Introduction to VCT
The Purpose of Voluntary Counselling and Testing

Discussion:
What is Voluntary Counselling and Testing?

Note to Facilitator:
Explore this topic for about 10-15 mins. You are trying to find out what participants know about VCT.
VCT consists of three components: pre-counselling, testing, and post-test counselling. Each of these will be highlighted in the modules that are being included.

**In 2007, I was pregnant with my second child. I asked my doctor if I could have an HIV test during the pregnancy to ensure I was not HIV positive. Given that I am a middle-class, white South African she assumed that the risk of HIV transmission was non-existent. Statistically I fall into one of the low risk groups for HIV transmission. But statistics are for groups of people and not for individuals and I, as an individual, could have HIV because I had unprotected sex with my husband.**

The doctor even said to me that “you are not at risk why do you need one”. She even went on to say that in her practice she had only ever encountered three women who were HIV positive – I could have been the fourth. She was
very reluctant to order the test until I reminded her that I had a blood transfusion during the birth of my daughter 18 months previously. I had not tested for HIV after the transfusion because blood in South Africa follows strict international protocols I did not think I was at risk. Thinking back now, I realise how irresponsible I had been, even the small chance of getting HIV through the transfusion should have led me to a testing centre so that I knew my status. I breast feed my precious little girl for a year and I put her at risk for HIV through ignoring VCT. If I was positive, I would have transmitted HIV to her, something that I could have prevented.

My doctor only agreed to order the HIV test once I reminded her of the blood transfusion. The fact that I had unprotected sex with my husband was ignored.

No counselling was given either by her or by the nurse that took the blood. They did an ELISA test (HIV antibody test) that takes a couple of days to process. I could only imagine what would have happened if I had tested HIV positive. My marriage may have fallen apart as the two of us fought about how I would have contracted HIV.

Even though I knew the risk of HIV was small, I still worried. A week later, I phoned her for the results. She said “I didn’t phone you because I knew you were not HIV positive.” I now go and have an HIV test every year on principle. I am always at risk, although the risk may be low. I am faithful to my husband and I trust that he is faithful to me. Yet, many other people are more at risk than I am and they receive the same treatment as I experienced from my doctor - no counselling and the dismissal of the real fears that we all have about living with HIV.

V J Michael: Personal Story

Studies show that if the counselling aspect of VCT is poor, people are hesitant to go for testing. One of the strengths of faith-based organisations is that there are usually good counselling services available. If people want to have an HIV test they can go to these counsellors in areas where counselling is poor or non-existent. Furthermore, this can protect confidentiality because individuals will use those counsellors for many things, not just counselling for VCT. In training counsellors in a faith-based context the SAVE Toolkit can be useful because it provides a lot of information not only on HIV but on various aspects of individual and social development.

The counselling process in VCT should not be dismissed lightly and can and often does form the foundation for people living positively with HIV – both those who are positive and who are not positive.

Fears that surround VCT:

There are a number of fears that surround the test itself. The first is confidentiality. As is highlighted in the confidentiality section it is really only for a select group of people that true confidentiality exists. In some countries there are even laws that
force you to test and disclose your status to your employer. In South Africa migrant workers from outside South Africa who worked on the mines had to test annually and disclose their status to their employers.

A second conflict comes from discrimination when having the test. If, for example, union structures in the workplace do not support VCT many people choose not to have the test for fear they will be discriminated against. In workplaces, unions and senior management need to be key supporters of any drive for VCT because it clearly shows that there is no discrimination. Leadership in undergoing VCT is vital.

Thirdly, people who do not have access to ARV’s generally feel that they have less motivation to go and get tested.

The consequences of the HIV test beyond merely dealing with the physical progression of the infection can have a severely negative effect on the uptake of VCT. People fear, stigma, discrimination, violence and rejection by partners, families or communities. Women, especially, often fear and experience violence and rejection from their partners or husbands, making many women reluctant to get tested. High quality counselling is imperative.

Currently, there is a realisation that more people need to be counselled than simply the person testing for HIV. A couple will need to be counselled on the implications of one person being positive in the relationship. Families need counselling on how to deal with the implications of a beloved member of their family living with HIV. Children need counselling on living with parents or siblings with HIV. Everyone needs support and faith-based communities provide an ideal platform to reach all these different people.

**Challenge:**

Use the SAVE Toolkit as an education tool in your faith community ending with as many people as possible having an HIV test – even those people who feel that they are not at risk.

- Think about how to do this so that everyone feels supported.
- How would you try and ensure confidentiality. If this is impossible how would you provide support to people with a recent HIV diagnosis in a public space?
- If access to ARV’s is problematic how can you as a community advocate for VCT and link it to advocacy around access to ARV’s?
- Who are the important community leaders who would have to be part of a VCT initiative?
Conclusion:

VCT is a powerful tool in helping individuals and communities deal with the realities of HIV. High quality counselling is the key to success. This must not be neglected as part of a VCT programme in any context.

Testing for HIV

When testing for HIV, we are not testing for the virus BUT for the antibodies the body produces to fight HIV. This poses one big problem. It takes time for the immune system to manufacture antibodies. This is known as the window period. Remember, during the initial stage of infection, your viral load is very high so ensure that you always use SAFER practices. If you believe that you are at risk ensure that you do TWO tests, one as soon as possible and another 3 months after.

Accuracy:

The various tests for HIV antibodies are highly (98.4%)¹ accurate. Tests are generally done to test for antibodies in saliva and then confirmed by a blood test. If both tests confirm HIV antibodies the person is diagnosed as being HIV positive.

In less than 1% (ibid) of cases one of the tests will indicate that HIV antibodies exist but they are not really there. This is known as a false positive. This would usually be where there body is fighting some other infection and many antibodies are being produced. (E.g. You have flu at the time of going for an HIV test) this is one of the reasons why two tests are used.

Furthermore, in less than 1% (ibid) of cases the tests will indicate that HIV antibodies do not exist when there is HIV in the blood stream. This is known as a false negative. Once again, this is why two tests are done.

CAUTION

If you believe that you have been exposed to HIV get tested at least twice; firstly, as soon as you can. Sometimes the immune system is very sensitive and the antibody tests can detect antibodies within 25 days of infection. Get tested again at about 6 weeks after exposure then again (if possible) at 3 months. Remember, whether you believe you have been exposed to HIV or not, ensure you use SAFER practices. Even if you do not believe you are HIV positive or you know that you are not HIV positive, use SAFER practices. Prevention is ALWAYS better than cure!
Confidentiality and support for counseling and testing
VCT - Confidentiality

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<th>To encourage confidentiality during VCT</th>
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<td>Session Overview</td>
<td>Discussion on interventions that would make VCT popular for all people at different times</td>
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<tr>
<td>Key Message</td>
<td>Know your status – it could save your life</td>
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<tr>
<td>Expected Learning Outcomes</td>
<td>Individuals understand the difficulties in maintaining confidentiality</td>
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<td></td>
<td>Individuals are empowered to use community resources to make VCT a reality.</td>
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<tr>
<td>Toolkit References</td>
<td>HIV transmission</td>
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<td></td>
<td>ARV’s</td>
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<tr>
<td>Time</td>
<td>1 hour</td>
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<td>Materials needed:</td>
<td>Flipchart paper and pen</td>
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“The whole village knew that people would be coming to test.” he told me. “The previous week, the young counsellors had been all around the village telling everyone.

“They came the next Saturday to set up their testing centre at the school. Many, many people came to test, young people and not such young people. And to know who was positive and who was negative, you just had to stand and watch.”

“For what?”

“For how long the people stand. You see, there is counselling before the test and counselling after the test. The counselling before the test, it’s the same for everybody: a few minutes. But the counselling after the test, for some it lasts two minutes for others it is a long, long, time. They don’t come out for maybe half an hour, even an hour. And then you know.”

“By the time the day ended, the whole village knew who had tested HIV positive”

“The whole village?”

...Such information is not easily absorbed. In the weeks and months that followed those who had tested positive were silently separated from the rest of the village. They were watched. Nobody told them they were being watched. Nobody said to their faces that their status was common knowledge. But everything about them was observed in meticulous detail: whether they coughed, or lost weight, or stayed at home; whether they boarded a taxi, and if so, whether the taxi was going to the clinic; above all, with whom they slept. These observations were not generous; they issued from a gallery of silent jeerers².
Notes to the facilitator

Possibly the only place that Voluntary Counselling and Testing is confidential is in large cities where people tend to be anonymous. In small villages and communities, as described above, it will be more challenging to keep one’s HIV status secret. Thus, as part of a VCT initiative this understanding needs to be an integral part of encouraging people to test. It also needs to inform the way in which we help people to accept their HIV status and, if HIV positive, find ways of helping people to move through stages of disclosure, living positively. If would be good to refer back to the section on stigma, particularly self-stigma and the effect it can have on people. People choose not to test because of the silent jeerers.

SSDDIM:

Once someone’s status is known within a community they have to deal with the underlying SSDDIM that causes the very people who are part of their communities to watch and wait and condemn. It is in this setting that people of faith are called not to condemn, are asked not to be part of the silent jeerers and are challenged to be part of healing SSDDIM.

Discussion:

Individuals are like onions

- You will need some paper, or you can draw the diagrams in the sand. This is a learning session where you, as the facilitator, will do most of the talking but be prepared for questions.

At the centre of any decision to undergo VCT is an individual. It is here that we begin to wrestle with fear: fear that we will test positive, fear of what others will think, fear of the effect on our families and loved ones, fear of the effect that HIV will have on our lives. From this fear comes shame: shame of who we are as sexual beings, shame for our sexual behaviour, shame for bringing the disease on ourselves, shame that we have disappointed our families.

The second layer of the onion is the people that we love: immediate family, partners and children. The decision of the individual very much depends on the reactions of the people closest to us. If these people are supportive. If the individual knows they will be accepted and supported by this first inner circle, this will lessen the fear. However, if the individual fears what will happen if they test positive: fears that they will be beaten will
be thrown out of their homes, will lose their employment, they will, in all probability not get tested.

The fear of being HIV positive and facing living with HIV alone is enough to lead to denial. Furthermore, knowing that one of the consequences of disclosing an HIV positive status may be discrimination will often lead people to choose rather not to know their status. Thus individuals can die, often in the care of those they love, where everybody knows their status but, because there is no confirmation, they do not necessarily have to face stigma or discrimination. This choice is often easier – the choice to die – rather than knowing a positive status and living.

The next layer of the onion is the community. The community norms and standards that govern how we interact with each other.

- **Question:** how does my community respond to VCT and those who are confirmed to be HIV positive? (to the facilitator: write these down for discussion)
- **Question:** do we want to reduce the fear that individuals experience when the opportunity for VCT is presented?
- **Question:** what can we do as a community to reduce the fear of knowing your status?

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**Notes to the facilitator:**

At the end of this session you want to get something very concrete that the individuals participating can do to reduce the fear around “knowing your status”. Campaigns can be effective in some contexts but are often very impersonal and do not address individual and community fear directly.

**Some further comment on faith leadership**

SSDDIM is the greatest obstacle against people who want to know their status. There will always be those in communities that believe that sex outside of marriage is taboo. They will look at people with HIV as bringing condemnation upon themselves and therefore not worthy of help. Many people who hold these views have mind-sets that can only be changed through a personal experience of HIV. Their contribution to learning about HIV can be negative. However, their fear needs to be addressed in a compassionate and caring manner.

The emphasis of the Toolkit is compassion and for many VCT, as scary as it is, is a start of a long journey of compassion. This compassion needs to start with being compassionate with ourselves. All faiths teach a deep reverence for life. “Knowing your status” is an important step, perhaps the most important step, in preventing HIV transmission, and giving People living with HIV the opportunity to live full wholesome lives. It is the first step in the challenge for both positive and non-positive people to take up the challenge to embrace SAFER sexual practice.
Question: How can people of faith support VCT?
Ask participants to think about this question as we explore the issues around VCT. It is a question that we will ask again at the end of the modules on VCT.

Statement to finish the session on VCT.
If you test HIV positive you can be helped to live positively, information can be given about how to live long healthy lives; if you test HIV negative, you can be given information about how to stay negative, and about how to help people living with HIV to be part of a loving community; if you are HIV ignorant you remain a danger to yourself and those you love.

VCT and home-based care

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<th>To help participants explore the issue of VCT and home-based care and support.</th>
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<tr>
<td>Session overview:</td>
<td>This session involves participants brainstorming and a facilitator-led discussion.</td>
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<td>Time:</td>
<td>30 minutes.</td>
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<td>Materials / prepara-</td>
<td>Flipchart and markers. Read up on VCT and home-based-care in your locality.</td>
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Tip
Please do your country-specific research on this topic so that you focus on issues that are relevant to your participants, e.g. VCT and HBC facilities and services and testing guidelines and protocols that are specific to the participants’ own communities.

Brainstorming session on VCT and Home-based Care (HBC):
- Ask participants to brainstorm what they know about VCT and home-based care.
- Ask participants if they want deeper knowledge on the issue.
- Have a general discussion and ensure that misconceptions are corrected and myths are dispelled.

Points to remember
- Emphasise the importance of early and regular testing in the discussion on VCT.
- Talk briefly about what should be done about the fact that young children have to take on the role of care-givers in many situations, and ways to ensure that this is corrected in our communities.

(Endnotes)
1 Van Dyk, Atla ‘HIV/AIDS Care & Counselling – A Multidisciplinary Approach’ 2005 Pearsons Education South Africa