaged for marriage

- Have often already made testimonials to their commitment
- May be publicly recognized by family and friends as engaged and in a serious relationship
- Elaborate wedding plans may already have been made
- May have limited skills and experience in dealing with difficult and stressful circumstances as a couple
- May have difficulty continuing the relationship if discordant
- Confidentiality and disclosure implications result if the partners alter plans based on test results

4. Married or cohabiting couples

- Define their lives collectively as a couple
- May be more interdependent socially, financially, emotionally
- Have skills and experience in coping together with problems

- May have pre existing issues and conflicts in their relationship that hinders their ability to work together to address HIV issues

5. Polygamous couples

- Have complex dynamics
- Wives may not be equal partners with the husband
- If only one wife is present for CHCT, there are potential problematic implications for the absent wife or wives

6. Reuniting couples

- Reasons for the separation may influence the dynamics of the CHCT session
- Couple may have been separated for a long time, e.g. employment, education
- May have struggled with issues of trust, faithfulness, communication
- Counselor must acknowledge the existence of past issues but keep the couple focused on present and future

The issue of children is another factor that contributes to a couple's unique situation.

Couples who want to have children

- May be desire to end relationship if one partner is HIV positive
- Family and social pressure to have children may contribute to increased risk behavior

Couples who have children and want more

- Partners are likely to continue relationship regardless of test results
- Perceive themselves and are perceived by others to be a family
- Well-being and future of their children is a powerful influence
- Need to consider issues of disclosure
- Desire for more children may influence couple's risk reduction decisions

Couples who are finished having children

- Need to consider issues such as disclosure and planning for the future of their children

Motivations for seeking CHCT

Couples may come for CHCT for a variety of reasons:

- One or both couples members are ill
- Child is sick
- Suspicion or discovery of an outside sexual relationship
- Learned of CHCT experience from a friend or family member
- Heard/saw a message about CHCT

RESOURCE 3.2 CREATING AN EFFECTIVE CHCT ENVIRONMENT

Requirements for receiving CHCT services

Each partner agrees to:

- Discuss HIV risk concerns
- Participate equally in the discussion
- Treat each other with respect and dignity
- Be as open and honest as possible
- Receive HIV test results together
- Make decisions about disclosure together. Couples should agree not to tell anyone their test results until both partners agree.

Realities of CHCT

- Remember, CHCT is NOT marriage counseling.
- The couple's issues are more important than individual issues during a CHCT session.
- If the counselor forms alliances and creates a safe and open atmosphere, the couple may reveal feelings that have not been discussed previously within the couple.
- Couples may attempt to use CHCT to address longstanding issues in their relationship or as a lifeline for a failing relationship.
- Couples may have issues and problems in their relationship unrelated to HIV or made worse by HIV issues and concerns.
- The couple—not the counselor—is ultimately responsible for what happens in the relationship. The couples counselor is neither “binder” nor “breaker.”

RESOURCE 3.3 JOHARI'S WINDOW FOR COUPLES

Johari's Window is a tool often used in counseling situations. For this training it has been adapted for working with couples. Johari's Window helps counselors understand how to address different types of issues during a couples counseling situation.

We all have our own Johari's Window, which dictates how much we are willing to share about ourselves and with whom, particularly in a counseling situation with our partners who may not know all of our concerns, secrets, and fears.

	Known to Self	Not Known to Self
Known to Others	OPEN Issues that are open, shared, discussed	PRIVATELY DISCUSSED Issues that are understood, acknowledged, or privately discussed
Not Known to Others	NOT DISCUSSED Issues that are imagined or believed and rarely, if ever, discussed	HIDDEN Issues that are hidden, protected, and kept secret

Each box in this diagram has a name that represents the nature of issues and how and if they are shared in a couple relationship.

“Open” Box: These issues are open, shared, and discussed

The box in the top left of Johari's Window represents things that you are proud of and that you share and discuss openly with your family and extended family. These may include:

- Your child's accomplishments
- Professional goals and ambitions
- Relationship status (engaged, married, etc.)

Talking about them helps a counselor establish a relationship with the couple; the couple begins to open up as they talk about things they are comfortable with, and the counselor is able to show interest and validate the couple's situation. Examples of questions might include:

- Tell me about your relationship
- Tell me about your children

“Privately Discussed” Box: These issues are acknowledged, understood, and privately discussed

The box in the top right of Johari’s Window represents things that you share with your partner. These may include:

- Financial circumstances
- Detailed information about personal family situations

Once the counselor has formed an alliance with the couple, these issues may be brought up. They should be handled sensitively and with understanding.

“Not Discussed” Box: These issues are imagined or believed and they are generally not discussed

The box in the lower left of the window represents things in your relationship that you know about but don’t talk about. These things are rarely—if ever—discussed. These may include:

- Believing your partner drinks when away from home on business
- Believing your partner secretly dislikes your mother or relatives
- Suspicions that your partner is unfaithful

The couple may bring up these issues if the counselor has established a safe and open environment. The counselor should never ask questions or push a couple to discuss things in this box. If these issues come up, use the following strategies to address the situation:

- Use similar situations or stories with solutions
- Speak about it in terms of other people rather than the couple
- Address the issues in the abstract without making the couple verbalize them, e.g. “Some couples who are apart from each other often worry about their spouse being faithful. In those cases we would discuss how each partner would protect themselves from HIV by remaining faithful or using condoms.”

“Hidden” Box: Issues in this box are hidden, protected, and secret

This box represents things you are guilty or ashamed of, or embarrassed about. These may include:

- A sexual encounter or fantasy
- Something you did while drunk
- An abusive relationship
- Sexual assault or having been forced to have sex

These issues should never be discussed directly in a counseling session. They may be brought up in the abstract, but never referred to directly unless the couple brings it up.

RESOURCE 3.4 ADVANTAGES AND LIMITATIONS OF INDIVIDUAL AND COUPLE RISK ASSESSMENTS

	Advantages	Limitations
Individual Risk Assessment	Allows the counselor to have complete knowledge of each couple member's risk situation	Undermines the couple's decision to deal with HIV in their relationship together Separating partners implies there are secrets, which may result in distrust and show lack of communication Confidential issues may influence counselor to support one partner unintentionally
Couple Risk Assessment	Reinforces the couple's commitment to deal with HIV issues together Mutual discussion reinforces trust, communication, and cooperation	Issues in the "Not discussed" or "Hidden" boxes may never be brought up

RESOURCE 3.5 COMPONENTS OF CHCT PRE-TEST COUNSELING SESSION

COMPONENT I: Introduce couple to CHCT and obtain concurrence to receive couples services

Task 1: Introduce yourself and describe your role as the counselor

In your introduction, you establish the initial rapport with the couple and let them know what they can expect from you.

Task 2: Discuss the benefits of CHCT

The objective of this task is to motivate the couple to engage in the session. Tell the couple about the many benefits of CHCT, including:

- Learning about their HIV status together
- Providing an opportunity for both partners to deal with their HIV concerns together
- Planning for the future together

Task 3: Describe the requirements for receiving CHCT services

Next you should make sure that the couple understands the requirements for receiving CHCT services. Each partner needs to agree to:

- Discuss HIV risk concerns
- Participate equally in the discussion
- Treat each other with respect and dignity
- Be as open and honest as possible
- Agree to receive HIV test results together
- Make decisions about disclosure together
- Couples should agree not to tell anyone their test results until both partners agree

Task 4: Obtain concurrence to receive CHCT

Generally, couples that request CHCT services have identified HIV as an issue of concern and have decided to deal with it together. If either partner is uncomfortable with the requirements of the session, find out more about their concerns and try to counsel to bring the couple to agreement. If they cannot agree, discuss individual HIV counseling and testing.

Task 5: Give a session overview, including content and timing

The counselor can reduce the couple's anxiety by providing a clear description of the testing process and how the couple will be informed of their results. It is important to be sure the couple has a good idea of exactly what will take place, what they will discuss, how the test is administered, what happens after the test, and how long the whole session will likely last. CHCT session content includes:

- Reviewing the couple's situation
- Discussing HIV risk issues and concerns, both together and separate
- Preparing for the HIV test and discussing possible results
- Taking the rapid HIV test

- Receiving results
- Counseling based on results

COMPONENT II: Explore the couple's relationship and reason for seeking CHCT services

Task 1: Establish the nature and duration of the couple's relationship

This includes the couple's living arrangements, marital status, and plans for the future. The counselor's objective is to develop an understanding of the couple's history, their interactions, and their family resources. These may influence the couple's reaction to test results and their ability to adopt necessary behavior changes.

This information helps the counselor tailor the CHCT session to the couple's unique circumstances. The key for the counselor is to start the process of understanding the couple as a unit.

Task 2: Address family planning and childbearing issues and choices

The counselor's objective is to help the couple consider HIV-related childbearing issues and choices. Determine whether the couple has children or wants children.

Task 3: Review how the couple came to the decision to seek CHCT services

What was the decision process that brought the couple to test together?

Task 4: Assess the couple's feelings associated with receiving CHCT. Be sure to get input from both partners.

The counselor's objective is to understand, validate, and normalize the couple's experience. The more the couple can be supported to embrace CHCT as a couple rather than as individuals, the more likely they will respond positively to the experience.

Task 5: Summarize and reflect on the couple's history and current situation

The counselor's objective is to ensure that he or she understands the couple's circumstances. Summarizing and reflecting indicate to the couple that the counselor has paid attention.

COMPONENT III: Discuss couples HIV risk issues and concerns

Task 1: Discuss possible HIV risks in the abstract and remind the couple to focus on the present and future

The counselor's objective is to understand the couple's perception of risk and to what extent the couple has discussed HIV risk issues and concerns previously. Have the partners communicated about HIV? Do they share any concerns regarding risk?

Explain that HIV has affected every community and family; anyone can be infected. If you have had sex with someone whose HIV status you did not know, and did not use a condom, you may have been exposed to HIV. Remind the couple to focus on the present and future and not blame each other for what might have occurred in the past.

Task 2: Address indicators of increased risk together

The counselor's objective is to identify and note factors frequently associated with being at high risk for HIV infection. The counselor should also note factors associated with increased risk behavior and increased likelihood of acquiring or transmitting HIV. Does either member of the couple mention symptoms or illnesses that cause you to be concerned that he or she may have HIV?

The counselor should use general terms and speak in the abstract about issues that are not discussed directly by the partners such as:

- Frequent separation because of work or travel
- Alcohol or drug use
- Second wife or other partners

Task 3: Assess safer sex practices within the couple

The objective is for the counselor to assess the couple's history of condom use ("Have you ever used a condom?") and condom skills ("Do you know how to use a condom?"), and provide a condom demonstration. After receiving their results, couples may be too relieved (in the event of HIV negative results) or emotional (in the case of positive or discordant results) to internalize the condom demonstration. Therefore, it is best to conduct the condom demonstration in the pre-test counseling session, when you are likely to have more complete attention. See Resource 3.8 for guidance on steps in proper condom use.

Task 4: Conduct individual risk assessments

Following the couples risk assessment, ask to speak to each couple member separately. In these individual sessions, probe for any additional information that may not have come out in the couple risk assessment, and counsel the client appropriately. If the client reveals outside partner(s), address the additional risk of HIV associated with outside partners, the need to have other partners tested for HIV as well, the window period, and risk reduction measures. Encourage clients to share the information disclosed in this individual session with their partner with your support.

Task 5: Bring the couple back together and provide the opportunity to share issues discussed in the individual sessions.

If either couple member agreed to share the issues discussed in the individual session with his or her partner, facilitate this process of disclosure. These issues are likely to be sensitive and highly emotional. Employ your couple-specific counseling skills (see Resource 2.5).

Task 6: Summarize the risk discussion and provide motivation and support

The counselor's objective in this task is to organize and describe the complexity of factors and dynamics that constitute the couple's HIV risk. This provides the couple with both motivation and support.

COMPONENT IV: Prepare for testing and discuss possible test results**Task 1: Explain the meaning of positive and negative results**

The counselor's objective is to make sure both individuals know what it means to be HIV positive or negative. HIV positive means the person is infected with HIV. HIV negative means the person is not infected with HIV.

Task 2: Explain that the couple could have the same results

Concordant positive means that both partners are infected with HIV. Concordant negative means that both partners are not infected with HIV.

Task 3: Explain that the couple could have different results

When one partner is HIV positive and the other partner is HIV negative, it is known as discordance.

Task 4: Discuss discordance

The counselor's objective is to explain discordance, clarify the implications, and address any myths and misconceptions. The counselor needs to explain that:

- Discordance occurs frequently in Uganda - one out of every 20 couples living together is HIV discordant
- Discordance is possible – it does not mean that the other partner is really infected the virus is just taking long to show up in the blood
- Discordance does not mean the HIV negative partner is immune from HIV infection
- Discordance is not a reward from God
- Discordance is not a sure sign of infidelity – the negative partner may have been infected when the relationship started
- The uninfected partner remains at risk at every exposure

It is extremely important that couples know that discordance is possible.

Task 5: Guide the couple through the testing process and describe how the test results will be provided

The counselor can reduce the couple's anxiety by providing a clear description of the testing process and how the couple will be informed of their results.

- Blood test
- Amount of time before results are ready
- The couple will have results that are either the same or different
- Results will be provided to the couple together
- Post-test counseling will be provided based on the test results

RESOURCE 3.6 COUNSELOR'S SCRIPT – CHCT PRE-TEST COUNSELING SESSION

Introduce Couple to CHCT and Obtain Concurrence to Receive Couple Services	
Task	Script
<p>1. Introduce yourself and describe your role as the counselor.</p>	<p>Hello, my name is _____, and I will be your counselor today. My role is to work with you to identify your HIV related risks and to explore ways to reduce those risks.</p> <p>I am happy to see that you have come in together for HIV counseling and testing.</p> <p>I am sure you know that HIV is a major problem in our community and I am glad to see that you are acting responsibly by getting tested.</p>
<p>2. Explain confidentiality</p>	<p>I want you to know that what we are going to discuss today will be kept private, i.e your personal information will be absolutely confidential unless you wish to have it disclosed to others for further support.</p>
<p>3. Discuss the benefits of CHCT:</p> <ul style="list-style-type: none"> • Learning about their HIV status together • Providing an opportunity for both partners to deal with their HIV concerns together • Plan for the future together 	<p>There are many important benefits associated with receiving HIV counseling and testing as a couple. For most couples, getting tested together is the best way to deal with HIV infection in the family, because:</p> <ul style="list-style-type: none"> • You both learn important information about HIV. • You can make decisions together about how to deal with HIV.

<p>4. Describe the requirements for receiving CHCT services.</p>	<p>To benefit from our session today, it is important that each of you is willing to do several things. These include agreeing that you will both:</p> <ul style="list-style-type: none"> • Discuss your concerns about HIV. I want both of you to be able to express your concerns about HIV and getting tested. • Participate equally in the discussion. • Treat each other with dignity and respect. • Be as open and honest as possible. • Receive your test results together. This means that you will know the HIV status of your partner as well as yourself. • Make decisions about sharing your HIV statuses together. You need to be mindful of how you share your HIV result and your partner's HIV result. I would like for you to agree that you will not tell anyone else unless you both are willing. You should make decisions together about sharing your test results with other people.
<p>5. Obtain concurrence to receive CHCT.</p>	<p>Are both of you comfortable with what I have said so far and willing to continue with the session?</p> <p>Do both of you want to be tested and receive your results together?</p> <p><i>If yes, proceed.</i></p> <p><i>If no, try to counsel the couple to agreement. If they cannot agree, discuss individual counseling and testing.</i></p>

<p>6. Give a session overview. Include what will be covered and estimate how long the session will take. The session includes:</p> <ul style="list-style-type: none"> • Reviewing the couple’s situation • Discussing HIV risk issues and concerns • Preparing for the HIV test and discussing possible results • Taking the rapid HIV test • Receiving results • Counseling based on results 	<p>Let’s talk about how we will proceed:</p> <ul style="list-style-type: none"> • First, I will ask some questions that will help me understand your relationship. • Then we will talk about your concerns about HIV. I will talk to you both together, as well as separately. • We will talk about possible HIV test results. • You will receive an HIV test. After about ____ minutes, your results will be ready. • We will discuss your results together, and I will answer any questions you have. • The entire session will last about _____.
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Explore Couple’s Relationship and Reason for Seeking CHCT Services

<i>Task</i>	<i>Script</i>
<p>1. Establish the nature and duration of the couple’s relationship, including:</p> <ul style="list-style-type: none"> • Living arrangements (including if couple has been separated due to employment) • Marital status (ask if in polygamous relationship) • Plans for the future 	<p>First let’s talk about your relationship. I need to ask you some questions so that I can understand your life together. Can you please tell me about yourselves, such as your living arrangements, have you been separated because of employment, are you married, are you in a polygamous relationship, have you had sex with each other and what are your plans for the future?</p>
<p>2. Address family planning and childbearing issues and choices, as appropriate.</p>	<p>Do you have children? Are you planning to have children?</p> <p>What family planning methods are you now using?</p>

<p>3. Review how the couple came to the decision to seek CHCT services:</p> <ul style="list-style-type: none"> • Decision process 	<p>How did you decide to come together for HIV counseling and testing today?</p>
<p>4. Assess the couple's feelings associated with receiving CHCT. Be sure to get input from both partners.</p>	<p>How does each of you feel about getting tested for HIV and receiving your results together?</p>
<p>5. Summarize and reflect on the couple's history and current situation.</p>	<p>Let me make sure I understand your situation.</p> <p><i>Summarize the couple's story.</i></p> <p>Is this correct?</p>
<p>Discuss the Couple's HIV Risk Concerns</p>	
<p><i>Task</i></p>	<p><i>Script</i></p>
<p>1. Discuss possible HIV risks in the abstract and remind the couple to focus on the present and future.</p>	<p>HIV has affected every community and every family. Anyone can be infected. If you have had sex with a partner whose HIV status you do not know, and you did not use a condom, you may have been exposed to HIV.</p> <p>Now let us discuss your concerns about HIV. As we talk, it is important to focus on your present and your future and to not blame each other for what might have occurred in the past.</p>
<p>2. Address indicators of increased likelihood of testing HIV positive.</p>	<p>Is there anything that makes you think you are at risk of HIV? Do you have any particular concerns about HIV?</p>

<ul style="list-style-type: none"> • Note factors frequently associated with risk behavior, such as a history of illnesses, STIs, or TB. • Listen for possible risk circumstances, such as: <ul style="list-style-type: none"> ○ Separation because of travel or work ○ Alcohol or drug use (especially intravenous drug use) ○ Second wife or multiple partners ○ Men having sex with men ○ Commercial sex workers ○ Occupational exposure for health care workers 	<p>Have either of you had any symptoms or illnesses that cause you to be concerned that you may have HIV?</p>
<p>3. Address safer sex practices within the couple, including history of condom use, condom skills, and a condom demonstration</p>	<p>Have you ever used a condom?</p> <p>Do you know how to use a condom?</p> <p>Now I will demonstrate for you how to use a condom.</p>
<p>4. Conduct individual risk assessments.</p>	<p>Now I would like to talk to each of you individually, then we will come back together. _____, can you please leave the room for a moment?</p> <p>What is discussed in this one-on-one session is confidential and will not be discussed with your partner unless you choose to do so. This is your opportunity to share anything that may not have come out in the previous session. Do you have any other concerns that you would like to share?</p> <p>Thank you for sharing this with me. Are these issues you would like me to discuss together with your partner? I am here to help with this process.</p>

<p>5. Bring the couple back together and provide the opportunity to share issues discussed in the individual sessions.</p>	<p><i>If either couple member agreed to share the issues discussed in the individual session with his or her partner, facilitate this process of disclosure.</i></p>
<p>6. Summarize the risk discussion and provide motivation and support.</p>	<p>Let me summarize to make sure I understand correctly.</p> <p><i>Summarize.</i></p> <p>Is this correct? Is there anything you would like to add?</p>

Prepare for Testing and Discuss Possible Results	
Task	Script
<p>1. Explain the meaning of positive and negative results.</p>	<p>Let's talk for a minute about the testing process and possible test results.</p> <p>A positive HIV test result means you have HIV. A negative result means you do not have HIV.</p>
<p>2. Explain that the couple could have the same results or different results:</p> <ul style="list-style-type: none"> • Concordant positive • Concordant negative • Discordant Results 	<p>As a couple, it is possible that you could both be HIV-negative; that is, neither of you is infected. It is also possible that you could both be HIV-positive; that is, both of you are infected.</p> <p>It is also possible that you will have different test results—one partner can be infected while the other is not.</p>
<p>3. Discuss discordance:</p> <ul style="list-style-type: none"> • Discordance occurs frequently • HIV discordance does not mean uninfected partner is immune from HIV infection • Uninfected partner remains at risk of HIV infection at every exposure 	<p>Couples frequently receive different results'; that is, one is HIV-positive and the other is HIV-negative. Sometimes couples have been together for years and have children and still have different results. We will talk about this more when we know your results.</p>
<p>4. Guide the couple through the testing process and describe how the test results will be provided:</p> <ul style="list-style-type: none"> • The couple will have results that are 	<p>Now, I'd like to briefly explain the testing process and how the results will be provided to you:</p> <ul style="list-style-type: none"> • Your finger will be pricked and a small amount of blood will be taken for the test OR We will use a needle and syringe to draw

<p>either the similar or different.</p> <ul style="list-style-type: none"> • Individual results will be provided. • Counseling is provided based on the test results. 	<p>some blood from your arm.</p> <ul style="list-style-type: none"> • The results will be ready in approximately ___ minutes. • When the test results are ready, I will give each of you your results together. • We will spend time talking about the meaning of the results for you as a couple. If one or both of you are HIV-positive, we will discuss the care, treatment, and support services that are available for you. If one or both of you are HIV-negative, we will discuss how to protect yourselves from getting infected with HIV.
<p>5. Determine client's test decision</p>	<p>Have you decided to take a test and receive your results together, today?</p> <p>It seems as though you have already decided to take a test today.</p>

RESOURCE 3.7 FACTORS TO CONSIDER WHEN DELIVERING HIV TEST RESULTS TO A COUPLE

- The partners chose to come together to learn their HIV status as a couple.
- The couple may be concordant or discordant.
- Each partner is individually either positive or negative.
- The better able the partners are to handle HIV in their shared lives as a couple, rather than as individuals, the more likely they will be able to cope.
- The counselor's interaction with the couple should support the couple's efforts to address HIV in terms of "we" and "our," rather than "I" or "his" or "hers."
- The counselor first provides a summary of the results to the couple. This reinforces that the partners are dealing with the results together.
 - If concordant, the counselor says either, "Both of you tested HIV positive" or "Both of you tested HIV negative."
 - If discordant, the counselor first informs the couple that their test results are different. Then the counselor should allow a split second for both partners to consider that either one of them could be HIV-infected. Provide the HIV-positive partner's result first. This places the focus of the session on supporting the infected partner.

RESOURCE 3.8 STEPS IN PROPER CONDOM USE

Inspect the condom

- Do not use if there are tears or it is past the expiry date.

Open the condom

- Lay the condom on the palm of your hand and squeeze the condom in the package to one edge.
- Tear the condom-free edge of package and take out the condom. Ensure that your nails do not cause a tear in the condom.

Put on the condom

- Inspect the condom to determine how it will unroll when placed on the penis.
- Squeeze the tip of the condom to take out the air.
- Place the condom on the “glans” (head/tip) of the erect penis.
- While holding onto the tip, unroll the condom down the shaft of the penis all the way to the base of penis.

Use the condom

Withdraw the condom after sex

- Hold on to the condom at the base of the penis and withdraw from the vagina while the penis is still erect/hard

Remove the condom from the penis

- Hold the condom at the base of the penis as well as the tip and slide the condom off the penis, ensuring that the semen collected at the tip does not spill or leak out

Safely dispose of the condom after use

- Tie a knot on the condom to prevent the spilling or leaking out of semen.
- Dispose of the condom in a safe place where it can not be handled by another person.
- Wash your hands to ensure that there is no potentially infected semen or vaginal secretions on the hands.

RESOURCE 3.9 CHCT PRE-TEST COUNSELING SESSION ROLE PLAY

Guidelines for Role Play

- The role play is intended to give the counselor an opportunity to practice the protocol and couple counseling skills.
- The counselor should use the scripts for guidance when conducting the counseling session.
- Each member of the couple is asked to play a reasonable and cooperative partner in a supportive couple.
- The couple should follow the background information provided about the couple's life stage and their interpersonal situation. Separate information is provided for the husband and the wife.
- When asked a question by the counselor, please respond in a forthcoming and brief manner.
- Stay in your role while at the same time try and be encouraging and supportive of the counselor.
- You should pay attention to:
 - How it feels to be in a couple receiving CHCT services
 - What questions were helpful or thought-provoking
 - What questions created tension for you and your "partner" or made you uncomfortable
 - Were your issues and concerns as a couple addressed
 - What skills the counselor was using

Remember, this is a learning process for the counselor:

- The counselor will be reading some from the protocol questions
- The counselor will be looking down to make sure he or she is covering each task in each component of the protocol
- The counselor may need to pause and think about what to ask next, how to respond or what skills he or she needs to use
- The counselor may repeat a question because this is new

If your role play finishes before time is called, spend a few moments quietly providing feedback to the counselor:

- Tell him or her something you thought he did really well
- Suggest something you feel he or she should do more of
- Provide constructive recommendations

Couple: Peter aged 29, accountant, and Margaret age 25, primary school teacher

Relationship: Together 3 years and married 2 years

Children: 2 year old daughter

The couple met during Margaret's second year at the university, the same year Peter was finishing his accounts training. They acknowledge that student life at the university was somewhat carefree and groups of classmates routinely had parties, went to the local clubs to dance, and generally had a good time. They never really talked very much about relationships they had with other people, but it was understood between them that they both dated before meeting each other. Once in a while they could meet and it was clear they were meant for each other. In the beginning they used condoms to prevent pregnancy, as they wanted to plan their future together. About the same time they were getting married, Margaret found out she was pregnant. Although it wasn't planned, they were thrilled, as were their families. These days they no longer use condoms because Peter never really liked them and they would like to have another child. A cousin of Peter's who probably had AIDS recently died after being ill for some time and left behind a wife and three children. This caused Peter and Margaret to talk more openly about their HIV AIDS concerns. They decided it was important for them to go together for couple counseling

You are Peter:

Peter is at the prime of his life. He has a beautiful wife and a healthy 2 year old baby girl. His career as an accountant is going quite well and he has been able to provide nicely for his family. In his work he travels occasionally to visit other manufacturing facilities run by his company in neighboring countries. There is also discussion that he may be sent away for a six-week course in auditing. This is the opportunity of a lifetime. However, he thinks that he must be careful especially if he goes out to a club and has a few beers with his co-workers. He loves his wife and would not want to jeopardize their dreams and their future.

You are Margaret:

Margaret is from a small village and is the eldest in her family. As a young girl she was quite bright and did well in school. Since she was a good student, her parent's supported her to go to the university to become a teacher. It is their hope that in time she will be in a position to help out her brothers and sisters. Margaret enjoys the life she shares with Peter and feels he is very supportive. Margaret has recently returned to teaching and her sister helps care for her daughter. Peter has done well at work and has an opportunity to go for a six-week training in a neighboring country. Although this is a very promising opportunity, Margaret is concerned about what can happen when a man travels and gets lonely.

MODULE 4 COUPLES HIV POST-TEST COUNSELING SESSION

Module Objectives

By the end of this module, participants will be able to:

- Provide HIV negative concordant results to couples
- Provide HIV positive concordant results to couples
- Provide HIV discordant results to couples

RESOURCE 4.1 COMPONENTS OF PROVIDING HIV NEGATIVE CONCORDANT RESULTS

COMPONENT I: Provide HIV negative concordant results

Task 1: Inform the couple that their test results are available

The objective of this task is to transition back into the counseling session and let the partners know that they will be receiving their results.

Task 2: Provide the couple's results simply and clearly: Both test results are negative, which indicates that neither partner is infected

Your objective is to state clearly and simply that both test results are negative, indicating that each partner is not infected.

Task 3: Ask if the couple understands their results

Your objective is to make sure the couple has an accurate understanding of the outcome of the test results, their meaning and implication.

Task 4: Explore the couple's reaction to their results.

Your objective is to allow the partners to express their own feelings and emotions about the test results they have received.

Task 5: Discuss with couple their personal reasons for avoiding HIV infection

Your objective is to enable the couple understand their test results and identify risk reduction plans to keep them negative.

Task 6: Discuss results in the context of (window period) any recent risks outside of their relationship

Counselors should note the possibility that a recent exposure outside of the relationship may indicate a need for a retest, because a recent exposure may not have been detected by the HIV test.

COMPONENT II: Discuss risk reduction

Task 1: Address the risk associated with other partners

The objective of this task is to reinforce that the best way to protect the couple's status is by remaining faithful to their relationship and that the status of other partners can only be determined through HIV testing. Being faithful means not having other sexual partners outside the couple's relationship.

The following guidance can be shared with couples to help them protect their relationship from HIV by being faithful. These are some possible steps the couple can take to strengthen their relationship and facilitate being faithful.

- Recognize that both partners being faithful is the best way to protect their relationship and their future from HIV.
- Let others know of their commitment to the relationship.
- Establish shared goals and priorities.
- Demonstrate genuine respect for each other.
- Be supportive of each other.
- Maintain open and honest communication, and talk through all problems as they arise.
- Recognize that there will be difficult and challenging times for both partners and commit to working through these times together.
- Act as a role model to family, friends, and co-workers by prioritizing relationship; sharing social occasions and family events together; and openly acknowledging mutual commitment.

The last three bullets directly relate to a couple maintaining an open line of communication, which will allow them to discuss issues that may place either or both of them at risk. Couples who act as role models within their circle of family and friends make others aware of their commitment to each other and their willingness to work through issues together. As couples share social occasions and events together, they reduce the chances of placing themselves at risk with other partners and also openly acknowledge their mutual commitment within their relationship. These steps, therefore, facilitate risk reduction.

Task 2: Discuss couple's specific HIV concerns or risks based on pre-test discussion (if applicable)

The objective of this task is to remind the partners of the concerns that brought them to CHCT and that they discussed in the session.

Task 3: Emphasize that condoms must always be used if either partner has sex outside the relationship

The objective of this task is to prevent assumptions about the status of other partners, convey that action must be taken to reduce or eliminate the risk posed by other partners, and assure referral of other partners to CHCT services.

It is important that the counselor underscore the importance of the couple preserving their negative HIV status and protecting their relationship from HIV. Please remember that outside partners or relationships should be discussed in a sensitive way if no outside partners have been mentioned by the couple.

Task 4: Explore skills required to reduce risk

These include open communication, and commitment to protect the relationship from HIV.

Task 5: Encourage the couple to communicate openly with each other about risk reduction and to stay faithful

The counselor will need to help the couple anticipate the possibility of unplanned risks and the responsibility to protect the other partner and to stay faithful.

Task 6: Convey confidence in the couple's ability to complete the plan and to protect each other

Through this task, you will provide positive reinforcement. Depending on the openness of the couple, they may want to commit to a plan should a potential risk situation occur. A plan may include:

- Remaining faithful, but if one or both partners are tempted to go outside of the relationship, both agree to use condoms
- Asking other partners (for example, other wife) to be tested

Task 7: Encourage the couple to become ambassadors for testing, particularly for couple services

The counselor should empower the partners to support others to receive CHCT, while affirming their commitment to remain uninfected.

Task 8: Provide needed referrals for services regarding STIs, family planning, care during pregnancy, or support

RESOURCE 4.2 COUNSELOR'S SCRIPT – PROVIDING HIV NEGATIVE CONCORDANT RESULTS

Providing HIV Concordant Negative Test Results	
Task	Script
1. Inform couple that their test results are available.	Your HIV test results are ready now.
2. Provide a simple summary of the couple's results: both test results are negative, which indicates that neither partner is infected.	Both of your test results are negative. This means that neither of you has HIV. (If available, show the test results or test strips to the couple.)
3. Ask if the couple understands their results.	Do you understand your test results? What do these results mean to you? Do you have any questions?
4. Explore the couple's reaction to their results.	How does it feel to hear you are both HIV-negative?
5. Discuss results in the context of any recent risks outside of their relationship.	There is an extremely small chance that this test did not detect HIV if you were infected very recently. If you are concerned about a recent exposure to HIV, such as from another partner, you should get another test in about 3 weeks from the time of exposure.

Discuss Risk Reduction	
Task	Script
<p>1. Address the risk associated with other partners:</p> <ul style="list-style-type: none"> • Encourage the couple to have sex with each other only. • Remind the couple that their results do not indicate the status of other partners (past or present). • Discuss risk reduction by being faithful. Problem-solve obstacles to being faithful, such as: <ul style="list-style-type: none"> ○ Travel ○ Use of alcohol ○ Other issues 	<p>Now let's talk about how to make sure you both stay HIV-negative.</p> <p>The most effective way to stay HIV-negative and to protect each other from HIV is by being faithful to each other. This means you will only have sex with each other.</p> <p>If you have other partners or a co-wife, these test results do not mean that they are also HIV-negative just because you are both HIV-negative. If either of you has sex with a person whose HIV status is not known and you do not use a condom, you are at very high risk of getting HIV and bringing it into your relationship. The most effective way to assure that you both stay negative is to have sex only with each other.</p> <p>Do you anticipate any problems being faithful to each other?</p> <p>Would traveling or working away from home be cause for concern?</p> <p>Do you think that the use of alcohol will influence your ability to be faithful?</p> <p>Are there other circumstances that would make being faithful difficult for you?</p>
<p>2. Discuss couple's specific HIV concerns or risks, based on pre-test discussion (if applicable).</p>	<p>During the pre-test session we talked about some of your specific HIV concerns. Now that we know you are both HIV-negative, let's talk some more about why you thought you were at risk for HIV</p>

	<p>and what you will do as a couple to stay HIV-negative.</p> <p>What are some steps you would like to take protect your relationship from HIV?</p>
<p>3. Emphasize that condoms must always be used if either partner has sex outside the relationship.</p>	<p>If either of you do choose to have sex outside this relationship with another partner, you should ALWAYS USE A CONDOM to protect yourself and to keep from spreading HIV to your family. If you do not use a condom, you are putting yourself and your family at risk for HIV.</p> <p>Here is some information on proper use of condoms, but again, I want to emphasize that the most effective way to remain negative is to only have sex with each other.</p>
<p>4. Explore skills required to reduce risk, such as:</p> <ul style="list-style-type: none"> • Open communication • Commitment to protect relationship from HIV 	<p>All couples have stressful and challenging times. It is best to work through these times together. How can you ensure open communication about your HIV issues and concerns?</p> <p>Can we all agree on your plan for protecting your relationship from HIV? How will you remain committed to this plan?</p>
<p>5. Encourage the couple to openly communicate with each other about risk reduction and to stay faithful.</p>	<p>I encourage you to always talk to each other about protecting your relationship and your family from HIV and to remain faithful.</p>
<p>6. Encourage the couple to become ambassadors for testing, particularly for couple services.</p>	<p>I hope you will encourage other couples in your community to learn their HIV status together.</p>
<p>7. Provide needed referrals for services such as those for STIs, family planning, care during pregnancy, or support.</p>	<p><i>Give couple referral information.</i></p>

RESOURCE 4.3 MEDICAL MALE CIRCUMCISION BASICS

What is medical male circumcision (MMC)?

Medical male circumcision (MMC) is a surgical process that removes all or part of the skin that covers the tip of the penis.

Where should MMC be performed?

Male circumcision should be performed in a clean place, using clean tools and trained health workers. A clean environment allows the wound to heal easily because it does not come in contact with dirty objects.

Is it true that MMC reduces the risk of HIV infection for men?

Yes. Recent research conducted in Uganda, Kenya and South Africa shows that men who have been circumcised are less likely to get HIV through sex. However, MMC only reduces a man's risk of getting HIV. It does not provide complete protection against HIV. Also, circumcised boys and men who are HIV positive can still transmit HIV to their sexual partners. So, it is important to use other safer sex methods, such as abstaining from sex, sticking to one partner, or using condoms to prevent HIV.

How does MMC reduce a man's risk of HIV infection?

There are several ways in which MMC reduces the risk of HIV.

- There is a soft layer inside the skin that covers the tip of the penis. This layer is usually wet and keeps viruses alive and active. Removing the whole skin reduces the ability of HIV to enter a man's body.
- MMC reduces the risk of sores caused by some sexually transmitted infections (STIs) which tend to form inside the skin of the penis. These sores make it easy for HIV to enter the body. Removing the foreskin reduces a man's risk of getting the sores and HIV.
- The soft inside part of the skin of the penis may break during sex and make it easy for HIV to enter the body. After MMC, the skin that remains at the tip of the penis becomes harder and difficult to break. This makes it hard for HIV to enter the body.

Does MMC also reduce the risk of HIV infection for women?

There is no evidence that MMC reduces the risk of HIV infection for women.

What are the risks of MMC?

If MMC is done properly and in a clean environment, complications are rare and very minor. However, circumcision can be dangerous if the procedure is performed by untrained persons, under unclean conditions. In such a situation, circumcision can damage the penis or cause serious illness.

When can one be circumcised?

A man can be circumcised as an infant, an adolescent, or an adult. The decision to be circumcised, and at what age, is a personal choice.

When can one resume sex after getting MMC?

It is advised that men abstain from sex for at least 6 weeks after being circumcised. This is necessary to ensure that the wound has healed completely. When not

properly healed, the wound provides a ready entry point for HIV. It is therefore advisable to return to the health center for a check-up before having sex.

What are the other benefits of MMC?

- MMC decreases the risk of diseases that affect the outlet of the penis through which urine passes, and prevents the possibility of cancer of the penis.
- Sexual partners of circumcised men also face less risk of some cancers (e.g. cancer of the cervix and of sexually transmitted infections (e.g. Chlamydia, syphilis, canceroids, and genital herpes).
- Many women prefer a circumcised man for sex because they believe a circumcised penis looks better, is likely to be cleaner, and possibly gives greater sexual satisfaction.

RESOURCE 4.4 COMPONENTS OF PROVIDING HIV POSITIVE CONCORDANT RESULTS

COMPONENT I: Provide HIV positive concordant test results

Task 1: Inform the couple that their test results are available

The objective of this task is to transition back into the counseling session and let the partners know that they will be receiving their results.

Task 2: Provide test results to the couple in a simply and clearly language; Your test results are both positive.

The counselor's objective is to reaffirm that the couple as a unit is receiving their test results and they will deal with the outcome together. While providing the test results, don't feel sympathy or apologize to the couple for their test result.

Task 3: Allow the couple time to absorb the meaning of the results

Provide a moment for each of the individuals and the couple together to consider the information they have been given. This allows them to collect their thoughts and emotions.

Task 4: Ask if the couple understands the results

The counselor's objective is to check in with the couple to make sure they understand what their test results mean and the implications. For example, couples may need to be reassured that a positive test result does not necessarily mean that they have AIDS or that they will soon become sick and die.

Task 5: Encourage mutual support and diffuse blame

The counselor's objective is to focus the couple on coping with the results. The counselor should diffuse any discussion about one partner infecting the other or bringing HIV into the relationship. The counselor may need to rely on his or her counseling skills, such as easing tension and diffusing blame, to help the couple to understand that it is impossible to determine when or by whom either partner became infected.

COMPONENT II: Discuss coping and mutual support

Task 1: Invite both partners to express their feelings and concerns

The objective of this task is for the counselor to understand how receiving positive results is affecting the couple. The counselor should provide each individual with an opportunity to identify and voice emotions and reactions.

The counselor should avoid labeling the couple's feelings for them. For example, the counselor should avoid saying, "You must be upset" or "This must be difficult for you." The counselor's objective is to hear the couple verbalize how they are feeling and to convey understanding and support. The counselor can do this by saying, "Tell me how each of you is feeling about your result."

Task 2: Validate and normalize the couple's feelings and acknowledge the challenges of dealing with a positive result

The counselor should provide genuine empathy and offer support and understanding.

Task 3: Ask how the partners can best support each other

The counselor should focus the partners on generating ideas of how they will support each other.

Task 4: Recall the couple's strengths. Convey optimism that the couple will be able to cope and adjust to living with HIV

The counselor's objective is to help the couple recognize and build on their skills and resources, both individually and as a couple.

Task 5: Address the couple's immediate concerns

Determine if there are critical issues that must be addressed so the couple can listen, focus, and participate in the remainder of the session.

COMPONENT III: Discuss positive living and HIV care and treatment

Task 1: Discuss positive living

The counselor's objective is to encourage the partners to focus on their ability to enhance their health and well-being. The counselor asks the couple what they understand by "positive living".

Task 2: Address the need for preventive health care

The counselor's objective is to encourage the couple appreciate the need to always avoid HIV spread.

Task 3: Encourage the couple to access appropriate care and treatment services

The counselor's objective is to motivate the couple to obtain the essential treatment, care and support services. The counselor should take participants through the fundamentals of ART in order to motivate them to find out whether they need the services.

Task 4: Discuss things the couple can do at home to keep healthy

The counselor's objective is to reinforce that the couple will need to play an active role in maintaining and preserving their own health, and that inexpensive, effective, accessible, and feasible things can be done to prolong life.

- Discuss the importance of having safe drinking water to prevent diarrhea.
- Discuss the importance of using bed nets to prevent malaria.
- Discuss the importance of good nutrition.

In each case, inform the couple about where to get more information or obtain supplies.

Task 5: Provide needed referrals to the HIV clinic and other services. Identify and problem-solve obstacles.

The counselor should link the couple to care and support services available.

COMPONENT IV: Discuss risk reduction

Task 1: Discuss the importance of being faithful and not having sex with outside partners

The counselor's objective is to reinforce the importance of being faithful to protect the partners from getting other infections that could make their HIV disease worse.

Task 2: Inform couple of the need to protect partners if they choose to have sex outside their relationship. Provide condom demonstration.

The counselor's objective is to reinforce the importance of encouraging other sex partners to go for HIV testing and of using condoms with any outside partners.

Again, the best way for the partners to protect their health is to be faithful to each other. But if either partner chooses to have sex outside the relationship, they must ALWAYS USE A CONDOM so that they do not give HIV to others and do not get any infections that could make them sicker.

COMPONENT V: Discuss children, family planning, and PMTCT options as appropriate

Note: The information given in this session will need to be tailored specifically to each couple's unique circumstances.

Task 1: Discuss the issue of HIV testing of children

Because both partners are HIV-positive, there is a possibility that young children may have become HIV infected through their mother. The counselor should encourage the couple to bring their children for HIV testing so that, if the children are positive, they can get the care and treatment they need.

Task 2: Revisit the couple's intentions concerning having children. Discuss the couple's reproductive options.

The counselor will have two objectives. The first is to review the couple's reproductive intentions in light of their HIV test results. The counselor's second objective is to address options for reducing the risk of mother-to-child-transmission of HIV while respecting the couple's reproductive choices. Other options to be discussed include:

- Choosing not to have additional children
- Preventing unintended pregnancies
- Using dual contraception (condoms and one other method to prevent pregnancy)
- Accessing PMTCT services

For each of these options, the counselor should be prepared to provide referrals. The counselor needs to find out from the couple if there are any issues in their family or community which may influence their adoption of the selected options and discuss ways of dealing with those issues.

Task 3: Describe PMTCT programs and services and identify where the couple can access services

The counselor should identify where the couple can obtain PMTCT services, such as antenatal care (ANC) facilities. Any HIV positive pregnant woman must be referred to ANC and PMTCT.

Task 4: Address the couple's questions and concerns regarding PMTCT services

The counselor's objective is to identify the couple's reservations, myths, or misconceptions about PMTCT services.

Task 5: Provide needed referrals

The last task is to link the couple to locally accessible family planning and PMTCT services. Counselors should be prepared to cover the family planning and reproductive health issues we have discussed. However, sometimes couples may not be ready to address these issues fully, as they have just learned their test results and there are many things to discuss during the post-test session. Even if the couple is not ready to address these issues fully, it is important for the counselor to convey the essential information and then to make appropriate referrals for follow-up.

COMPONENT VI: Discuss disclosure and get support

Task 1: Explain the benefits for the couple to disclose their HIV status to others

The counselor's role is to help the couple to understand how disclosing their HIV test results to trusted friends or relatives can help them to receive additional support that they will need both individually and as a couple.

Task 2: Reinforce that the decision to disclose is mutual

The counselor should ensure that both partners are comfortable with the decision to share their results and with the person or people with whom they intend to confide their test results.

Task 3: Explore the possibility of participating in a support group and additional counseling sessions

The counselor should determine if the couple would be receptive to accessing other support resources. Specify the types of support that would be acceptable to the couple.

Note: Some couples may be ready to discuss specific steps for disclosure. If this is the case, proceed with tasks 4 and 5. Other couples may need to wait to discuss their disclosure plan until a future counseling session. In that case, go to task 6.

Task 4 (Optional): Explore the couple's feelings about sharing their results with a trusted friend, relative, or clergy

The counselor's objective is to assess the couple's level of comfort about disclosing their test results to someone within their family or social network in order to receive additional support.

- Identify who could provide additional support.
- Address confidentiality and disclosure concerns.

Task 5 (Optional): Discuss steps to disclosure

The counselor's role is to provide the couple with information about disclosure and how it should be approached to help them mentally frame how they will disclose.

As counselors, it is important to remember that disclosure to people and partners outside of the couple relationship is an issue that must be approached with sensitivity.

It's important for the couple to think carefully about, mentally frame, and practice how they will approach disclosing their HIV status and related issues.

Task 6: Answer remaining questions and provide support

The counselor should bring closure to the session and provide appropriate reassurance and encouragement.

RESOURCE 4.5 COUNSELOR'S SCRIPT – PROVIDING HIV POSITIVE CONCORDANT RESULTS

Provide Concordant Positive Test Results	
Task	Script
1. Inform the couple that their results are available.	Your test results are now ready.
2. Provide a simple summary of the couple's results: both test results are positive, which indicates that both partners are infected with HIV.	Both of your test results are positive. This means that you both have HIV.
3. Allow the couple time to absorb the meaning of the results.	Take your time. We have plenty of time to talk about these test results.
4. Ask if the couple understands the results.	I want to be sure you understand the results. Do you understand these results? What do these results mean to you?
5. Encourage mutual support and diffuse blame.	HIV is common, and we do not know how long each of you has had HIV. I encourage you to deal with this together and to support each other.

Discuss Coping and Mutual Support	
Task	Script
1. Invite both partners to express their feelings and concerns.	<p>Could each of you tell me how you are feeling?</p> <p>What questions do you have?</p>
2. Validate and normalize the couple's feelings and acknowledge the challenges of dealing with a positive result.	<p>These feelings are a normal part of hearing your positive HIV test results. I encourage you to focus on how best to support each other now rather than blame each other.</p> <p>It can be stressful at first to hear that you have HIV. You will probably have many strong feelings about your status and each other. It is normal to feel upset or angry but also feel love and concern for your partner.</p> <p>Many couples with HIV-positive results express similar feelings.</p> <p>Let's take this one step at a time.</p>
3. Ask how the partners can best support each other.	You came here today to deal with HIV as a couple. Now, how can you best support each other through this?
4. Recall the couple's strengths. Convey optimism that the couple will be able to cope and adjust to living with HIV.	You may need some time to adjust to this, but in time and with each other's support, you will have a better chance of coping and continuing with your life together.

	You have dealt before with difficult and rough times in your lives, and remembering this will help you get through this.
5. Address the couple's immediate concerns.	There is a lot we need to talk about. But first, do you have any questions?
Discuss Positive Living and HIV Care and Treatment	
<i>Task</i>	<i>Script</i>
1. Discuss positive living.	<p>Positive living means taking care of yourself in order to improve the quality of your life and to stay well longer.</p> <p>There are many people who have HIV and are living well. There is hope for you and your family. You will need to take several steps, however, to stay healthy. I will give you information about the HIV clinic where you can go to get help.</p> <p>Paying attention to your medical care is an important part of living positively. Let's talk about this.</p>
2. Address the need for preventive health care. <ul style="list-style-type: none"> Encourage immediate visit to the HIV clinic 	<p>It is very important that you get medical care as soon as possible. You will need to go to a clinic that treats HIV. We will give you a referral letter to take with you when you seek care and treatment.</p> <p>Effective treatment for HIV is becoming more available in our community, and you may be eligible for this treatment. You need to be evaluated to determine what the best treatment is for you.</p> <p>The medical provider at the HIV clinic will examine you and do</p>

	tests to determine what drugs, if any, you need at this time.
3. Encourage the couple to access appropriate care and treatment services.	I encourage you both to get medical care as soon as possible. HIV care and treatment can keep you from getting sick and protect you from other illnesses. It will make a big difference in how you feel.
4. Discuss with the couple things they can do at home to keep healthy, including: <ul style="list-style-type: none"> • Safe water to prevent diarrhea • Using bednets to prevent malaria • The importance of good nutrition 	<p>In addition to seeking care at the clinic, there are several important things you need to do at home to keep healthy.</p> <p>To prevent diarrhea, you should boil drinking water or use a safe water vessel with [name of water treatment product] added to the vessel.</p> <p>You should sleep under a bed net to keep mosquitoes from biting you at night. This will prevent malaria.</p> <p>Good nutrition is also very important. You should eat a mixture of energy-giving foods, such as rice, potatoes and bread, body building foods, such as meat, chicken, eggs, beans and ground nuts, and protective foods, such as fruit and vegetables.</p> <p><i>In each case, inform the couple about where to get more information or obtain supplies.</i></p>
5. Provide needed referrals to the HIV clinic and other services. Identify and problem-solve obstacles.	<p>Here is a list of the HIV care and treatment services we have discussed and the locations where you can receive these services.</p> <p>Do you have concerns about going to the HIV clinic?</p>

Here is your referral letter to give to the clinic medical providers.

Discuss Risk Reduction

Task

Script

1. Discuss the importance of being faithful and not having sex with outside partners.

Since you both have HIV, we need to talk about how you can protect each other from other illnesses.

You can best protect each other by having sex only with each other and not having sex with other partners. If you have sex with others, you can get other infections from them that can make you sick and could make your HIV disease worse. You could give these infections to your partner who could get sick as well.

2. Inform couple of the need to protect partners if they choose to have sex outside their relationship.

In addition to making you and your partner sick, you could give HIV to these outside partners.

If either of you has sex with other partners, these partners should also be tested for HIV. Just because you are positive does not mean they are infected. I encourage you to refer any other partners to a clinic or VCT site for HIV testing.

Again, the most effective way to protect yourselves is to be faithful to each other. But if you choose to have sex outside your

	relationship, YOU MUST ALWAYS USE A CONDOM, so that you do not give HIV to others and so you do not get any infections from them that could make you sicker.
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Discuss Children, Family Planning, and PMTCT Options As Appropriate	
<i>Task</i>	<i>Script</i>
<p>1. Discuss the issue of HIV testing of children.</p>	<p>In addition to staying healthy for you and your family, there are things you need to do to be sure your children stay healthy.</p> <p>If you have young children, they should be tested to see if they have HIV so they can also get the care they need. You need to have your children tested for HIV here or at a Maternal Child Health (MCH) clinic.</p>
<p>2. Revisit the couple’s intentions concerning having children.</p> <p>Discuss the couple’s reproductive options.</p>	<p>You may be planning to have more children. You should know that HIV can be transmitted to your baby. Therefore, you should think about whether you still want to have more children now that you know you have HIV.</p> <p>The most effective way to prevent transmission of HIV is to choose not to have additional children. There are many family planning methods that you can use to prevent pregnancy—condoms, pills, and injectables for example. Address the benefits and issues associated with the use of multiple contraceptive methods, such as condoms and oral contraceptives, to reduce the risk of unintended pregnancy and STD/HIV transmission. I</p>

	<p>will give you a referral to a family planning clinic before you leave today.</p> <p>What are your thoughts about getting pregnant in the future?</p> <p>How would you choose to prevent pregnancy if you decide not to have more children?</p>
<p>3. Describe PMTCT programs and services and identify where the couple can access services.</p> <ul style="list-style-type: none"> • Any HIV positive pregnant woman must be referred to ANC and PMTCT 	<p>If you do get pregnant, it is important that you get care during your pregnancy because there are important steps you can take to decrease the chances of transmitting HIV to your baby. Currently, _____ (name of clinic) offers services to HIV-infected women who become pregnant.</p>
<p>4. Address the couple's questions and concerns regarding PMTCT services.</p>	<p>What questions do you have?</p>
<p>5. Provide needed referrals.</p> <p>Family planning ANC clinics (if woman is pregnant) MCH clinic (if woman has young children and/or if she is breastfeeding)</p>	<p>Here is a list of family planning clinics and clinics where you can get care during pregnancy.</p>

Discuss Disclosure and Getting Support	
<i>Task</i>	<i>Script</i>
<p>1. Explain the benefits for the couple to disclose their HIV status to others.</p>	<p>As we have discussed, it is very important for you to support each other. However, there are a lot of issues to deal with. It may be helpful to have someone other than each other to give you support and help you make decisions.</p> <p>Trusted friends or family can support you in dealing with HIV and can also help you get HIV care and treatment.</p>
<p>2. Reinforce that the decision to disclose is mutual.</p>	<p>As we discussed, your decisions about sharing your HIV results have to be made together. Do not share each other's HIV results with anyone until you both agree.</p>
<p>3. Explore the possibility of participating in a support group and additional counseling sessions.</p>	<p>There is support available in the community. Would you be interested in talking with other couples in your situation?</p> <p>Here is a list of post-test clubs, support groups for couples, and resources for additional counseling.</p>
<p>4. <i>If the couple is ready</i>, explore the couple's feelings about sharing their results with a trusted friend, relative, or clergy.</p>	<p>How do you feel about sharing your HIV test results with someone you trust?</p>

<ul style="list-style-type: none"> • Identify who could provide additional support. • Address confidentiality and disclosure concerns. 	<p>Who do you feel could best support the two of you as you cope and adjust to living with HIV?</p> <p>What concerns do you have about having someone know you have HIV?</p> <p>I would like to hear from each of you about your feelings on this.</p>
<p>5. <i>If the couple is ready</i>, discuss steps to disclosure.</p>	<p>After you identify someone with whom you would like to talk about your HIV status, think about what you would like to say to that person.</p> <p>Think of a private place and time to talk, and ask them to keep the discussion confidential and not to tell anyone else. Sometimes it is helpful to practice what you would like to say ahead of time and imagine how this person will react.</p> <p>Who do you think you might want to tell about your HIV status? How do you think you would like to tell this person? When would you talk with them? What would you say? How do you think he or she would react?</p> <p>Let's imagine I'm that person. Tell me about your results and I'll respond.</p>
<p>6. Answer remaining questions and provide support.</p> <p>Summarize.</p>	<p>We have talked about a lot today. Let's review the important steps you need to take:</p> <ul style="list-style-type: none"> • Go to the HIV clinic and give the referral letter to the provider. • Be sure to drink water that is safe. • Be sure to eat healthy.

- Use a bed net to prevent malaria.
- Bring your children in for testing.
- Talk with each other about whether you want to use family planning methods.
- Protect yourselves and others by only having sex with each other.
- Wear condoms if you choose to have sex outside the relationship.
- Seek out support from friends, family, and support groups within your community.

Please share with me any remaining questions you may have.

It is a challenge to deal with having HIV. However, with time and mutual support, you will have a better chance of adjusting and living positively.

RESOURCE 4.6 ARV BASICS

Counselors should generally understand the fundamentals of ARV treatment. However, counselors need to be mindful not to act as the “expert” on ARV treatment to clients. Counselors who are not clinicians should especially use caution and should not answer complicated questions. Below are key points you should understand on ARVs.

- Antiretroviral treatments are medications used to treat HIV.
- “ARV” is the abbreviation commonly used to refer to these drugs.
- ARVs help infected persons feel better and delay the effects of HIV on their health. ARVs can prolong life.
- ARVs do not cure HIV or AIDS.
- ARVs must be taken for life.
- ARVs lower the level of virus in the blood if taken (as directed) without missing doses.
- It is still possible to transmit the virus when on ARVs
- Not everyone infected with HIV needs ARVs right away.
- Another treatment is often given before ARVs are needed. All people living with HIV should take Cotrimoxazole (Septrin) every day.

RESOURCE 4.7 PMTCT BASICS

- HIV transmission from mother to child during pregnancy, labor, delivery, or breastfeeding is called vertical transmission, perinatal transmission, or mother-to-child HIV transmission (MTCT). Prevention of mother-to-child HIV transmission is called “PMTCT.”
- Without any intervention up to 35-40% of infants born to mothers infected with HIV who breastfeed can become HIV-infected.
 - 5-10% transmission risk during pregnancy
 - ~15% during labor and delivery
 - ~ 15% during the breastfeeding period
- Key PMTCT interventions include:
 - Provider-initiated routine opt-out testing and counseling in the context of pregnancy (e.g., during antenatal, labor and delivery, and immediate post-delivery periods) to enable women to learn their HIV status.
 - Short-course antiretroviral prophylaxis (ARVs), which can be given during pregnancy, during labor, and to the baby after birth to reduce the chance of transmission, and to improve the mother’s health.
 - Modified infant feeding practices, which could be either exclusive breastfeeding or replacement feeding but no mixed feeding.
- For individual women participating in PMTCT programs and receiving these interventions, the risk of transmission can be reduced to 10% or even as low as 5%, even in resource-limited countries.
- The best way to manage HIV in pregnancy, and to prevent infants from getting HIV, is for all pregnant women to attend antenatal care as early as possible in pregnancy and to deliver in a health facility.
- Pregnant HIV-infected women who do not yet need treatment for their health should receive the most effective and accessible ARV prophylaxis regimen for PMTCT. The regimens for ARV prophylaxis recommended by WHO include:
- HIV-infected women, including those on HAART, should avoid breastfeeding only if replacement feeding is acceptable, feasible, affordable, sustainable, and safe. If not, HIV-positive mothers should exclusively breastfeed their baby for the first six months of life and there should be no mixed feeding (i.e. combining breast milk with bottle-feeding, water, or formula feeding).
- Women attending ANC should also be encouraged to bring their partner for HIV testing. All HIV-infected mothers, infant and family members should be referred to treatment, care and support services, to ensure care for the entire family.

RESOURCE 4.8 DISCLOSURE BASICS

Benefits of Disclosure to HIV-Infected Person

- May build a network of social and emotional support, which helps reduce the sense of isolation and anxiety
- May enhance opportunities for those with HIV to receive support in obtaining proper medical care and treatment
- Helps HIV-infected individuals take medication properly by allowing the individual to:
 - Take medication openly
 - Acknowledge HIV status
 - Receive support during treatment

Benefits of Disclosure to Outside Sex Partner(s)

- Allows sex partner or partners to know of exposure risk
- Allows sex partner or partners to seek testing and to reduce the likelihood of acquiring or transmitting HIV
- Enhances the ability of the sex partner or partners to understand and support behavior changes needed to reduce risk

Benefits of Disclosure for Family and Community

- Helps infected individuals, couples, and families prepare for the future
- It gives an opportunity to address children's fears and anxieties
- It provides a role model to friends, families, and the community
- It allows health care providers to take appropriate precautions

Benefits of Disclosure to Children

- Not knowing can be stressful for children.
 - Children can be highly perceptive. Children (especially older ones) often know something is wrong even if the parent has not disclosed.
 - Parents can relieve the stress of uncertainty as well as communicate trust and openness by talking about their status.
- Parents should be the ones to disclose their status. It's best for children to learn about their parents' HIV status from the parents themselves.
- Disclosure opens communication between the parents and children and allows the parents to address the children's fears and misperceptions.
- Disclosure lowers parents' stress.
- Parents who have shared their HIV status with their children tend to experience less depression than those who do not.

Tips on How to Disclose

- Identify the person who is the most likely to be supportive and understanding to disclose to first.
- Find a private and quiet place and time for the discussion.
- Request that the discussion be kept confidential.
- Mentally frame the issues to be addressed beforehand.
- Develop a script of what to say and how and when to say it.
- Practice
- Anticipate both supportive and non-supportive responses and how the responses may make the couple feel
- Imagine possible counter-responses
- Focus on and share feelings. Avoid blame.
- Be clear and specific about what support is needed and what would be helpful.
- When finished, review the experience. Revise the approach as necessary for disclosure to the next person.
- When deciding which outside sex partners to disclose to, prioritize those who may have been exposed to HIV (*disclose your HIV status if you feel it is safe to do so*).

Issues in Disclosure to Children

- The decision to tell a child that a parent or parents are HIV-infected should be individualized to the child's age, maturity, family dynamics, social circumstances, and health status of the parent.
- How a child reacts to learning one parent or both parents have HIV usually depends on the relationship the parents have with the child.
- Young children should receive simple explanations about what to expect with their parent's HIV status. The focus should be on the immediate future and addressing fears and misperceptions.
- Older children have a better capacity to cope with their parent's status and to understand the implications of being HIV-positive.
- It is possible that in some cases, disclosure may initially cause stress and tension. Parents should anticipate that their children might need time to adjust to and accept their parents' HIV status.
- It can be stressful and burdensome for children when a parent discloses his or her HIV status and then requires them to keep it a secret from others.
- Parents should consider disclosing their status to other adults who are close to their children. This can create a support network of adults who can help the children cope with and process their feelings.
- Parents who are experiencing intense feelings of anger or severe depression about their HIV infection may want to wait to disclose to their children until after they have learned to cope with their status.

RESOURCE 4.9 PROVIDING CONCORDANT POSITIVE RESULTS ROLE PLAY

Husband: Elias age 31, driver for an aid organization

Wife: Jane age 28, sells fruits, vegetables, and other staples at a roadside vending stand

Marriage: 5 years

Children: 5-year-old son, 2-year-old daughter

Jane and Elias are a very close couple and after years of hard work they feel like their life is going pretty well. Jane met Elias at a friend's wedding. He was very charming and she liked him immediately. He seemed to be a good man. He had a good job and was building a house for his mother. Elias and Jane never talked in detail about their past relationships. Jane is aware that prior to the time they met, Elias drove a truck for another aid organization and delivered supplies to programs in various neighboring countries. He was away for weeks at a time and she imagines he may have met girls along the way. Elias knows that for a brief time Jane had a boyfriend who she was serious about but the relationship ended long before they met. Since they married they have built a nice home for their family. Elias's mother lives close by and helps to take care of the children when Jane is working.

Elias and Jane are considering having another child. Elias, in particular, would like another son. The nurse midwife, a family friend, who delivered their youngest daughter, recommended to Jane that the couple receive CHCT service prior to adding another child to their family. Elias has a coworker who has been ill and Elias is concerned that this friend may have AIDS. Elias' concern about his coworker has caused him to talk to Jane a little more about his worries about HIV. The youngest child of Elias and Jane has had some minor health problems and this has added to their worries. As a result, they decided to go together to receive couple HIV testing.

You are Elias:

Prior to his current position Elias delivered construction and food commodity supplies for another aid organization. He would be gone for several weeks at a time. This was a lonely time for Elias and he would sometimes go to the local bars in the evenings. Occasionally he would meet a girl and have sex with her. He would usually use condoms but not always. For awhile he had a steady girlfriend in the northern part of the country. He was fairly serious about her and thought they might marry. Initially he used condoms with this girl to prevent pregnancy but eventually they stopped. This relationship ended when the girl moved to the city to live with her sister to find a better job. Not long after that Elias met Jane and they later married. Elias is very happy with his life. He is dedicated to his wife and children. Elias feels that he and Jane have a strong bond and have worked together toward building a better future for their family. Although Elias is worried about going for an HIV test, he feels a bit reassured that his employer is scaling-up a program to provide access drugs to treat HIV as part of the employee health package. He doesn't know a lot about these drugs but thinks they may offer some hope.

You are Jane:

While in secondary school Jane had a boyfriend. This boy really pressured her to have sex with him. Jane only had sex with this boy twice. Later, Jane met a boy from her village and was involved with him for awhile. He ended their relationship when he got the opportunity to go away to a technical school for training. She was hurt and disappointed when this young man left. About a year later she met Elias and finally found the relationship she was looking for. Jane feels that she and Elias have a strong bond. Elias is a responsible and kind husband, a good father, and works hard to provide for the family.

RESOURCE 4.10 DISCORDANCE BASICS

HIV discordance is when one partner in a couple is HIV positive and the other is HIV negative.

Facts on Discordance

- HIV discordance is common
- HIV discordance is NOT a sure sign of infidelity
- NO ONE is immune from HIV infection
- A couple can remain HIV discordant for a long time
- HIV is NOT transmitted on every exposure; the chance that HIV is transmitted depends on a number of factors
- HIV negative partners in discordant couples are at very high risk of infection
- HIV transmission with discordant couples CAN be prevented

Discordance in Uganda

- One out of every 20 couples living together in Uganda (5%) are discordant
- On average in a year, 10-12% of discordant couples will transmit HIV to the negative partner
- Negative partners in discordant couples are the highest known risk group in Uganda today, with a risk ~10 times higher than that of the general population

How is Discordance Possible?

- It is not every time you have sex with an HIV positive person that you acquire HIV
- HIV transmission happens by chance and depends on a number of factors

Factors Affecting HIV Transmission

Sexually transmitted infections (STIs)

- HIV-infected persons with STIs are more likely to transmit HIV than those without
- Partners are more likely to acquire HIV if they have STIs

Level of virus in the body

- The more HIV the HIV-positive person has in his or her body, the more likely it is that he or she will pass HIV to a sexual partner
- When individuals develop AIDS, they are ill because they have very high levels of HIV in their body
- However, it is very difficult for anyone to know how much virus is in the body

Recent infection with HIV

- When someone is infected with HIV, he or she will initially have a higher amount of virus in his or her body. This increases the chance of passing HIV to others.

Use of condoms

- Condom use greatly reduces risk of transmission.

Abstinence

- Abstaining from sex eliminates the risk of HIV transmission

Male circumcision

- There is increasing evidence that men who are circumcised are less likely to become infected with HIV
- Male circumcision provides only partial protection from HIV infection – about a 50-60% reduction in transmission risk
- Male circumcision has not been shown to reduce the risk of HIV transmission from men to women

Frequency of sexual exposures

- Each time an uninfected person has sex with someone who has HIV, he or she is at risk of getting HIV
- The more exposures s/he has, the more likely it is that s/he will become infected

Injury of the genital tract

- Partners with cuts or abrasions of the membranes of the genital tract are more likely to acquire HIV than partners with intact membranes

Type of sex

- Penetrative anal sex has the highest risk of HIV transmission, followed by penetrative vaginal sex. The risk of transmitting HIV through oral sex is quite low.

Discordance Analogies

When fetching water, the chance of getting algae in your container depends, for instance, on the amount of algae naturally present in the water, and how many times you scooped.

If a thief was going to break into someone's house, tightly closed windows and doors, having burglar proofing, and not leaving attractive things in the sitting room would minimize the chances of being robbed.

If a person is passing through a dangerous street where thieves are suspected to be, the chances of being robbed may increase if this person is carrying attractive things or if s/he passes the street at night when there are no lights. However, with an 'askari' or policeman, s/he may be protected.

Myths and Misconceptions About Discordance

MYTH: If one partner is HIV positive, the other partner automatically is, too.

FACT: Couple members can have different HIV statuses. One partner's HIV status does not determine the other partner's HIV status, and just because one partner is infected does not necessarily mean the other partner is, too. The only way to find out is through an HIV test.

MYTH: If one partner is HIV negative, the other partner automatically is, too.

FACT: Couple members can have different HIV statuses. One partner's HIV status does not determine the other partner's HIV status. Just because one partner does not have HIV does not necessarily mean the other partner is HIV negative, too. The only way to find out is through an HIV test.

MYTH: Special blood protects some people from HIV. People with blood group "O" cannot get infected with HIV.

FACT: No blood group protects against HIV. Everyone is at risk of HIV infection.

MYTH: The negative partner is really infected, the virus is just hiding or taking long to show up in the blood.

FACT: It is possible for one partner to be infected with HIV while the other is not. The window period lasts about 2-3 weeks. Unless the negative partner has been exposed in the last 2-3 weeks, then the virus will be detected.

MYTH: The testing machines are unreliable.

FACT: Three different tests are used to ensure results are accurate.

MYTH: If you have gentle/lubricated sex, you can't transmit HIV.

FACT: Gentle/lubricated sex does not protect against HIV.

MYTH: HIV negative status is a protection from God

FACT: The HIV negative partner can become infected at any time if you do not take risk reduction measures.

MYTH: If you have unprotected sex once you might as well continue.

FACT: HIV is not transmitted on every exposure. It is never too late to take risk reduction measures.

Common Challenges in Providing Discordant Results

- Explaining discordance so that the couple understands their results
- Diffusing blame, negative emotions and reactions to different results
- Denial of results
- Disagreement over risk reduction plan and way forward
- Desire for separation
- Ensuring continued care and support for the HIV positive person
- Mutual coping

Common Emotional Reactions to Discordant Results

- Shock
- Disbelief
- Confusion
- Blame
- Anger
- Relief
- Worry

Motivations for Not Transmitting HIV to the Negative Partner

- Feeling the responsibility to save the negative partner's life
- Partner availability for care and support
- Reduced cost of care
- Partner availability for child care

HIV Risk Reduction Strategies

- Use condoms every time you have sex
- Abstain or reduce frequency of sex
- Diagnose and treat STDs
- Seek on-going support (couples club)
- Consider separation

RESOURCE 4.11 COMPONENTS OF PROVIDING HIV DISCORDANT RESULTS

COMPONENT I: Provide HIV negative concordant results

Task 1: Inform the couple that their results are available

The objective of this task is to transition the session and to let the couple know that they will be receiving their results.

Task 2: State that the couple has received results that are different. Pause briefly for the couple to absorb the implications of the results.

The counselor's objective in this task is to reaffirm that the couple as a unit will receive the results. By pausing for a moment, the counselor allows the couple to consider the reality that one partner is infected with HIV while the other is not and that either of them could be infected.

After the brief pause, the counselor should provide the positive partner with his or her result. Then the counselor should provide the negative partner with his or her result.

This is because it is the positive partner is the one who will need the most support. The positive result has far greater implications than the negative result.

Task 3: Convey support and empathy

The counselor's objective is to offer genuine empathy and support for both the couple as a unit and for the HIV-infected partner.

Task 4: Ask the couple if they understand their results

The counselor's objective is to ensure an accurate understanding of the outcome of the test results, their meaning, and implications.

Task 5: Review the explanation of how couples can have different test results

The counselor's objective is to reinforce the accuracy of the results and promote understanding and acceptance of the results. Remember to dispel any beliefs that the couple may have that can undermine prevention. The counselor should also ease blame and encourage support for the infected partner.

COMPONENT II: Discuss coping and mutual support

Task 1: Invite both partners to express their feelings and concerns

The objective of this task is for the counselor to understand how receiving discordant results is affecting the couple. The counselor should provide each individual with an opportunity to identify and voice emotions and reactions.

The counselor should avoid labeling the couple's feelings for them. For example, the counselor should avoid saying, "You must be upset" or "This must be difficult for you." The counselor's objective is to hear the couple verbalize how they are feeling and to convey

understanding and support. The counselor can do this by saying, “Tell me how each of you is feeling about your result.”

Task 2: Validate and normalize the couple’s feelings and acknowledge the challenges of dealing with different results

The counselor should provide genuine empathy and offer support and understanding.

Task 3: Ask how the uninfected partner how he or she could best support the infected partner

The counselor should focus the partners on generating ideas of how the uninfected partner can best support the infected partner.

Task 4: Recall the couple’s strengths. Convey optimism that the couple will be able to cope and adjust to the situation

The counselor’s objective is to help the couple recognize and build on their skills and resources, both individually and as a couple.

Task 5: Address the couple’s immediate concerns

Determine if there are critical issues that must be addressed so the couple can listen, focus, and participate in the remainder of the session.

COMPONENT III: Discuss positive living and HIV care and treatment

Task 1: Discuss positive living and the importance of getting care for the HIV-infected partner

The counselor’s objective is to encourage the partners to focus on their ability to enhance their health and well-being. The counselor asks the couple what they understand by “positive living”.

Task 2: Discuss positive living

Task 3: Address the need for preventive health care

The counselor’s objective is to encourage the couple appreciate the need to always avoid HIV spread.

Task 4: Encourage the infected partner to access appropriate care and treatment services

The counselor’s objective is to motivate the infected partner to obtain the essential treatment, care and support services. The counselor should take participants through the fundamentals of ART in order to motivate them to find out whether the infected partner needs the services.

Task 5: Discuss things the couple can do at home to keep healthy

The counselor’s objective is to reinforce that the couple will need to play an active role in maintaining and preserving their own health, and that inexpensive, effective, accessible, and feasible things can be done to prolong life.

- Discuss the importance of having safe drinking water to prevent diarrhea.
- Discuss the importance of using bed nets to prevent malaria.
- Discuss the importance of good nutrition.

In each case, inform the couple about where to get more information or obtain supplies.

Task 6: Encourage the uninfected partner to serve as an advocate for the infected partner

It is essential for the counselor to ensure that the couple recognizes that the well-being of the HIV-infected partner directly affects the well-being, welfare, and future of the couple and their family. The goal is to mobilize the couple so they are motivated to seek needed care and treatment services and to empower them to become the HIV-infected partner's health care advocates.

Task 7: Provide needed referrals to the HIV clinic and other services. Identify and problem-solve obstacles

The counselor should link the couple to care and support services available.

COMPONENT IV: Discuss protecting the negative partner from HIV

Task 1: Address risk reduction within the couple. Explore long-term measures to reduce the risk of HIV transmission to the uninfected partner.

The objective is to let the couple know that they need to take steps to protect the negative partner from HIV and that if they continue to have sex without a condom, that partner will likely get HIV. The counselor should also discuss the risk reduction options: not having sex or using condoms every time they have sex.

Task 2: Assess condom-related issues.

The objective is for the counselor to assess the couple's history of condom use and condom skills. Remind couples of the condom demonstration in the pre-test session.

Task 3: Address regular HIV testing for HIV-negative partner.

The objective is to ensure that the couple understands that the negative partner will be at high and repeated risk for HIV, especially if the couple does not abstain from sex or does not use condoms. Therefore, the HIV-negative partner should be retested **every year**.

Task 4: Inform couple that condoms must always be used with outside partners. Address the possibility that any other partners should be tested for HIV.

The objective is for the counselor to let each partner know, in the abstract, that there are risks to their health should they have sex with an outside partner. For the positive partner, they should use condoms to prevent giving HIV to others. For the negative partner, they should use condoms to protect themselves from getting infected with HIV.

The counselor should also let the couple know that any outside partners should be tested for HIV.

COMPONENT V: Discuss PMTCT and family planning options as appropriate

Task 1: Revisit the couple's intentions concerning having children.

This section of the CHCT intervention will differ from concordant positive couples on the basis of who is positive in the couple. The counselor's aim is to ensure that the couple has access to family planning services and understands that the decision to have additional children will put the uninfected partner at high risk for HIV. The couple should also understand the importance of accessing PMTCT services if the woman is pregnant now or should they conceive in the future.

Task 2: Address the risk to the uninfected partner should the couple decide to have a child

The decision to have a child necessitates unprotected sex. This will place the uninfected partner at risk of HIV infection.

Task 3: Discuss the couple's reproductive options.

The counselor will have two objectives. The first is to review the couple's reproductive intentions in light of their HIV test results. The counselor's second objective is to address options for reducing the risk of mother-to-child-transmission of HIV while respecting the couple's reproductive choices. Options to be discussed include:

- Choosing not to have additional children. This is the most effective way to prevent HIV transmission to the child.
- Preventing unintended pregnancies
- Using dual contraception: using condoms and one other method to prevent pregnancy
- Accessing PMTCT services

For each of these options, the counselor should be prepared to provide referrals.

The counselor also needs to find out from the couple if there are any issues in their family or community which may influence their adoption of the selected options and discuss ways of dealing with those issues.

Task 4: Describe the country's PMTCT programs and services and identify where the couple can access services

The counselor should identify where the couple can obtain PMTCT services, such as antenatal care (ANC) facilities. Any HIV positive pregnant woman must be referred to ANC and PMTCT.

Task 5: Address issue of testing young children if the woman is HIV-positive

If the woman is HIV positive, there is a possibility that young children may have become HIV infected through their mother. The counselor should encourage the couple to bring their children for HIV testing so that, if the children are positive, they can get the care and treatment they need.

Task 6: Address the couple's questions and concerns regarding PMTCT services

The counselor's objective is to identify the couple's reservations, myths, or misconceptions about PMTCT services.

Task 7: Provide needed referrals (family planning, ANC, MCH)

The last task is to link the couple to locally accessible family planning and PMTCT services. Counselors should be prepared to cover the family planning and reproductive health issues we have discussed. However, sometimes couples may not be ready to address these issues fully, as they have just learned their test results and there are many things to discuss during the post-test session. Even if the couple is not ready to address these issues fully, it is important for the counselor to convey the essential information and then to make appropriate referrals for follow-up.

COMPONENT VI: Discuss disclosure and get support

Task 1: Explain the benefits for the couple to disclose their HIV status to others

The counselor's role is to help the couple to understand how disclosing their HIV test results to trusted friends or relatives can help them to receive additional support that they will need both individually and as a couple.

Task 2: Reinforce that the decision to disclose is mutual

The counselor should ensure that both partners are comfortable with the decision to share their results and with the person or people with whom they intend to confide their test results.

Task 3: Explore the possibility of participating in a support group and additional counseling sessions

The counselor should determine if the couple would be receptive to accessing other support resources. Specify the types of support that would be acceptable to the couple.

Task 4: Explore the couple's feelings about sharing their results with a trusted friend, relative, or clergy (optional)

The counselor's objective is to assess the couple's level of comfort about disclosing their test results to someone within their family or social network in order to receive additional support.

- Identify who could provide additional support.
- Address confidentiality and disclosure concerns.

Task 5: Discuss steps to disclosure (optional)

The counselor's role is to provide the couple with information about disclosure and how it should be approached to help them mentally frame how they will disclose. As counselors, it is important to remember that disclosure to people and partners outside of the couple relationship is an issue that must be approached with sensitivity.

Task 6: Answer remaining questions, provide support and summarize

The counselor should bring closure to the session and provide appropriate reassurance and encouragement.

RESOURCE 4.12 COUNSELOR’S SCRIPT – PROVIDING DISCORDANT RESULTS

Provide Discordant Test Results	
Task	Script
1. Inform the couple that their results are available.	Your test results are now ready.
2. State that the couple has received results that are different. Pause briefly for the couple to absorb the implications of the results.	Your test results are different. (Pause) _____, your test result is positive. This means that you have HIV. _____, your test result is negative. This means you do not have HIV. (Pause) Take your time. We will have plenty of time to talk about this.
3. Convey support and empathy.	It can be difficult knowing that one of you has HIV. There is a lot to think about and deal with. It will help to take this one step at a time.
4. Ask the couple if they understand their results.	First, I want to be sure that you both understand the results. Could you tell me what these results mean to you?

5. Review the explanation of how couples can have different results.

Let's talk again about what it means for a couple to have different HIV test results:

- It is very common for couples to have different test results.
- Couples can be together for many years and have different results.
- It does not necessarily mean that your partner has been unfaithful during your relationship. He or she could have been infected before you became a couple.
- It is very important that you do not blame your partner for having HIV. He or she will need your support to cope and get care.
- It is very important to protect _____ from becoming infected.

What questions do you have about your test results?

Discuss Coping and Mutual Support

Task

Script

1. Invite both partners to express their feelings and concerns.

Let's first talk about how you are coping with knowing that you each have different test results. Could each of you tell me how you are feeling?

What are your concerns for your partner?

2. Validate and normalize the couple's feelings and acknowledge the challenges of dealing with different results.

It is normal to feel a sense of loss or to feel overwhelmed by this. These feelings are a normal part of hearing your HIV test results are different. I encourage you to focus on how best to support each other now rather than blame each other.

	<p>It can be stressful at first to hear that one of you has HIV. You will probably have many strong feelings about your status and each other. It is normal to feel upset or angry but also feel love and concern for your partner.</p> <p>Many couples with different test results express similar feelings.</p> <p>Let's take this one step at a time.</p>
<p>3. Ask the uninfected partner how he or she could best support his or her partner.</p>	<p>How can you best support your partner and help him or her cope with being HIV-positive?</p>
<p>4. Recall the couple's strengths. Convey optimism that the couple will be able to cope and adjust to the situation.</p>	<p>You may need some time to adjust to this, but in time you will have a better chance of coping and continuing with your life together.</p> <p>You have dealt before with difficult and rough times in your lives, and remembering this will help you get through this.</p>
<p>5. Address the couple's immediate concerns.</p>	<p>There is a lot we need to talk about. But first, do you have any questions?</p>

Discuss Positive Living and HIV Care and Treatment	
Task	Script
<p>1. Discuss positive living and the importance of getting care for the HIV-infected partner.</p>	<p>Now that you have received your results and are starting to deal with this news together, let's talk about how to keep both of you and your family as healthy as possible.</p> <p><i>(Name of infected partner)</i>, your well-being directly affects the well-being, welfare, and future of your family.</p>
<p>2. Discuss positive living.</p>	<p>Positive living means taking care of yourself in order to improve the quality of your life and to stay well longer.</p> <p>There are many people who have HIV and are living well. There is hope for you and your family. You will need to take several steps, however, to stay healthy. I will give you information about the HIV clinic where you can go to get help.</p> <p>Paying attention to your medical care is an important part of living positively. Let's talk about this.</p>
<p>3. Address the need for preventive health care.</p> <ul style="list-style-type: none"> • Encourage immediate visit to the HIV clinic • Dispel myths about treatment eligibility 	<p>It is very important that you get medical care that will help you stay as healthy as possible. You will need to go to a clinic that treats HIV. We will give you a referral letter to take to the HIV clinic.</p> <p>Effective treatment for HIV is becoming more available in our community and you may be eligible for this treatment. You</p>

	<p>need to be evaluated to determine what the best treatment for you is.</p> <p>Not everyone who has HIV needs treatment right away, but you need to be evaluated to determine whether you will need treatment now.</p> <p>The medical provider at the HIV clinic will examine you and do tests to determine if you are at a stage in which you need treatment and if so, what drugs you may need at this time.</p>
<p>4. Encourage the infected partner to access appropriate care and treatment services.</p>	<p>I encourage you to follow-up with these services as soon as possible. HIV care and treatment can keep you from getting sick and protect you from other illnesses. It will make a big difference in how you feel.</p> <p>Do you have any questions?</p>
<p>5. Encourage the uninfected partner to serve as an advocate for the infected partner.</p>	<p><i>Question directed to the uninfected partner:</i> How can you support your partner with care and treatment and living positively?</p>
<p>6. Provide needed referrals to the HIV clinic and other services. Identify and problem-solve obstacles.</p>	<p>Here is a list of the HIV care and treatment services we have discussed and the locations where you can receive these services. Take this referral letter to the clinic.</p> <p>Do you have concerns about going to the HIV clinic?</p> <p>Here is your referral letter to give to the clinic's medical providers.</p>

7. Discuss with the couple things they can do at home to keep healthy, including:

- Safe water to prevent diarrhea
- Using bednets to prevent malaria
- The importance of good nutrition

In addition to seeking care at the clinic, there are several important things you need to do at home to keep healthy.

To prevent diarrhea, you should boil drinking water or use a safe water vessel with [name of water treatment product] added to the vessel.

You should sleep under a bed net to keep mosquitoes from biting you at night. This will prevent malaria.

Good nutrition is also very important. You should eat a mixture of energy-giving foods, such as rice, potatoes and bread, body building foods, such as meat, chicken, eggs, beans and ground nuts, and protective foods, such as fruit and vegetables.

In each case, inform the couple about where to get more information or obtain supplies.

Discuss Protecting the Negative Partner from HIV

Task	Script
<p>1. Address risk reduction within the couple. Explore long-term measures to reduce the risk of HIV transmission to the uninfected partner.</p>	<p>Since you have different test results, it is important that we talk about preventing the transmission of HIV between the two of you. If you continue to have sex without a condom, your partner is at very high risk of becoming infected with HIV.</p> <p>You can eliminate the risk of transmitting HIV to your partner by not having sexual intercourse. Some couples initially choose not to have intercourse, but this frequently changes over time. Some couples explore alternative ways to satisfy each other.</p> <p>If you do continue to have sex, you must use condoms every time you have sex.</p>
<p>2. Assess condom-related issues, including:</p> <ul style="list-style-type: none">• History of condom use• Condom skills	<p>Have you ever used condoms?</p> <p>Do you know how to use a condom?</p> <p>Remind couple of the condom demonstration conducted in the pre-test counseling session.</p>
<p>3. Address regular HIV testing for HIV-negative partner.</p>	<p>It is recommended that the HIV-negative partner get an HIV test about once every year. This means that next year around (<i>today's date</i>) you, (<i>name</i>), should get an HIV test. However, if you are concerned about a recent exposure to your infected partner you can return for a repeat test after 3 weeks.</p>

<p>4. Inform couple that condoms must always be used with outside partners. Address the possibility that any other partners should be tested for HIV.</p>	<p><i>(Name of positive partner)</i>, if you have sex with other partners you should always use condoms to prevent transmitting HIV.</p> <p><i>(Name of negative partner)</i>, if you have sex with other partners you should always use condoms to protect yourself from HIV.</p> <p>If either of you have sex with other partners, these partners should also be tested for HIV. I encourage you to refer any other partners to a clinic or VCT site.</p>
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<p>Discuss Family Planning and PMTCT Options for Discordant Couples</p>	
<p><i>Task</i></p>	<p><i>Script</i></p>
<p>1. Revisit the couple's intentions concerning having children.</p> <p>Address the risk to the uninfected partner should the couple decide to have a child.</p>	<p>Now let's talk about how HIV might affect your family. How does knowing that one of you has HIV influence your feelings about having (more) children?</p> <p>You may be planning to have more children. If you decide to have a baby, it is possible that your partner and the baby will become infected with HIV. Therefore, you should think about whether you still want to have more children now that you know one of you has HIV.</p> <p>What are your feelings about this?</p>
<p>2. Discuss the couple's reproductive options.</p>	<p>The most effective way to prevent transmission is to choose not to have additional children. There are many family planning methods</p>

	<p>that you can use to prevent pregnancy—condoms, pills, and injectables for example. I will give you a referral to a family planning clinic before you leave today.</p> <p>What are your thoughts about getting pregnant in the future?</p> <p>How would you choose to prevent unintended pregnancy?</p>
<p>3. Describe the country's PMTCT programs and services and identify where couples can access services.</p>	<p>If you do get pregnant, you need to get care during your pregnancy because there are important steps you can take to decrease the chances of transmitting HIV to your baby.</p> <p>Currently (name of clinic _____) offers services to help you prevent transmission to your baby.</p>
<p>4. Address issue of testing of young children if the woman is HIV-positive.</p>	<p><i>If woman is HIV-positive:</i></p> <p>In addition to staying healthy for you and your family, there are things you need to do to be sure your children stay healthy.</p> <p>If you have young children, they should be tested to see if they have HIV so they can also get the care they need. You need to have your children tested for HIV here or at an MCH clinic.</p>
<p>5. Provide needed referrals.</p> <ul style="list-style-type: none"> • Family planning • ANC clinics (if woman is pregnant) • MCH clinic (if woman has young children, is breastfeeding, or both) 	<p>Here is a list of family planning clinics and clinics where you can get care during pregnancy.</p>

Discuss Disclosure	
Task	Script
<p>1. Explain the benefits for the couple to disclose their HIV status to others.</p>	<p>As we have discussed, it is very important for you to support each other through this. However, there are a lot of issues to deal with. It may be helpful to have someone other than each other help you weigh options and make decisions.</p> <p>Trusted friends or relatives can support you in dealing with your HIV status and can also help the HIV-positive partner with his or her HIV care and treatment.</p>
<p>2. Reinforce that the decision to disclose is mutual.</p>	<p>As we discussed, your decisions about sharing your results have to be made together. Do not share each other's HIV results with anyone until you both agree.</p>
<p>3. Explore the possibility of participating in a support group and additional counseling sessions.</p>	<p>There is support available. Would you be interested in talking with other couples in your situation?</p> <p>Here is a list of post-test clubs, support groups for couples, and resources for additional counseling.</p>
<p>4. <i>If the couple is ready</i>, explore couple's feelings about sharing their results with a trusted friend, relative, or clergy.</p>	<p>How do you feel about sharing your HIV test results with someone you trust?</p>

<ul style="list-style-type: none"> • Identify who could provide additional support. • Address confidentiality and disclosure concerns. 	<p>Who do you feel could best support the two of you as you cope and adjust to living with HIV?</p> <p>What concerns do you have about telling someone that you have HIV?</p> <p>I would like to hear from each of you about your feelings on this.</p>
<p>5. <i>If the couple is ready</i>, discuss steps to disclosure.</p>	<p>After you identify someone to whom you would like to disclose, think about what you would like to say to that person.</p> <p>Think of a private place and time to talk, and ask to keep the discussion confidential.</p> <p>Sometimes it is helpful to practice what you would like to say ahead of time, and imagine how this person will react.</p> <p>Who do you think you might want to tell about your HIV statuses? How do you think you would like to tell this person? When would you talk with them? What would you say? How do you think he or she would react?</p> <p>Let's imagine I'm that person. Tell me about your results and I'll respond.</p>
<p>6. Answer remaining questions and provide support.</p> <p>Summarize.</p>	<p>We have talked about a lot today. Let's review the important steps you need to take:</p> <ul style="list-style-type: none"> • Go to the HIV clinic and give the referral letter to the provider. • Be sure to drink water that is safe. • Be sure to eat healthy foods.

- Be sure to use a bed net.
- *(If woman is HIV-positive)* Bring your children in for testing.
- Talk about whether or not you want to have more children.
- Protect yourselves by not having sex or by wearing condoms.
- Use condoms if you choose to have sex outside the relationship.
- Seek out support from friends, family, and support groups within your community.

Please share with me any remaining questions you may have.

It is a challenge to deal with having HIV, and another challenge to deal with having different results. However, you are not the only couple that is dealing with being discordant, and with time and mutual support you will have a better chance of adjusting and living positively.

RESOURCE 4.13 PROVIDING DISCORDANT RESULTS ROLE PLAY

John: 28 years old, computer technician

Janet: 25 years old, secretary

Married: 3 years with 3-year-old twins (one girl and one boy)

John and Janet met a little over 4 years ago in a refresher training course that Janet was taking for work. John was teaching the course. They met for coffee a few times and found they had quite a lot in common. Soon they were seeing each other regularly and it was clear that they had a strong bond and similar dreams. When they first had sex they used condoms but as their relationship became more committed and as their wedding plans moved along they became more relaxed. They never really talked about it but somehow they simply stopped using condoms. Not long after the wedding they found out that they were having twins. This news was exciting to their families and brought them closer. With the help of her mother-in-law, who lives nearby and cares for the twins while she is at work, Janet returned to work when the twins were 1 year old.

John and Janet are dedicated to each other and happy together. John has been doing quite well and just received a promotion to supervisor. They are building a home for their family. Janet's sister lives close by and they are best friends. They both listen to a radio drama while at work and talk and laugh endlessly about the characters. Recently a couple in the drama has been considering going for a HIV test. Janet decided she was going to talk to John about getting a test. John too had been thinking about HIV as a friend and co-worker has been ill and the rumor was that he had HIV. His friend really looked bad for a while but lately he had been looking better. John heard he was taking some new medications to treat HIV. John and Janet both have their worries but decided to go ahead and go for CHCT.

Although John and Janet never talked specifically about it, they both knew there may have been other partners in their pasts. In fact, John knew that Janet went with someone from her work for a while when she first moved to town. Janet knows John is a handsome man and he must have had girlfriends while at the university. Her only hope is that he had been careful. What is important is that she knows that he is now committed to her and their family and she is proud to have such a handsome and responsible husband.

You are Janet:

When Janet was young and lived in the village she had a boyfriend for a brief time. He persuaded her that he loved her and convinced her to have sex. The first time he used a condom; the second time he did not. She was so relieved not to become pregnant that she stopped seeing him. Janet was eager to find a career, so 6 years ago she moved to the city to live with her sister. Janet went to technical school to become a secretary. After her training, she found a good job in a large company. She and her co-workers would go out evenings to dance and have fun. An older supervisor from another unit took an interest in her. They saw each other for a while and then he seemed to lose interest. They had sex a few times and he used a condom every time except once. Six months later she fell for John. In him she found a companion, a supportive husband, and a dedicated father.

You are John:

John has some concerns about HIV as he had a few girlfriends while in training at the university. That was a carefree time in his life and he often went out to clubs with friends. There was one girl he was a bit serious about for a while, but as time went on it was clear they were not meant to be together. She later moved to another country to pursue an advanced degree. Of course as a boy in secondary school he had also played with a couple of girls. He usually used condoms but not always; he wasn't perfect. Besides he really didn't like condoms that much as it didn't seem as close or pleasurable. Once he met Janet he knew he met the woman who would be his wife. Although he has at times been tempted, he has been faithful to Janet. He cherishes their beautiful children and the life they share together.

MODULE 5 ONGOING SUPPORT FOR COUPLES AFTER HIV TESTING

Module Objectives

By the end of this module, participants will be able to:

- Identify the challenges HIV positive concordant, HIV negative concordant, and HIV discordant couples face after testing for HIV and receiving their results
- Discuss the concept of ongoing support
- Identify sources of ongoing support, including their advantages and limitations
- Facilitate the establishment and maintenance of post-test couples clubs

RESOURCE 5.1 KEY CHALLENGES FACED BY COUPLES AFTER TESTING

HIV Negative Concordant Couples

- Adhering to a risk reduction plan
- Remaining faithful; the risk of HIV entering the relationship as a result of unprotected sex with outside partners
- Understanding the window period
- Repeat testing

HIV Positive Concordant Couples

- Blaming of partners
- Need to deal with rallying psychological and financial resources to obtain care and support for both of them
- Concerns about ability to care for their children should they both fall ill
- Planning for the future may seem particularly daunting
- Extended family may need to be involved earlier for providing care, support, and planning for the future
- Reproductive choices will be influenced by the fact that both are HIV positive
- High chances of MTCT
- Condom use for prevention of reinfection, STI prevention in established relationships
- Preventing infection to outside partners
- Couple may experience a profound sense of loss

HIV Discordant Couples

- Difficulty believing that HIV discordance is possible
- Attention is focused on providing support to the HIV-infected partner
- One partner may feel responsible for bringing HIV into the relationship
- There is more possibility of blame – issue of other partners may be raised
- There may be concerns about abandonment, especially if the woman is infected
- If the breadwinner is infected, there may be concerns about his/her ability to continue to provide for the family
- Could be relief that at least one partner will be able to care for the family
- Need to protect the uninfected partner from becoming infected with HIV
- Increased possibility the couple will decide to separate
- HIV-infected partner may have greater disclosure concerns

RESOURCE 5.2 ONGOING SUPPORT

The Concept of Ongoing Support

Ongoing support can be defined as continuous support to couples after testing in order to help them cope with challenges often faced

Components of Ongoing support

Ongoing support focuses mainly on psychosocial support, medical support and reproductive health support.

Sources of Support for Couples in the Community

Place for Support	Type of Support	Benefits	Limitations
Health facilities	Medical, psychosocial	Improved care, prevention of OIs	Accessibility, cost, quality of services
Family and friends	Psychosocial, physical	Constant source of support, reduced stigma	Lack of information, requires disclosure, involuntary disclosure
Couples' clubs	Psychosocial, experience sharing	Coping mechanisms, sense of belonging	Few in existence, requires public disclosure, time constraints
Religious institutions	Spiritual, Psychosocial	Coping mechanisms, sense of belonging, hope	Lack of information, stigma, involuntary disclosure, belief in miraculous healing
NGOs, CBOs, ASOs	Material, Medical, Psychosocial	Improved medical care and treatment, information	Unstable, inadequate services, may have limited forms of support

Sample Activities for Post-Test Couples Clubs

- Couple meetings
- Expert panels
- Plenary discussions
- Testimonies
- On-going counseling
- Role models
- Video shows
- Income generating activities (IGAs)
- Exchange visits
- Provision of IEC materials

RESOURCE 5.3 FORMING AND MAINTAINING A COUPLES POST-TEST CLUB

Questions to Consider When Forming a Post-Test Club for Couples

- What is the provider's agenda in forming the club?
- What are the benefits and limitations of forming a post-test club for all couples, versus post-test clubs for HIV positive concordant, HIV negative concordant, and HIV discordant couples separately?
- What resources does the formation of the club require?
- Do the couples appreciate the need for the club?
- How do couples expect to benefit from the club?
- How might couples lose by being part of the club?
- How often will the club meet?
- Where and when will they meet?
- What will they do when they gather?

Sample Guidelines for Conducting the Initial Session for a Discordant Couples Club

Session Step	Suggested Dialogue
Introduction	
Personal introductions	<p>Good morning/good afternoon, my name is..... I work with (name of organization) as an HIV/AIDS counselor</p> <p><i>(Couples introduce themselves by names, place of residence and when they tested for HIV)</i></p>
Discuss purpose and objectives of the meeting	<p>We are gathered here today as discordant couples to have a forum for sharing and discussing our anxieties, joys, lessons, challenges, possibilities and general experiences of living in discordance so as to enhance the realism of the concept and enhance mutual coping amongst the couples.</p>
Seek the couples buy in to the group therapy program through discussing the advantages and possible disadvantages of not being part of the group	<p>We thank you so much for turning up for this meeting and let us discuss the benefits of being part of this forum. <i>(Find out from the group what they think could be the possible advantages or benefits of being part of the club)</i></p>

<p>Addressing challenges in discordant relationships</p>	<p>couple.</p> <p>Discuss the couple's challenges one by one</p> <p>Ask if there any other couples that would like to share experiences on how they dealt with some of the challenges</p> <p>Supplement accordingly and address all challenges</p>
<p>Closing</p>	
<p>Highlight key issues for future meetings and select team leaders</p>	<p>Select key leaders and topics for the next discussion</p> <p>Reinforce key messages, raise relevant issues not covered in the session and answer any questions about discordance.</p> <p>Remind participants of the next meeting time, place and topic</p>

Conducting a follow-up meeting to address risk reduction issues and challenges

Session Step	Suggested Dialogue
Welcome and introduction	
Welcome remarks, introductions	<p>Good morning/good afternoon, my name is..... I work with (name of organization) as an HIV/AIDS counselor</p> <p>We are gathered here today to discuss the important topic of discordance, where one partner is HIV-positive and the other is HIV-negative.</p>
Recap of previous session	
Reinforcing key messages	<p>Ask open-ended questions about the previous session, such as:</p> <ul style="list-style-type: none"> • What did you learn from the previous session? • Can someone define discordance for us? • Who can tell us what causes discordance? <p>Clarify any points of confusion and answer any questions about the previous session. It is okay to take your time in this section because understanding discordance is the foundation for all the other sessions.</p> <p>You may want to reuse the prepared flipcharts explaining discordance or review the list of causes of discordance from the last session.</p>
Introduce risk reduction session	<p>“Now we know what discordance is, and we know that the risk of transmitting HIV to the negative person is very high. Today, we want to share together some methods for reducing the risk that the negative partner will get HIV.</p> <p>There are many different options for a couple, and each couple will have to find what works for them. Some of you are already practicing some of these methods, while others may have some challenges. We want to talk about the different options and the benefits and</p>

Session Step	Suggested Dialogue
	<p>drawbacks of each.</p> <p>We will be brainstorming together as a group and also doing role-plays. We hope everyone will participate freely because there is no right or wrong answer, and we can all learn from each other. Please feel free to ask questions as we are talking.”</p>
Identify motivations for couples to remain discordant	
<p>Motivations for not transmitting HIV to the negative partner</p>	<p>Split up into two groups. Have each group brainstorm around the following questions:</p> <p><u>Group 1: HIV-negative partners:</u> What are the reasons why the HIV-negative partner in a stable discordant relationship would not like to get infected?</p> <p><u>Group 2: HIV-positive partners:</u> What are the reasons why the HIV-positive partner would not like to transmit HIV to their HIV-negative partner in a stable discordant relationship?</p> <p>Present in plenary, discuss, and wrap up</p>
Risk reduction measures	
<p>Explain the benefits and limitations of available risk reduction options</p>	<p>As a whole group, brainstorm options for risk reduction. Bring out any options not raised by the group and clarify myths.</p> <p>Guide participants in evaluating at the advantages and limitations of each risk reduction measure mentioned.</p>
Identify and dispel common myths about HIV risk reduction options	
<p>Role play on myths and facts about risk reduction</p>	<p>Present a role-play of two people talking about discordance and risk reduction measures. Mention a mix of true and false statements.</p> <p>Ask couples to identify false statements by a show of hands</p> <p>Request for an explanation for false statements and clarify as necessary.</p>

Session Step	Suggested Dialogue
Challenges to risk reduction	
Identify the challenges to adapting and maintaining risk reduction options and how to deal with them	<p>Brainstorm challenges to risk reduction among discordant couples in plenary</p> <p>Break up into four groups, and discuss the challenges faced by the following groups in adapting risk reduction measures in discordant relationships:</p> <ul style="list-style-type: none"> • HIV positive men • HIV negative men • HIV positive women • HIV negative women
Closing	
Session recap	<p>Reinforce key messages:</p> <ul style="list-style-type: none"> • HIV transmission can be prevented • There are many risk reduction options. It is important for couples to identify with the counselor a method or methods that suit them. • When you decide on a risk reduction method, it is common for couples not to achieve 100% success right away. However with practice and support from the counselors, couples are able to manage. • It is never too late to start practicing risk reduction <p>Raise any relevant issues not covered in the session and answer any questions about risk reduction.</p> <p>Link to the next session by mentioning that one way of adjusting to the risk reduction methods is by talking together as a couple.</p>

CHCT PRE-TEST COUNSELING SESSION OBSERVATION CHECKLIST

Introduction to CHCT and Concurrence to Receive Couple Services
<input type="checkbox"/> Introduce self and describe the role of the counselor
<input type="checkbox"/> Discuss <u>benefits</u> of CHCT <ul style="list-style-type: none"> → Learn HIV status together → Provide an opportunity for both partners to deal with HIV concerns together → Plan for the future together
<input type="checkbox"/> Describe the <u>requirements</u> for receiving CHCT services <ul style="list-style-type: none"> → Discussion of risk issues and concerns → Participate equally in the discussion → Treat each other with respect and dignity → Be as open and honest as possible → Agree to receive results together → Make decisions about disclosure together
<input type="checkbox"/> Obtain concurrence to receive CHCT
<input type="checkbox"/> Review content of session and describe steps in CHCT <ul style="list-style-type: none"> → Review couple's situation → Discussion of your HIV risk issues and concerns, both together and separate → Prepare for test and discussion of possible results → Receive rapid test → Provision of results → Counseling based on results → Estimate duration of session
Explore Couple's Relationship and Reason for Seeking CHCT
<input type="checkbox"/> Establish the nature and duration of the couple's relationship <ul style="list-style-type: none"> → Living arrangements—marital status → Plans for the future
<input type="checkbox"/> Address family planning and childbearing issues
<input type="checkbox"/> Review how couple came to the decision to seek CHCT services <ul style="list-style-type: none"> → Discussion and decision process → Previous individual or couple HCT → Disclosure of decision to seek CHCT to friends/family
<input type="checkbox"/> Assess the couple's feelings associated with receiving CHCT
<input type="checkbox"/> Identify couple's interpersonal resources and coping style
<input type="checkbox"/> Assess the couple's family and social support
<input type="checkbox"/> Summarize and reflect back to the couple their history and current situation
Discussion of Couple's HIV Risk Concerns Together and Separately
<input type="checkbox"/> Discuss possible HIV risks in the abstract <ul style="list-style-type: none"> → Anyone can be infected → If you have ever had sex with someone whose HIV status you did not know and you did not use a condom, you have been exposed to HIV → Remind couple to focus on the present and future and not blame each other

for what might have occurred in the past
<input type="checkbox"/> Address factors of increased risk together <ul style="list-style-type: none"> → What makes them think they are at risk of HIV infection → Any concerns about HIV → Any symptoms that make them think they may be infected with HIV → Travel/work (separation)—other partner/second wife—alcohol or drug use
<input type="checkbox"/> Assess safer sex practices within the couple <ul style="list-style-type: none"> → History of condom use → Condom skills → Condom demonstration
<input type="checkbox"/> Conduct individual risk assessments <ul style="list-style-type: none"> → With both couple members
<input type="checkbox"/> Bring the couple back together and provide an opportunity to share issues discussed in the individual sessions
<input type="checkbox"/> Summarize risk reduction discussion and provide motivation and support
Preparation for Testing and Discussion of Possible Results
<input type="checkbox"/> Discuss couple's understanding of the meaning of positive and negative results
<input type="checkbox"/> Explore implications for the relationship should the couple have the same results <ul style="list-style-type: none"> → Concordant negative—Concordant positive
<input type="checkbox"/> Discuss discordance <ul style="list-style-type: none"> → Understanding discordance—occurs frequently → Uninfected partner not immune—uninfected partner remains at risk
<input type="checkbox"/> Explore implications for the relationship should the couple's results differ <ul style="list-style-type: none"> → Discordant—male positive—female positive → Implications for childbearing → Shared confidentiality —mutual decisions about disclosure
<input type="checkbox"/> Establish context for couple to understand potential results <ul style="list-style-type: none"> → HIV pervasive/endemic—absence of infection often reflects good fortune → Infection could have occurred years previously → Focus on the present and the future
<input type="checkbox"/> Confirm couple's decision to test and share their results
<input type="checkbox"/> Explain testing process and describe how the test results will be provided <ul style="list-style-type: none"> → Blood test → Length of time until results are ready → The couple will have results that are either the same or different → Results will be provided to the couple together → Post-test counseling will be provided based on the test results

General Observations:

**CHCT POST-TEST COUNSELING SESSION OBSERVATION CHECKLIST:
CONCORDANT NEGATIVE**

Provide Test Results—Concordant Negative
<input type="checkbox"/> Inform couple that their test results are available
<input type="checkbox"/> State that the couple's test results are the same/shared
<input type="checkbox"/> Provide a simple summary of the couple's results → Both test results are negative—indicating each partner is not infected
<input type="checkbox"/> Inquire as to the couple's understanding of their results
<input type="checkbox"/> Explore couple's reaction to their results
<input type="checkbox"/> Note the need to understand the result in the context of any recent risks outside of their relationship
Risk Reduction Counseling
<input type="checkbox"/> Discuss commitments and communication required of the couple to remain uninfected
<input type="checkbox"/> Encourage couple to preserve their future by remaining uninfected
<input type="checkbox"/> Address the risk associated with other partners (past or present) → Remind couple that their results do not indicate the status of other partners → Partner's status will only be determined through HIV testing
<input type="checkbox"/> Identify behavior most likely to place couple at risk of becoming infected
<input type="checkbox"/> Discuss plan should either partner engage in risk behavior
<input type="checkbox"/> Develop a plan to ensure the couple remains HIV-negative
<input type="checkbox"/> Identify potential obstacles to accomplishing the plan
<input type="checkbox"/> Encourage couple to practice the communication skills required to successfully accomplish the plan
<input type="checkbox"/> Convey confidence in the ability of the couple to complete the plan and to protect each other
<input type="checkbox"/> Encourage couple to become ambassadors for testing and particularly couple services
<input type="checkbox"/> Provide needed referrals (STI, FP, ANC, support etc.)

General Observations:

**CHCT POST-TEST COUNSELING SESSION OBSERVATION CHECKLIST:
CONCORDANT POSITIVE**

Provide Test Results—Concordant Positive
<input type="checkbox"/> Inform the couple that their results are available
<input type="checkbox"/> State that the couple’s test results are the same/shared
<input type="checkbox"/> Provide a simple summary of the couple’s results—both test results are positive, indicating the couple is infected
<input type="checkbox"/> Allow the couple to absorb the meaning of their results
<input type="checkbox"/> Inquire as to the couple’s understanding of their results
<input type="checkbox"/> Encourage mutual support and avert blame
Coping and Mutual Support
<input type="checkbox"/> Invite both partners to express their feelings and concerns
<input type="checkbox"/> Validate and normalize the couple’s feelings and acknowledge the challenges of dealing with a positive result
<input type="checkbox"/> Inquire as to how the couple could best support each other
<input type="checkbox"/> Recall couple’s strengths and convey optimism that the couple will be able to cope and adjust to living with HIV
<input type="checkbox"/> Address the couple’s immediate concerns
Positive Living —HIV Care and Treatment
<input type="checkbox"/> Discuss positive living
<input type="checkbox"/> Identify current access to health care services
<input type="checkbox"/> Address the need for health care providers to know their test results
<input type="checkbox"/> Address the need for preventative health care <ul style="list-style-type: none"> → TB evaluation/treatment → STI exam/treatment → Prevention of opportunistic infections → Environmental precautions: Safe water and mosquito netting → Nutritional support and vitamin supplements
<input type="checkbox"/> Determine if immediate referral for TB treatment is needed
<input type="checkbox"/> Assess couple’s understanding of antiretroviral (ARV) treatments
<input type="checkbox"/> Explain and clarify the basic principles of ARV treatment <ul style="list-style-type: none"> → Enhances the quality of life and prolongs life → Provided when immune system shows signs of damage from HIV → To keep virus level low and immune system function level high → Requires strict adherence
<input type="checkbox"/> Address couple’s questions and concerns about ARV treatment <ul style="list-style-type: none"> → Reinforce ARV treatment is not a cure
<input type="checkbox"/> Describe ARV availability and eligibility criteria <ul style="list-style-type: none"> → Identify treatment clinics/programs → Indicate the type of treatment available in the country → Explain medical assessment/tests to stage the couple’s disease

<input type="checkbox"/> Identify and problem solve obstacles to accessing ARV treatment → Transport and cost sharing requirements → Privacy, disclosure, and confidentiality concerns
<input type="checkbox"/> Encourage couple to access appropriate care and treatment services
<input type="checkbox"/> Discuss things that the couple can do right away to keep healthy → Safe drinking water to prevent diarrhea → Bed nets (when applicable) → Good nutrition
<input type="checkbox"/> Address how the couple can obtain more information and or supplies
Risk Reduction
<input type="checkbox"/> Discuss importance of being faithful as a way to best protect each partner
<input type="checkbox"/> Address risk reduction within the couple relationship → Issues of resistance
<input type="checkbox"/> Review the couple's experience using condoms—provide condom demonstration
Children, Family Planning, and PMTCT options
<input type="checkbox"/> Discuss the issue of HIV testing of children
<input type="checkbox"/> Re-visit the couple's intentions concerning having children
<input type="checkbox"/> Assess the couple's understanding of PMTCT services
<input type="checkbox"/> Explain and clarify the basic principles of PMTCT → Reduces risk of infant HIV → Medication provide to mother in labor and to the infant after birth → Transmission through breast milk still possible → Infant feeding precautions reduce risk
<input type="checkbox"/> Describe the country's PMTCT program/services → Identify antenatal-PMTCT facilities
<input type="checkbox"/> Address couple's questions and concerns regarding PMTCT services
<input type="checkbox"/> Encourage the couple to access family planning/PMTCT services
<input type="checkbox"/> Provide needed referrals
Disclosure and Getting Support
<input type="checkbox"/> Emphasize the importance of the couple receiving support from others
<input type="checkbox"/> Reinforce that the decision to disclose is mutual
<input type="checkbox"/> Explore with the couple the possibility of participating in a support group and (if available) additional counseling sessions
<input type="checkbox"/> Explore couple's feelings about sharing their results with trusted person (<i>optional</i>) → Identify who could provide additional support → Address confidentiality and disclosure concerns
<input type="checkbox"/> Discuss steps to disclosure (<i>optional</i>)
<input type="checkbox"/> Practice when and how the couple would share their results with trusted confidant (<i>optional</i>)
<input type="checkbox"/> Address with the couple issues and concerns associated with telling family members and children about their HIV infection (<i>optional</i>)
<input type="checkbox"/> Answer remaining questions and provide support

General Observations:

**CHCT POST TEST COUNSELING SESSION OBSERVATION CHECKLIST:
DISCORDANT RESULTS**

Provide Test Results—Discordant
<input type="checkbox"/> Inform the couple that their results are available
<input type="checkbox"/> State that the couple's test results are different
<input type="checkbox"/> Provide a simple summary of the couple's results—provide result to infected partner, then provide result to negative partner
<input type="checkbox"/> Allow the couple to absorb the meaning of their results
<input type="checkbox"/> Inquire as to the couple's understanding of their results
<input type="checkbox"/> Convey support and empathy
<input type="checkbox"/> Review the explanation of how couples can have different results
<input type="checkbox"/> Answer questions and provide support
Coping and Mutual Support
<input type="checkbox"/> Invite both partners to express their feelings and concerns
<input type="checkbox"/> Validate and normalize the couple's feelings and acknowledge the challenges of dealing with a positive result
<input type="checkbox"/> Inquire as to how the uninfected partner could best support his or her partner in dealing with being HIV positive
<input type="checkbox"/> Recall couple's strengths and convey optimism that the couple will be able to cope and adjust to the situation
<input type="checkbox"/> Address the couple's immediate concerns
Positive Living—HIV Care and Treatment
<input type="checkbox"/> Discuss positive living
<input type="checkbox"/> Identify current access to health care services
<input type="checkbox"/> Address the need for health care providers to know their test results
<input type="checkbox"/> Address the need for preventative health care <ul style="list-style-type: none"> → TB evaluation/treatment → STI exam/treatment → Prevention of opportunistic infections → Environmental precautions <ul style="list-style-type: none"> ○ Safe water ○ Mosquito netting → Nutritional support and vitamin supplements
<input type="checkbox"/> Identify and problem solve obstacles to accessing ARV treatment <ul style="list-style-type: none"> → Transport and cost sharing requirements → Privacy, disclosure and confidentiality concerns
<input type="checkbox"/> Encourage infected partner to access appropriate care and treatment services
<input type="checkbox"/> Discuss the things that the couple can do at home to keep healthy <ul style="list-style-type: none"> → Safe drinking water to prevent diarrhea → Bed nets → Good nutrition

<input type="checkbox"/> Address how the couple can obtain more information and or supplies
<input type="checkbox"/> Encourage the uninfected partner to serve as an advocate for the infected partner
<input type="checkbox"/> Provide needed referrals
Discuss Protecting the Negative Partner from HIV
<input type="checkbox"/> Address risk reduction within the couple →Explore long-term measures to reduce the risk of HIV transmission to the uninfected partner
<input type="checkbox"/> Assess condom-related issues, including: →History of condom use →Condom skills
<input type="checkbox"/> Provide condom demonstration
<input type="checkbox"/> Address regular HIV testing for HIV-negative partner
<input type="checkbox"/> Inform couple that condoms must always be used with outside partners
Discuss Family Planning and PMTCT Options for Discordant Couples As Appropriate
<input type="checkbox"/> Revisit the couple's intentions concerning having children
<input type="checkbox"/> Address the risk to the uninfected partner should the couple decide to have a child
<input type="checkbox"/> Discuss the couple's reproductive options
<input type="checkbox"/> Discuss how the couple will prevent unintended pregnancy
<input type="checkbox"/> Describe the country's PMTCT programs and services and identify where couples can access services
<input type="checkbox"/> Address issue of testing of young children if the woman is HIV positive
<input type="checkbox"/> Provide needed referrals →Family planning →ANC clinics (if woman is pregnant) →MCH clinic (if woman has young children, if she is breastfeeding, or both)
Discuss Disclosure
<input type="checkbox"/> Emphasize the importance of the couple receiving support from others
<input type="checkbox"/> Reinforce that the decision to disclose is mutual
<input type="checkbox"/> Explore with the couple the possibility of participating in a support group and (if available) additional counseling sessions
<input type="checkbox"/> Explore couple's feelings about sharing their results with trusted person (<i>optional</i>) → Identify who could provide additional support → Address confidentiality and disclosure concerns
<input type="checkbox"/> Practice when and how the couple would share their results with trusted confidant (<i>optional</i>)
<input type="checkbox"/> Address with the couple issues and concerns associated with telling family members and children about their HIV infection (<i>optional</i>)
<input type="checkbox"/> Answer remaining questions and provide support

General Observations:
