COUPLES HIV TESTING AND COUNSELING (CHTC)

SWAZILAND

PARTICIPANT’S MANUAL

August 2011
ACKNOWLEDGEMENTS

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Dr. Susan Allen, a Professor at Emory University, with her colleagues and field staff in Rwanda and Zambia, conducted the sentinel research that clearly documented the critical importance of couples HIV testing and counseling services. The counselors on these studies from the Rwanda-Zambia HIV Research Group (including Project San Francisco [PSF] in Kigali, Rwanda, and the Zambia-Emory HIV Research Project [ZEHPR] in Lusaka, Zambia) pioneered approaches to delivering HIV counseling and testing services to couples. Dr. Allen and her staff provided ongoing guidance and support throughout the conceptualization and consultation process of developing this curriculum. Dr. Allen’s research has been supported by the US National Institutes of Health, including the Institutes of Allergy and Infectious Diseases, Mental Health, and Child Health and Development, as well as the International AIDS Vaccine Initiative (IAVI).

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INTRODUCTION

The Couples HIV Testing and Counseling (CHTC) Intervention and Training Curriculum was developed in response to increased demand from field partners for interventions and training that would help them address the complex issues related to HIV testing and counseling (HCT) with couples. The materials are intended to guide trainers and participants through a general course covering essential topics and activities for the CHTC provider. By addressing CHTC technical content, and counseling and communication skills through learning exercises and hands-on practice, the materials aim to increase the skills of counselors who provide HCT to couples.

Working with couples can be challenging and complex, even for the most experienced counselor. This manual was developed to address the challenges faced by these counselors in the field.

The goal of this manual is to guide trainers in training HIV prevention counselors to conduct CHTC sessions. The chapters outlined in the curriculum will build upon the existing counseling skills of HCT providers so that they may help individuals in a couple understand the results of their HIV tests, as well as the importance of preventing all of their partners from becoming infected with HIV.

CHTC has emerged as an important intervention aimed at preventing the transmission of HIV between sex partners, and cohabiting or married couples. HIV prevention counselors can assist couples by:

1. Providing clear and accurate prevention messages tailored to the couple’s life stage and reasons for seeking HCT services
2. Mitigating tension and diffusing blame
3. Dispelling myths about HIV transmission
4. Creating an environment that is safe for disclosure of HIV status among partners; and
5. Discussing options for disclosure of HIV status to the couple’s children, and thinking through appropriate next steps for testing children, when necessary.

Swaziland has policies and HCT guidelines supporting and promoting CHTC. CHTC is provided in all public and private health facilities.
### ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
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<tr>
<td>AIC</td>
<td>AIDS Information Center</td>
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<tr>
<td>AIDS</td>
<td>acquired immune deficiency syndrome</td>
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<td>ARV</td>
<td>antiretroviral (drug)</td>
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<td>CDC</td>
<td>United States Centers for Disease Control and Prevention</td>
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<td>CHTC</td>
<td>couples HIV testing and counseling</td>
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<td>CITC</td>
<td>client-initiated testing and counseling</td>
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<td>FP</td>
<td>family planning</td>
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<td>HTC</td>
<td>HIV testing and counseling</td>
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<td>HIV</td>
<td>human immunodeficiency virus</td>
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<td>IAVI</td>
<td>International AIDS Vaccine Initiative</td>
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<td>IGA</td>
<td>income generating activity</td>
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<td>LSTM</td>
<td>London School of Tropical Medicine</td>
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<td>PEPFAR</td>
<td>United States President’s Emergency Plan for AIDS Relief</td>
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<td>PITC</td>
<td>provider-initiated HIV testing and counseling</td>
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<td>PMTCT</td>
<td>prevention of mother-to-child HIV transmission</td>
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<tr>
<td>PSF</td>
<td>Project San Francisco (Rwanda)</td>
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<td>PWP</td>
<td>Prevention with Positives</td>
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<td>RZHRG</td>
<td>Rwanda-Zambia HIV Research Group</td>
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<tr>
<td>STI</td>
<td>sexually transmitted infection</td>
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<td>TB</td>
<td>tuberculosis</td>
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<tr>
<td>VCT</td>
<td>voluntary counseling and testing</td>
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<td>ZEHRP</td>
<td>Zambia-Emory HIV Research Project (Zambia)</td>
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INTRODUCTORY LESSON

This section will introduce the goals of this training and explain the importance of the couples HIV testing and counseling (CHTC) model. In addition to talking about expectations for the training as a whole, participants will also discuss the following topics:

- Goals of couples HIV testing and counseling
- Comparison of CHTC with other HIV testing approaches in Swaziland
- The concept of discordance

This section will also include some get-to-know-you activities and a Pre-Course Knowledge Assessment.

HIV Couples Testing and counseling:
Facilitating a Shared Vision

- In many parts of the world, people speak their own regional language and one other widely shared language.

- Couples counseling is a variation of this. In couples counseling there are four views: those of each partner, the couple together, and the counselor.

- In HIV couples testing and counseling, the goal is to bring together these views and to create a shared vision and a shared language.

- This shared vision is the couple’s acceptance of the realities of HIV in their lives, being empowered to prevent acquiring and transmitting HIV, and sharing their support and compassion for each other.

Over the next few days, we will cover many aspects of counseling couples. Our goal is that you understand all the aspects of couples HIV testing and counseling. We’ll begin with the importance of couples counseling and discuss the skills you will need to counsel couples and the unique characteristics of counseling couples in different life stages.
Goal of the Training Course

The goal of this course is to train people who provide HIV counseling and testing services to individuals on how to conduct an HIV prevention counseling session with couples by following the Couples HIV Testing and Counseling (CHTC) Protocol.

Objectives for the Training Course

By the end of this course, the participants will understand the following concepts and develop counseling skills in their application:

- Importance of couples HIV testing and counseling
- Counseling skills required to work effectively with couples
- Unique HIV counseling and testing issues of couples at different life stages
- Components of CHTC Protocol
- Effectively communicating the concept of HIV sero-discordance to couples
- Multiple approaches to recruit and conduct outreach to couples
- Appropriate support services for couples
CHAPTER ONE: WHY CHTC IN SWAZILAND?

APPROACHES TO HIV TESTING AND COUNSELING (HCT) SERVICES

Client-Initiated HTC Approach

In the CIHTC approach; traditionally known as VCT, an individual voluntarily seeks HIV testing and counselling at a site providing this service. This approach emphasizes individual risk assessment and management by counsellors, addressing issues such as the desirability and implications of taking an HIV test and the development of an individualized risk reduction plan. In Swaziland, CIHTC is conducted in different settings including those detailed below:

- **Stand alone or free-standing sites**
  These are sites situated outside health facilities with HTC services being mainly provided by Non Governmental Organizations (NGOs), Community Based Organizations (CBOs) and other sectors such as the private sector.

- **Integrated sites**
  In these sites, HTC services are integrated or co-located within the health care system in hospitals, health centres, clinics and public health units within government and non-governmental facilities which include the private sector.

- **Mobile and Outreach Services**
  The HTC services are provided from fully equipped mobile caravans/vehicles and other movable structures such as tents that are designed to provide HTC services to whichever locations and settings as are deemed convenient and accessible to the target populations. HTC outreach services should be provided as an extension of existing and established workstation, stand alone and/or integrated sites at workplaces and in the communities during community gatherings, mass testing events and national HTC campaigns.

- **Home Based HTC through door to door Services**
  HTC services will be provided in a home setting and will have a family focus in order to increase the access and uptake of HTC services by entire families, couples and individual family members. Door to door service can only be provided by counsellors/organizations with presence in that community and from a fixed site/work station. This model will ensure follow up care, tracking of referrals and disclosure counselling.

Provider-Initiated HTC Approach

In the PIHTC approach, HTC is routinely offered by health care providers to persons attending health care facilities as part of normal standard of care. HTC should be offered regardless of whether the person shows signs and symptoms of underlying HIV infection or of the person's reasons for presenting to the health facility. The major purpose of such testing and counselling is to enable specific clinical decisions to be made and/or specific medical services to be offered that would not be possible
without knowledge of the person’s HIV status. PIHTC should be made available in different facilities, settings and services including but not limited to inpatients, general and outpatient departments specialized clinics such as, TB, STI services, ANC, Family Planning, child welfare, Male Circumcision and Home Based HTC through index client.

**Routine Offer of HIV Testing**
Routine offer of HIV testing by health care workers should be made to all patients/clients and their partners who attend health care facilities but not limited to;

**In-patient and outpatient facilities**
Hospital in-patient wards usually have a high concentration of persons with presumptive HIV who would benefit from diagnosis, treatment and care. Because not everyone with severe HIV-associated immunodeficiency has obvious clinical symptoms or signs of disease, HTC should be routinely offered to all persons admitted to hospitals and other in-patient facilities. This approach can be utilized to increase access to HTC by relatives of admitted patients. Although outpatients are generally less ill than inpatients, HTC should also be routinely offered to all persons attending out-patient health facilities.

**Tuberculosis (TB) clinics**
TB is the most common condition associated with HIV infection. According to the 10th ANC Sentinel Surveillance Report, 80% of TB patients in Swaziland were co-infected with HIV. This high TB and HIV co-infection rate provides an opportunity for identifying individuals with HIV among TB patients and those with TB among HIV positive patients. Therefore, it is imperative that all TB patients are offered HIV testing and all HIV positive clients have access to TB screening services.

**Sexually Transmitted Infection (STI) services**
In Swaziland, sexual intercourse is the primary mode of transmission for HIV infection. Accordingly, HTC should be routinely offered to all persons presenting at STI or sexual health services, or who present at other types of health services with an STI.

**Antenatal, delivery and postpartum health services**
In 2008 the HIV prevalence in the antenatal population was 42%. Therefore HTC must be offered to all women of unknown HIV status during pregnancy, in labor, as soon as possible after delivery or in the postpartum period. Knowledge of HIV status enables HIV positive women to receive HIV-related services for themselves and their infants, including infant feeding counselling and support and diagnosis of the infant. It also allows for reinforcement of prevention counselling for HIV negative women, and serves as an entry point for partner HTC.

**Family planning (FP) services**
Women attending these services are more likely to make better decisions about their reproductive health if they have knowledge of their HIV status. FP does not offer HIV prevention benefits and dual contraception should be encouraged with promotion of HTC services in this context.
**Child Welfare services**
Routine testing of all exposed infants should be offered within the child welfare clinic at the six week visit or the child’s first contact with the system.

**Home based HTC services through index clients**
As part of the scale up of access to HTC, PIHCT services will be provided through index client-linked home based services within communities. In this model, counsellors providing follow up care to their index client and tracking referrals will take the opportunity provided to reach couples and families with comprehensive HIV prevention messages and an offer of HTC services.

**National Blood Transfusion Service**
In order to ensure that Swaziland maintains a safe blood supply, all persons donating blood must be offered HTC. Those donors testing positive should be referred to appropriate care and treatment follow-up services.

**Male circumcision**
Routine HIV testing for all males seeking male circumcision service

In the Swaziland context of a generalized epidemic, people who are infected with HIV come from all segments of society irrespective of age, sex, socio-economic status, education, marital status, or religious affiliation. Therefore there is an urgent need to maximize access to knowledge of one’s HIV status towards achieving universal access to HIV prevention, treatment, care, and support by combining the different approaches described above and targeting all the different entry points to testing.
The focus of this training is couples HIV testing and counseling (CHTC). Couples testing and counseling can be delivered in different settings and must be implemented at all the different entry points through PIHTC or CIHTC.

**TYPES OF COUPLES SEEKING HIV TESTING AND COUNSELING SERVICES**

**Pre-sexual Couples**
Pre-sexual couples may be using CHTC to decide whether to pursue a long-term relationship based on their test results. This is a prudent course of action, and the couple should be commended for their commitment to acting responsibly and getting tested. However, it presents the counselor with some challenges. If the couple is discordant, it’s possible the relationship will dissolve. Also, the HIV-positive partner may be concerned about confidentiality and whether the HIV-negative partner will disclose the test results. Therefore, the counseling session may focus on how the couple will supportively manage changing the course of their relationship.

**Sexual Couples**
Sexual couples are those who are in an association involving sexual intimacy. The sexual contact may be regular or sporadic, occurring over a period of time. These may be couples who may not necessarily be a steady, exclusive relationship, but may be termed as “friends with benefits” or “shag buddies”, etc. They may be using
CHTC services in order to decide whether to commit to the relationship. It is highly likely that discordant couples who are in this kind of liaison will go their separate ways after learning of their HIV status.

**Engaged Couples**

Engaged couples have often been recognized publicly by family and friends as in a serious relationship. Elaborate plans for a wedding may have been made. There are numerous confidentiality and disclosure implications if the couple decides to alter their plans based on their test results. Discordant, engaged couples may have difficulty continuing their relationship. However, it may be quite difficult for the couple to initially acknowledge this, since emotions at this point in a relationship are very intense. The partners may make testimonials to their commitment and the power of their love. Young couples receiving concordant positive results are faced with difficult psychological and interpersonal challenges at a time in their lives when they thought their future was full of dreams and promise. Many engaged couples have limited skills and experience in dealing with stressful and difficult circumstances as a couple.

**Married or Cohabitating Couples**

Couples that are married or cohabitating generally define their lives collectively, as a partnership. They may be more interdependent socially, financially, and emotionally. Married or cohabitating couples may have more skills and experience coping together with problems. However, these couples may also have pre-existing conflicts and issues in their relationship that impede their communication and their ability to work together to address HIV issues in their lives.

**Polygamous Couples**

Polygamous couples have many complex dynamics. The wives may not be equal partners with the husband. If all partners are receiving CHTC together, the dynamics may be challenging. *If only one wife is present, there are significant implications for the absent wife or wives who are also affected by the counseling session and the test results.*

**Reuniting Couples**

For reuniting couples, the circumstances behind their separation may influence the dynamics of the CHTC session and have a substantial impact on the partners’ ability to deal with their test results. Couples who separate because of marital discord often have struggled with issues of trust, faithfulness, and communication. If the couple has not addressed these issues before reuniting and seeking CHTC services, it may be difficult for the partners to deal supportively with concordant positive or discordant test results. In other instances, the couple may have been separated for a long time because of employment, educational opportunities, or family responsibilities. When working with reuniting couples, the counselor may want to facilitate the partners’ acknowledge of the existence of past issues and that their time apart may have had both benefits and potential risks. The counselor should keep the couple focused on the present and future.
BENEFITS OF COUPLES HIV TESTING AND COUNSELING

1. Couples counseling creates a safe environment for a couple to discuss risk concerns.

2. Partners can hear information and messages together, enhancing the likelihood of a shared understanding.

3. Couples counseling can help ease tension and diffuse blame.

4. Counseling messages are based on the results of both individuals.

5. Individual is not burdened with the need to disclose results and persuade partner to be tested.

6. Couples counseling facilitates the communication and cooperation required for risk reduction.

7. Couples counseling enables treatment and care decisions to be made together.

8. Couples are empowered to engage together in decision-making for the future.

WHY DO WE NEED ‘COUPLES HIV TESTING AND COUNSELING’ IN SWAZILAND?

• The couple is a collective unit representing more than two individuals (“our family” or “our life”).

• HIV/AIDS is a disease of the family, the community, and society.

• The couple is the backbone of the community.

• CHTC enables both partners to contend together with HIV, and plan for their future

• CHTC enhance opportunities to prevent mother-to-child transmission (MTCT) of HIV.

• CHTC can enhance opportunities to link the partners to prevention, care, treatment, and support services

• CHTC enables identification of discordance and helps the negative partner remain un-infected. CHTC also helps overcome the common misconceptions and myths about discordance:
  • Many people believe discordance is not possible.
  • When tested individually, many people assume that their partner’s HIV status is the same as their own.
  • Many people believe discordance is a sure sign of infidelity.
• Unlike individual HTC, CHTC prevents automatic assumptions about partner’s HIV status.

• CHTC promotes disclosure, which is critical given that individual rates of disclosure are so low

DISCUSSING DISCORDANCE WITH COUPLES

It is important to understand the different types of HIV test results that are possible during a couples counseling session.

Sero-Discordance

- A concordant couple is one where both partners have the same HIV status—they are both negative or both positive.
- A discordant couple has one HIV-positive partner and one HIV-negative partner.
- Discordance is common in countries with high prevalence of HIV.

The percentages of couples who are concordant negative, concordant positive, and discordant will vary by the prevalence of HIV in the country, within communities in a country, and by service settings within communities, such as those in urban or rural settings, PMTCT settings, VCT centers, and TB clinics, among others. Communities with high HIV prevalence rates have higher rates of concordant positive and discordant couples.

For example, we will look at the sero-status of couples from Zambia’s 2007 DHS. From the 2007 DHS survey, we can see that 81% of cohabiting couples were concordant negative, 8% were concordant positive, and 12% were discordant.
In CHTC it will be very important for you to emphasize and explain areas that are not widely understood, such as couple discordance. The HIV-negative partners in discordant couples are at very high risk for getting HIV if the couple does not take steps to protect the HIV-negative partner. We will talk more about discordance in Chapter Four when we review that section of the CHTC intervention.

Many people do not understand the facts about discordance. Many myths about discordance exist that need to be corrected. It is important that counselors make sure that discordant couples understand the facts about discordance:

**Facts about Discordance**

- Couples can remain discordant for a long time—even more than 10 years.
- In many cases, the couple enters the relationship when they are already discordant—discordance is NOT a sure sign of infidelity.
- The negative partner in a discordant couple is not protected only by remaining faithful. Couples need to take precautions such as using condoms to prevent transmission from the infected partner to the negative partner.
- When couples are discordant, infection could have occurred in different ways:
  - The positive partner may have been infected before they became a couple.
  - The positive partner may have other partners outside the relationship or may have acquired HIV non-sexually.
- Transmission risk through sex is extremely high among steady discordant couples who do not take preventive measures such as using condoms.

Again, transmission risk is extremely high in steady discordant relationships. CHTC helps reduce transmission among discordant couples by helping couples adopt risk-reduction behaviors, increase condom use, and reduce mother-to-child transmission.
Consider the following study, which gives an idea of the impact you can have with partners in a discordant relationship by counseling them to change risk behaviors:

Imagine 100 HIV-negative partners in discordant couples.

Within 1 year, an average of 22 of these 100 HIV-negative partners will become infected unless they change their risk behaviors. This rate of transmission is higher than the transmission rates of TB or malaria.

However, in this study of couple counseling, the majority of discordant couples changed their behavior and only 6 of 100 became infected within 1 year, suggesting that 16 infections were prevented. (Reference: Allen 1992)

CHAPTER ONE: TAKE-HOME MESSAGES

CHTC is critical because:

• Partners in a couple undergo testing and counseling together and learn the test results together.

• Partners hear prevention messages together and are guided by the counselor to think through both their HIV test results and to plan ways for ensuring a healthy future.

• Before knowing their HIV status, many discordant couples do not use condoms. However, CHTC has been shown to increase condom use.

CHTC is equally beneficial for concordant positive and concordant negative couples.

Concordant negative couples can take steps to protect their relationship from HIV, such as by being faithful to each other. Concordant positive partners can be supportive of each other and make decisions together regarding their HIV care and treatment and their future.
CHAPTER TWO: COUPLES COUNSELING SKILLS

INTRODUCTION

This chapter introduces counseling skills specific to working with couples. Throughout the training, these general couples counseling skills will be adapted to a couples HIV testing and counseling session. These skills include:

- Understanding how personal awareness can help a counselor prevent personal issues from influencing his or her interaction with couples during counseling
- Learning about the importance of forming alliances during a couples HIV counseling
- Directing communication from the counselor to the couple and from each member of the couple to each other
- Developing mediation skills to help couples ease tension and diffuse blame during the CHTC session

Chapter Two examines these and several other skills and attributes specific to couples HIV testing and counseling.

BASIC COUNSELING SKILLS

Briefly review the basic counseling skills:

**Attending**
Attending is the use of physical behaviors such as smiling, leaning forward, making eye contact, gesturing, and nodding to convey to clients that the counselor is interested in and open to them.

**Open-ended and probing questions**
Open-ended and probing questions invite more than one or two word responses. These can be used to gather information, increase clarity, stimulate thinking, or create discussion.

**Empathizing**
Empathy means placing yourself in the client’s situation while remaining objective. Empathizing requires the counselor to not be judgmental and to be sensitive and understanding.

**Paraphrasing**
Paraphrasing means the counselor uses different words to restate in a nonjudgmental way what the client has said. This is intended to help the client to know that the counselor is aware of the client’s perspective and has heard what he or she has said. Paraphrasing and restating also allows the client to correct any misunderstanding on the part of the counselor.
Reflective listening
Reflective listening involves repeating what a client has said, paraphrasing, displaying empathy, and reflecting back verbal and nonverbal feelings. For example, saying, “So you feel…” or “It sounds like you…” ensures the counselor understands what the client has said.

SPECIFIC ‘COUPLES COUNSELING’ SKILLS AND ATTRIBUTES

Couples counseling is different from working with individuals in the approach that the counselor takes and in the techniques the counselor uses. The following are five skills or attributes that couples counselors need to keep in mind in order to work successfully with couples: (Source: Hardy 2002)

1. Counselor self-awareness
Counselors should be aware of their own beliefs, biases, feelings, perceptions, and reactions and how their perspectives may affect the counseling session.

The counselor who is in tune with personal attitudes, biases, and emotions has the ability to gauge his or her responses to the couple. Self-awareness also allows the counselor to provide unbiased empathy, understanding, and support to the couple. This is important, and we will be discussing the issue of self-awareness in detail.

2. Capacity to tolerate intensity
Couple relationships are dynamic and complex, and HIV-related issues may be emotionally intense. The counselor must be able to tolerate this intensity while maintaining a consistent and supportive stance with the couple. The counselor will need to facilitate conversation and encourage the couple to deal with challenging issues. The couple’s confidence in the counselor’s ability to manage the session enhances their ability to relate to and deal with important issues.

In both individual and couples counseling, the counselor must be able to tolerate strong emotions and feelings. However, in CHTC, the situation is more dynamic and complex because the counselor is dealing with two individuals who have a relationship with each other.

A counselor’s capacity to tolerate intensity is a skill often acquired over time and with experience and maturity.

3. Ability to both validate and challenge
The counselor must have the ability to validate the couple’s feelings and perceptions. At the same time, the counselor must challenge the couple to address the realities of HIV in their lives and their community. The counselor must also encourage the couple to take action to reduce the transmission of HIV.

4. Recognition that relationships are full of contradictions
The couple’s counselor must understand the couple’s strengths and weaknesses. For example, the counselor should acknowledge the wish of the couple to preserve the relationship even while they struggle to accept the behavior changes required to protect one another. Engaging in behaviors that increase the risk of HIV transmission may be both pleasurable and painful.
5. **Understanding relationships in the context of cultural values and norms**
Culture, gender dynamics, religious background, and economic status shape a couple’s 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.

6. **Understanding perceptions and concerns about the difficulties and challenges of working with CHTC**
Counselors may imagine consequences for couples that are far worse than the reality of how couples handle HIV results and disclosure.

*For example; research suggests:*
- In general, disclosure has not been associated with the break-up of marriages. *(Sources: Maman 2003, Kamenga 1991, Nebie 2001)*
- Less than 15% of discordant couples initially experience psychological distress. *(Source: Kamenga 1991)*
- Less than 5% of stable couples separate or divorce after disclosure of an HIV positive test result. Among these couples, in most instances, follow-up counseling services can ease tension, diffuse blame, and promote reconciliation. *(Sources: Maman 2003, Kamenga 1991, Nebie 2001)*
- Less than 5% of stable couples experience violence as a result of receiving CHTC services together.

7. **Customer Care – general attitudes for patient-friendly services**
Counselors should be able to create a patient-friendly atmosphere despite beliefs, biases, feelings, perceptions, and reactions to the various types of couples that will be accessing CHTC services.

**SELF-AWARENESS EXERCISE**

Counselor self-awareness is a general term that refers to being able 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 hone 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.
1. What are some examples of personal issues that may influence how you interact with your clients?

2. How can you prevent these issues from negatively influencing counseling sessions?
THE IMPORTANCE OF COUNSELOR SELF-AWARENESS

Having high self-awareness allows counselors to:

- Provide high-quality services to all couples
- Ensure their values, beliefs, and experiences do not influence their interaction with couples. In other words, self-awareness helps the counselor remain nonjudgmental.
- 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
- Hear and understand the couple’s concerns
- Offer genuine empathy and support
- Skillfully and effectively manage the couples counseling session
- Empower the couple

NB: Consequently, through self-awareness, counselors are able to focus unbiased attention on the couple and effectively engage and empower the couple.

OTHER ISSUES THAT MAY INFLUENCE THE COUNSELOR’S ABILITY TO PROVIDE QUALITY SERVICES TO COUPLES

Counselors should be aware of other issues when working with couples. Many of these issues are related to counselor self-awareness.

They include:

- 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
- Dreams and aspirations the counselor has for his or her relationship, family, and future
- Counselor’s relationship with his or her partner
- Counselor’s experience receiving individual HIV testing and counseling services
- Counselor’s willingness to receive couples HIV testing and counseling services
- Counselor’s feelings about whether or not to disclose his or her HIV test result to partner
- Partner’s reaction if counselor did disclose and the impact on their relationship

ADDITIONAL COUPLES COUNSELING SKILLS

The following counseling skills will help maintain a positive atmosphere and balanced couples interactions during the CHTC session.
• Demonstrate neutrality and nonbiased concern for both members of the
couple.

• Convey respect for the couple’s relationship.

• Facilitate balanced participation of both partners during the session.

• Model appropriate listening and communication skills.

• Facilitate dialogue between members of the couple.

• Raise difficult issues that the couple may need to address.

• Ease tension and diffuse blame.

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. The first step in forming an alliance is offering a genuine attitude that conveys warmth and compassion. (Source: Keim 2002)

The acronym A.C.E. explains three important elements of an alliance.

Acknowledgment—
Describes the couple’s awareness that the counselor acknowledges their strengths, courage, and experience.

Competence—
The couple senses that the counselor has the skills and experience to guide and support them through the CHTC process.

Empathy—
The counselor genuinely understands and appreciates the couple’s experience and feelings.
There are four alliances in couples counseling:

1. **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.

2. **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.

3. **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.

**NB: 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.**

**DIRECTING COMMUNICATION IN COUPLES COUNSELING**
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.

- An example of communicating with the couple as a unit is, “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.

- An example of this would be asking the question, “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’s 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. An example of this is, “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.

### MEDIATION SKILLS FOR EASING TENSION AND DIFFUSING BLAME

Another important skill of a CHTC counselor is the ability to ease tension and diffuse blame between the couple. The following skills can help.

**Normalize feelings, reactions, and experiences.**
Help the couple recognize that what they are feeling is not uncommon and many others have had similar experiences. How can you help the couple normalize feelings?.....

Effectively use silence while conveying a supportive and calm demeanor. Allow the couple a moment of silence so that they can collect their thoughts and respond or comment accordingly.

**Remind the couple that HIV infection is common.**
Reinforce that the couple HIV testing and counseling session focuses on the couple’s present and future. The past is the past and cannot be changed.

**Focus on the couple’s present and future. The past is the past and cannot be changed.**
Your CHTC 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.
Avoid and deflect questions aimed at identifying the potential 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.

Express confidence in the couple’s ability to deal with HIV-related issues constructively. Reflect on their strengths and history together and how they have effectively addressed challenges in their shared lives.

Admire the couple’s willingness to contend with the challenges of HIV in their lives. Make sure the couple knows that their willingness to come into counseling together and to discuss the issues will help them enormously.

Acknowledge the feelings expressed and observed. Predict that in time their intense emotions will likely change or shift. 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.

Redirect and reframe questions and discussions that are blaming or potentially hostile. Identify underlying non-hostile feelings. Fear, anxiety, and uncertainty may be expressed as anger, aggression, or hostility. Help the partners to identify their underlying emotions.

Calmly and gently name and acknowledge the behavior being observed.
Remind both members of the couple of their roles and responsibilities. This will be discussed in Chapter Three.

SOLUTION-FOCUSED MODEL OF COUPLES COUNSELING

This training emphasizes a solution-focused model of couples HIV counseling. (Source: Brown 2001)

What does "solution-focused" counseling mean? 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 testing and counseling helps couples move on with their lives and make positive changes in their attitudes and behaviors.

- Effectively delivered, targeted interventions for couples make a difference.

- Couples who volunteer for CHTC are invested in the process.
Most couples constructively engage in the CHTC session. Generally, couples who request CHTC 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.

- It is the couple’s present and future that is the most important.
The CHTC 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.

- It is most effective to build on strengths rather than weaknesses.
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.

- Focus on solutions, not problems.
Attention and energy is best directed toward generating solutions. The couple should be helped to identify possibilities, options, and alternatives. The couple’s skills, strengths, and resources are maximized when they are directed toward creating solutions together.

- The couple understands how to use their strengths to address HIV-related issues in their relationship.
In CHTC 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 counselor validates feelings, but the focus is on positive actions.** 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.

- **Small behavior changes 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 CHTC is to help the couple to build on this momentum and to initiate changes that will reduce their risk of acquiring or transmitting HIV.

**Take Home message for Chapter 2**

- Maintain self-awareness.
- Convey confidence and competence.
- Model effective listening and communication skills.
- Possess genuine empathy and understanding.
- Exhibit the ability to tolerate intensity.
- Recognize the couple as a unit consisting of more than two individuals.
- Understand the challenges and competing priorities faced by families and couples.
- Understand cultural values and gender dynamics.
- Value equality and human dignity.

**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 and interest in both partners.
- Convey respect for the couple’s relationship.
- Acknowledge the couple’s shared experiences and history.
- Admire and build on the couple’s strengths.
- Facilitate balanced participation of both partners.
- Direct communication:
  - To each individual
  - To the couple as a unit
Between the partners in the couple

- Focus on the couple’s present and future.
- Validate feelings while supportively challenging the couple and emphasizing action.
- Recognize the couple’s expertise and self-determination.
- Focus on solutions, not problems.
- Ease tension and diffuse blame.
- Negotiate and encourage small changes.
CHAPTER THREE: PRE-TEST - INITIAL SESSION OF THE CHTC INTERVENTION

Chapter Three covers the material included in the initial session of the couples HIV testing and counseling (CHTC) intervention. The initial session is the portion of the CHTC session that introduces the couple to CHTC and prepares them for their HIV test and the possible results. The four components of the initial session guide the counselor through this interaction. They are:

- Introduce the couple to CHTC and obtain concurrence to receive couple services (Component I)
- Explore the couple’s life stage and reason for seeking CHTC (Component II)
- Discuss the couple’s HIV risk concerns (Component III)
- Prepare the couple for testing and discuss possible results (Component V)

Chapter Three also includes exercises such as Johari’s Window for Couples and the initial session role play, which are designed to guide counselors through how to address different HIV-related issues with couples.

CONDITIONS FOR RECEIVING CHTC SERVICES

There are several conditions the couple should agree upon, in order to receive couples HIV testing and counseling services. These conditions include:

- Partners agree to discuss HIV risk issues and concerns together.
- Couple is willing to receive results together.
  This means that the couple will know each other’s test results.
- Couple commits to shared confidentiality.
  The couple should make decisions together about sharing their test results with other people.
- Disclosure decisions are made mutually.
  The couple should agree not to tell anyone their test results unless both partners agree.

Roles, responsibilities, and expectations for how the couple should interact during the CHTC session include:

- Each partner participating equally in the discussion
- Listening carefully and responding to each other
- Treating each other with respect and dignity
- Being as open and honest as possible
- Providing understanding and support to each other
These roles, responsibilities, and expectations are addressed in the initial session when the counselor introduces the couple to CHTC and obtains their concurrence to receive couple services.

REALITIES OF COUPLES HIV TESTING AND COUNSELING

Couples counseling is different from individual counseling in the approach that the counselor must take and in the issues that may be raised. The counselor should keep the following points in mind when working with couples:

- Remember that CHTC is NOT marriage counseling.
- The couple’s issues are more important than individual issues during a CHTC 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 CHTC 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 couple’s counselor is neither “binder” nor “breaker”.

NB: Remember, research shows that with support, couples do make it through the difficulties and challenges that may arise from being tested for HIV together.

USING A PROTOCOL: TERMS AND DEFINITIONS

**Intervention**—
An intervention is a strategy for achieving a specific goal.

For example: Prevention of mother-to-child transmission (PMTCT) of HIV; prevention of sexual HIV transmission through abstinence, being faithful, and using condoms; and couples HIV testing and counseling

**Component**—
A component is a sequence of specific and related tasks that should be addressed when going through the intervention.

For example: Component I: Introduce Couple to CHTC and Obtain Concurrence to Receive Couple Services

**Task**—
Components are made up of tasks, which are a series of ordered activities to be fulfilled in order to accomplish each component.

For example: Introduce yourself and describe the role of the counselor

**Objective—**
Objectives provide the rationale for focusing on and achieving each of the tasks to be completed.

For example: Establish the initial rapport and inform the couple of the counselor’s responsibilities

**Script—**
Scripts for counselors to follow have been written specifically for this CHTC intervention. The script consists of questions and remarks that are designed to draw information from the couple and accomplish each task.

For example: “Hello my name is _____, and I will be your counselor today. My role as your counselor is to guide the two of you through the couples counseling session.”

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**THE INITIAL SESSION: PRE-TEST COUNSELING**

The CHTC intervention is divided up into sessions: the initial session and the second session. A significant and vital portion of the counseling session takes place before the HIV test is performed. This portion of the counseling session is referred to as the initial session.
The initial session consists of five important components that guide the counselor through the session.

**Component A: Introduce the Couple to CHTC and Obtain Concurrence**

**BACKGROUND**

The goal of Component A is to clarify the purpose and content of CHTC for the couple. The counselor’s objective is to ease the couple’s anxieties and concerns and set a collaborative tone for the session. From the moment the counselor first interacts with the couple, he or she should competently apply the specific counseling skills we addressed in Chapter Two. The most important of these include:

- Demonstrating neutrality and balance
- Facilitating dialogue between the couple
- Modeling calm, open, and reasoned discussion

An important aspect of this component is discussing the conditions for receiving CHTC services and determining if the couple is ready to receive services. These conditions include:

- Partners agree to discuss HIV risk issues and concerns together.
- Couple is willing to receive results together.
- Couple commits to shared confidentiality.
* Disclosure decisions are made mutually.

The initial session is the only practical point in the CHTC session when the counselor may, based on assessment, decide to refer the couple to individual testing and counseling services instead of couples services. However, if the couple is able to agree to the above terms, they should be encouraged to continue with couples services because of the many benefits of receiving HIV testing and counseling together.

During the first component of the initial session, the counselor should take the couple through the following tasks:

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<tr>
<th>TASK</th>
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<tbody>
<tr>
<td>Task 1: Introduce yourself and describe the role of the counselor.</td>
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<tr>
<td>OBJECTIVE</td>
</tr>
<tr>
<td>Establish initial rapport and describe the responsibilities of the counselor.</td>
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<tr>
<th>TASK</th>
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<tr>
<td>Task 2: Discuss the benefits of CHTC:</td>
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<tr>
<td>- Learning about their HIV status together</td>
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<tr>
<td>- Providing an opportunity for both partners to deal with their HIV concerns together</td>
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<tr>
<td>OBJECTIVE</td>
</tr>
<tr>
<td>Motivate and support the couples to engage in CHTC.</td>
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<tr>
<th>TASK</th>
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<tbody>
<tr>
<td>Task 3: Describe the conditions for receiving CHTC services:</td>
</tr>
<tr>
<td>- Discussing risk issues and concerns</td>
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<tr>
<td>- Willingness to receive results together</td>
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<tr>
<td>- Commitment to shared confidentiality</td>
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<tr>
<td>- Mutual disclosure decisions</td>
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<tr>
<td>OBJECTIVE</td>
</tr>
<tr>
<td>Ensure the couple understands the requirements of CHTC.</td>
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<tr>
<th>TASK</th>
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<tr>
<td>Task 4: Address expectations, roles, and responsibilities of the couple in CHTC.</td>
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<tr>
<td>- Partners participate equally</td>
</tr>
<tr>
<td>- Listen and respond to each other</td>
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<tr>
<td>- Treat each other with respect and dignity</td>
</tr>
<tr>
<td>- Engage in open and honest discussion</td>
</tr>
<tr>
<td>- Provide understanding and support</td>
</tr>
<tr>
<td>OBJECTIVE</td>
</tr>
<tr>
<td>Establish expectations regarding interpersonal interactions during the session.</td>
</tr>
</tbody>
</table>
Task 5: Obtain concurrence to receive CHTC.
Confirm that both members of the couple are willingly engaging in CHTC.

Task 6: Give a session overview. Include what will be covered and estimate how long the session will take. The session includes:
- 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

Provide clarity about the content of the session and the facility procedures.

COMPONENT B: EXPLORE THE COUPLE’S LIFE STAGE AND REASON FOR SEEKING CHTC SERVICES

BACKGROUND

The main objective of Component II is to learn about the couple’s relationship status and history while assessing their communication style and decision-making process.

CHTC focuses on the couple as a unit. This unit has history, experiences, expectations, resources, and dynamics that will have an impact on the CHTC session. The couple’s relationship exists in an interpersonal and socio-cultural context that extends beyond the particular characteristics of the individuals within the couple. The counselor should encourage the partners to deal with their HIV-related issues together and to embrace CHTC as a couple, rather than as individuals. This will increase the likelihood that they will respond positively to the experience.

NB: The duration of the couple’s relationship, their marital status, childbearing history, living arrangements, future plans, and extended family relationships will influence the issues addressed in this session. This information will allow the counselor to tailor the CHTC session to the couple’s unique circumstances. Further, the couple’s life stage may substantially influence how the couples deal with their test results and risk behaviors, as well as the future of the relationship.
<table>
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<tr>
<th>TASK</th>
<th>OBJECTIVE</th>
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</table>
| Task 1: Establish the nature and duration of the couple’s relationship, including:  
  - Living arrangements (including if couple has been separated due to employment)  
  - Marital status (ask if in polygamous relationship)  
  - Plans for the future | Develop an understanding of the couple’s history and interpersonal and family resources that may influence the couple’s adjustment to their test results and their ability to adopt necessary behavior changes. |
| Task 2: Address family planning and childbearing issues and choices, as appropriate. | Assist the couple in considering HIV-related childbearing issues and corresponding choices (if relevant). |
| Task 3: Review how the couple came to the decision to seek CHTC services:  
  - Decision process | Validate the couple’s disclosure of their life circumstances. |
| Task 4: Assess the couple’s feelings associated with receiving CHTC. Be sure to get input from both partners. | Understand, validate, and normalize the couple’s experience. |
| Task 5: Summarize and reflect on the couple’s history and current situation. | Validate the couple’s disclosure of their life circumstances. |

**Johari’s Window for Couples**

<table>
<thead>
<tr>
<th>OPEN</th>
<th>PRIVILEATELY DISCUSSED</th>
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<tbody>
<tr>
<td><strong>OPEN</strong></td>
<td>Issues that are open, shared, discussed</td>
</tr>
<tr>
<td><strong>PRIVILEATELY DISCUSSED</strong></td>
<td>Issues that are understood, acknowledged, or privately discussed</td>
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<table>
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<tr>
<th>NOT DISCUSSED</th>
<th>HIDDEN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NOT DISCUSSED</strong></td>
<td>Issues that are imagined or believed, and rarely, if ever, discussed</td>
</tr>
<tr>
<td><strong>HIDDEN</strong></td>
<td>Issues that are hidden, protected, and kept secret</td>
</tr>
</tbody>
</table>

(Source: Luft 1970)
The “Open” box represents things that you are proud of and that you share and discuss openly with your family and extended family. For example:
- Your child’s accomplishments
- Professional goals and ambitions
- Relationship status (such as engaged or married)

The “Privately Discussed” box represents things that you share in your home between you and your partner. For example:
- Financial circumstances
- Detailed information regarding personal family situations

The “Not Discussed” box represents things in your relationship you know about but do not talk about. For example:
- Believing your partner drinks when away from home on business
- Believing your partner dislikes your mother or relatives

The “Hidden” box represents things that cause you to feel guilty, ashamed, or embarrassed. For example:
- A sexual encounter or fantasy
- Something you did under the influence of alcohol
- Having been in an abusive relationship
- Having been sexually assaulted or forced to have sex

COMPONENT C: DISCUSS COUPLE’S HIV RISK ISSUES AND CONCERNS

NB: Knowing when and how to address risk issues and concerns is an important part of couples counseling.

When discussing the couple's risk issues and concerns, keep in mind the following points:
- Focus on the couple’s present and future
BACKGROUND

Engaging the couples in a discussion of their HIV risk issues and concerns enhances the couple’s ability to communicate about HIV risk behaviors and related issues. The capacity to communicate about sensitive issues is crucial to the couple’s ability to reduce risk after receiving CHTC services. It is important for the counselor to understand the extent to which the couple has discussed their HIV risk behaviors and concerns.

During the CHTC session, the exploration and discussion of past sexual relationships is not relevant to the couple’s current situation beyond the recognition that past history may influence the partners’ respective test results. Therefore, the counselor should not force disclosure of risk behaviors. If one or both partners acknowledge past risk, the counselor may facilitate partner disclosure of past behavior. The counselor should normalize this and indicate it is not uncommon. If the couple has current risks they disclose and choose to discuss, then the counselor should be willing to address these in a constructive, nonjudgmental manner. Often, the counselor’s simple acknowledgement in general terms of the possibility of HIV infections occurring before the relationship (which is the reality in most couples) may ease tension and diffuse blame should one or both partners be infected. This situation becomes more complicated when one or both partners deny any previous partner or partners. If possible, the counselor should attempt to redirect testimonials concerning virginity and fidelity because these are difficult to reconcile with positive test results. Should the counselor have an inclination that other partners exist currently, he or she should address this risk in hypothetical terms.

LIMITATIONS IN CONDUCTING AN INDIVIDUAL RISK ASSESSMENT IN THE CONTEXT OF CHTC

Although some sites may offer the counselor the option to separate couples for individual risk assessments, the following points explain why this protocol does NOT recommend individual risk assessments in the context of CHTC.

- The partners sought services as a couple, not as individuals. By doing so, they have indicated that they are choosing to deal with HIV issues in their relationship as partners. Separating partners may undermine this commitment.

- Information disclosed in individual sessions is confidential. It is therefore possible that one partner may disclose something to the counselor that he or she is unwilling to share in the CHTC session, and the counselor cannot reveal this information.

- Once a counselor becomes aware of information one partner is unwilling to disclose to the other, it may cause the counselor unintentionally to support one partner over the other.
• When couples are separated to discuss risk issues and concerns, it implies that there are secrets. Secrets generate distrust and represent a failure to communicate.

Risk reduction for the couple requires trust, communication, and cooperation. Mutual risk assessment models these values and provides an opportunity to strengthen these skills.

NB: A preferred alternative to separating couples is to proceed with a discussion of the couple’s risk issues and concerns and to offer one or both partners the opportunity to return individually to discuss issues and concerns in another session.

In Component A the couple agreed to receive CHTC together and this intervention does not recommend separating the couple for individual risk assessment. Should there be concerns about individual risk assessment; a preferred alternative to separating couples is to proceed with the CHTC discussion of risk issues and to offer one or both partners the opportunity to return individually to discuss issues and concerns at another session.

<table>
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<tr>
<th>TASK</th>
<th>OBJECTIVE</th>
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<tbody>
<tr>
<td>Task 1: Discuss general possible HIV risks and remind the couple to focus on the present and future.</td>
<td>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? Be sure to keep the couple focused on the present and future, not the past.</td>
</tr>
</tbody>
</table>
Task 2: Address indicators of increased likelihood of testing HIV positive.

- Note factors frequently associated with risk behavior, such as a history of illnesses, STIs, or TB.
- Listen for possible risk circumstances, such as:
  - Separation because of travel or work
  - Alcohol or drug use (especially intravenous drug use)
  - Second wife or multiple ongoing sex partners
  - Men having sex with men
  - Commercial sex workers
  - Occupational exposure for health care workers

Note factors that are frequently associated with increased risk behavior and increased risk of acquiring or transmitting HIV.

Task 3: Summarize the risk reduction discussion and provide the couple with motivation and support.

Organize and describe the complexity of factors and dynamics that constitute the couple’s HIV risk.

COMPONENT D: PREPARE FOR TESTING AND DISCUSS POSSIBLE RESULTS

BACKGROUND

This component provides the opportunity for the counselor to review the meaning of positive and negative test results with the couple. This ensures that both partners clearly understand the results. It also provides an opportunity for the couple to prepare for the test results they may receive and to anticipate the implications of these results. The counselor should talk through potential test result scenarios and help the couple identify issues they will need to address. This will require the counselor to normalize the possibility of any combination of test results. The counselor should also encourage mutual support and diffuse blame. Since discordance is often difficult for couples to understand, the counselor should address issues specific to this potential outcome.

To help contain the couple’s anxiety, the counselor should explain the testing process. This includes how long it will take, when results will be available, and how the counselor will deliver the results to the couple. Because the couple as a unit is seeking services, their results are provided as a summary of their combined results: First the counselor tells the couple if their results are the same or if they are different; then they are told their individual results.
<table>
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<tr>
<th>TASK</th>
<th>OBJECTIVE</th>
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</thead>
<tbody>
<tr>
<td><strong>Task 1:</strong> Explain the meaning of positive and negative results.</td>
<td>Ensure both individuals clearly understand the meaning of test results.</td>
</tr>
</tbody>
</table>
| **Task 2:** Explain that the couple could have the same results:  
  - Concordant positive  
  - Concordant negative | Discuss with the couple the possibility of receiving the same results. |
| **Task 3:** Discuss discordance:  
  - Discordance occurs frequently  
  - Discordance does not mean uninfected partner is immune  
  - Uninfected partner remains at risk | Explain discordance, possible causes and clarify the implications. |
| **Task 4:** Guide the couple through the testing process and describe how the test results will be provided:  
  - The couples will have results that are either the same or different  
  - Individual results will be provided  
  - Counseling is provided based on the test results | The counselor can reduce the couple’s anxiety by providing a clear description of the testing process and how the couples will be informed of their results. |

**CONSIDERATIONS FOR DELIVERING HIV TEST RESULTS TO A COUPLE**

When deciding how to deliver HIV test results to a couple, there are several factors to consider:

- The partners chose to come together to learn their HIV status as a couple.
- The couple may be either discordant or concordant.
- Each partner individually is 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 couples should support the couple’s efforts to address HIV in terms of “we” and “our” rather than “I,” or “his,” or “hers.”
• The counselor provides the couple with a summary of the results. This reinforces that the partners are dealing with the results together.

• If the results are discordant, the counselor informs the couple first that the test results are different. Then the counselor to allows a moment for both partners to consider that either one of them could be HIV-infected.

• If the results are discordant, the counselor provides the HIV-positive partner his or her result first. This places the focus of the session on supporting the infected partner.

Counselors should prepare the couple to receive their test results by making sure they clearly understand when and how the results will be provided to them. Counselors can do that by explaining to the couple that the results are provided at the same time to the couple together. The results are given as a summary of the couple’s combined results.

**If the couple is concordant, the counselor should say:**

EITHER: “Both of you have tested HIV-positive.”, “You have both tested HIV positive”
OR: “Both of you have tested HIV-negative.”, “You have both tested HIV negative”

**If the couple is discordant, the counselor should say:**

FIRST: “Your test results are different.”
THEN: Provide the HIV-positive result to the infected partner.

(Source: Skerrett 2003)
CHAPTER FOUR: POST-TEST COUNSELING FOR CHTC

The possible results for CHTC are: concordant negative, concordant positive, and discordant couples. To review, concordant negative couples are couples where both partners are HIV negative. Concordant positive couples are couples where both partners are HIV positive. Discordant couples are couples where one partner is HIV positive and the other is HIV negative.

Overall, the goals of the post test – 1) to emphasize the importance of the couple’s collaboration and commitment to protect their relationship from HIV; 2) to ease tension; and 3) to diffuse blame.

Couples’ HIV Testing and Counseling Intervention

POST-TEST COUNSELING SESSIONS

4.1. Concordant Negative Result
- Providing Concordant Negative result
  - Risk Reduction

4.2. Concordant Positive Result
- Providing Concordant Positive result
  - Discuss coping and mutual support
  - Positive Living and HIV Care & Treatment
  - Things done at home to keep healthy
  - Risk Reduction

4.2. Discordant Result
- Providing Discordant result
  - Factors that Influence Transmission of HIV
  - Risk Reduction
COMPONENT A: PROVIDING CONCORDANT NEGATIVE RESULTS

This chapter provides guidance and skills needed by HTC Providers to deliver concordant negative HIV Test results to couples; and provides strategies on how both partners can remain HIV Negative. Chapter four also involves role-playing sessions aimed at enhancing counselors’ skills in delivering concordant negative results. The chapter outlines the following components:

A. Providing the couple with concordant negative results
B. Discussing risk reduction with the couple

PROVIDE CONCORDANT NEGATIVE RESULTS

BACKGROUND

The counselor is responsible for providing the test results in a straightforward, clear and succinct manner. First, the counselor should provide the couple with a summary of both of their test results by saying, “Your results are the same.” This should be immediately followed by, “Your test results are HIV-NEGATIVE, which indicates that both of you are not infected with HIV.” This approach reaffirms that the partners have sought to learn their HIV status as a couple and that they will be managing their shared test results together.

The following diagram illustrates the steps taken when the counselor meets with the couple for the post-test session:

Providing the couple with their results involves five tasks:
<table>
<thead>
<tr>
<th>TASK</th>
<th>OBJECTIVE</th>
<th>SCRIPT EXAMPLES</th>
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</table>
| 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. | ‘Your results are available…’
| | | ‘Your results are now ready…’ |
| Task 2: Provide a simple summary of the couple's results: Both test results are negative, which indicates that neither partner is infected. | Your objective is to state clearly and simply that both tests results are negative, indicating that each partner is not infected. If available, show the test results or test strips to the couple. | ‘Both of your test results are negative. This means that you both are HIV uninfected.’ |
| 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 and the meaning and implication of their results. | a. ‘What do you understand from your results?’
| | | b. ‘What do these results mean to you?’ |
| 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. | a. ‘How do you feel about these results?’
| | | b. ‘Tell me how each of you is feeling about each other’s result.’ |
| Task 5: Discuss results in the context of any recent risk exposures | Counselors should note the possibility that a recent exposure may indicate a need for a retest, because a recent exposure may not have been detected by the HIV test. | There is an extremely small chance that this test did not detect HIV if you were infected very recently. If one of you had sex with someone else whose HIV status is unknown in the last 2 to 3 weeks and you did not use a condom, you should get another test in about 3 to 4 weeks. |

The risk potentially posed by recent partners should be mentioned briefly and in the abstract. The counselor can say, “There is a very small chance that this test did not detect HIV if you were infected very recently. If you identify a recent exposure, get another test in about 8 weeks, based on your last risky exposure.”
The most important point to convey is that the couple’s test results do not reflect the HIV status of any other partners, past or present. Hence, the results cannot be used to determine the HIV status of any partners beyond the couple themselves.

**DISCUSS RISK REDUCTION**

In this component, the counselor helps the couple to fully embrace and appreciate the implications of their HIV-negative status.

The conversation about risk reduction involves eight tasks.

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<th>TASK</th>
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<tbody>
<tr>
<td><strong>Task 1: Address the risk associated with other partners.</strong></td>
<td>The objective of this task is to provide positive reinforcement that will encourage the best way for the couple to protect each other from HIV 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.</td>
<td>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. 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.</td>
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<tr>
<td>Task 2: Discuss couple’s specific HIV concerns or risks based on pre-test discussion (if applicable).</td>
<td>The objective of this task is to remind the partners of the concerns that brought them to CHTC and that they previously discussed in the session.</td>
<td>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 and what you will do as a couple to stay HIV-negative. What are some steps you would like to take protect your relationship from HIV?</td>
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<tr>
<td>Task 3: Emphasize that condoms must always be correctly and consistently used with outside partners</td>
<td>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 CHTC services.</td>
<td>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. 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.</td>
</tr>
<tr>
<td>Task 4: Explore skills required to reduce risk, such as: Open communication - Encourage the couple to communicate openly with each other about risk reduction and to stay faithful. Commitment to protect relationship from HIV - help the couple anticipate the possibility of unplanned risks and the responsibility to protect the other partner.</td>
<td>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? Can we all agree on your plan for protecting your relationship from HIV? How will you remain committed to this plan?</td>
<td>---</td>
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<tr>
<td>Task 5: Encourage HIV negative, uncircumcised males to attend male circumcision services.</td>
<td>Let the couple know that male circumcision can significantly reduce the risk of HIV transmission to the negative male partner(s). Also, clarify that condoms should still be used with outside partner(s) even after circumcision.</td>
<td>(Name of male, negative partner), if you are circumcised and use condoms with outside partners, you can further protect yourself from HIV.</td>
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<td>Task 6: Encourage the couple to become ambassadors for testing, particularly for couples HIV testing and counseling services.</td>
<td>You should empower the partners to support others to receive CHTC, while affirming their commitment to remain uninfected.</td>
<td>I encourage you to always talk to each other about protecting your relationship and your family from HIV and to remain faithful to each other.</td>
</tr>
<tr>
<td>Task 7: Provide information on needed services and make referrals appropriately</td>
<td>The objective of this task is to make the couple aware of available services that they can access based on the needs they have identified in the CHTC session.</td>
<td>Give the couple referral information.</td>
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COMPONENT B: PROVIDING CONCORDANT POSITIVE RESULTS

This section examines how to provide a HIV-positive concordant couple with their test results. The seven components of this chapter guide the counselor through providing the results and the subsequent counseling for coping, support, and positive living. The components include:

A. Provide the Concordant Positive Results  
B. Discuss Coping and Mutual Support  
C. Discuss Positive Living and HIV Care and Treatment  
D. Discuss Risk Reduction  
E. Discuss Children, Family Planning, and PMTCT Options  
F. Discuss Disclosure and Getting Support

In addition, the section includes additional information for the counselor on antiretroviral (ARV) treatment, prevention of mother-to-child transmission (PMTCT), and considerations for disclosing HIV results to children.

PROVIDE CONCORDANT POSITIVE RESULTS

BACKGROUND

The counselor is responsible for providing the test results in a straightforward, clear and succinct manner. First, the counselor should provide the couple with a summary of both of their test results by saying, “Your results are the same.” This should be immediately followed by, “Your test results are HIV-positive, which indicates that both of you are infected with HIV.” This approach reaffirms that the partners have sought to learn their HIV status as a couple and that they will be coping with their shared test results together.

The counselor should allow a moment of silence in the session to provide the couple with time to absorb the meaning of the test results. The counselor should make sure that the couple clearly understands the test results. As much as possible, the counselor should diffuse any discussion about one partner being unfaithful or bringing HIV into the relationship. The counselor may need to assist the couple in understanding that it is not possible to determine when or by whom either partner became infected, and in reality, this information is neither relevant nor helpful. The counselor should attempt to focus the partners on how they can support each other and cope with their results.

Providing concordant positive couples with their results involves 4 tasks:
<table>
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<tr>
<th>TASK</th>
<th>OBJECTIVES</th>
<th>SCRIPT EXAMPLES</th>
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<tbody>
<tr>
<td>Task 1: Inform the couple that their results are available.</td>
<td>Transition the session and notify the couple that they will be receiving their results.</td>
<td>‘Your test results are now ready’</td>
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<tr>
<td>Task 2: Provide a simple summary of the couple’s results: Both test results are positive, which indicates that both partners are infected with HIV.</td>
<td>Reaffirm that the couple as a unit is receiving their test results and that they will deal with the outcome together.</td>
<td>‘Both of your test results are positive. This means that you both have HIV.’</td>
</tr>
<tr>
<td>Task 3: Allow the couple time to absorb the meaning of the results.</td>
<td>Provide a moment for each of the individuals and the couple to consider the information they have been given and to collect their emotions.</td>
<td>‘Take your time. We have plenty of time to talk about these test results.’</td>
</tr>
<tr>
<td>Task 4: Ask if the couple understands the results.</td>
<td>Check in with the couple to make sure they understand what their test results mean and the implications of their test results.</td>
<td>‘I want to be sure you understand the results. Do you understand these results?’ ‘What do these results mean to you?’</td>
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</table>

DISCUSS COPING AND MUTUAL SUPPORT

BACKGROUND

This component is aimed at providing the counselor with skills to delicately balance the couple’s expression of feelings – often of distress and loss – with supportive encouragement and understated, but genuine, optimism about the couple’s ability to adapt to and cope with the results. As appropriate, the counselor may remind the couple of their resources and strengths, which they identified earlier in the session. The partners should be encouraged to be supportive of each other. At the same time, the counselor should help the couple recognize the potential need for additional support from others.

Discussing coping and mutual support with concordant positive couples involves 5 tasks:
<table>
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<tr>
<th>TASK</th>
<th>OBJECTIVES</th>
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<tbody>
<tr>
<td>Task 1: Invite both partners to express their feelings and concerns.</td>
<td>Understand how receiving positive results impacts the couple. Provide each individual with an opportunity to identify and voice emotions and reactions.</td>
<td>‘Could each of you tell me how you are feeling?’ ‘What questions do you have?’</td>
</tr>
<tr>
<td>Task 2: Validate and normalize the couple’s feelings and acknowledge the challenges of dealing with a positive result.</td>
<td>Provide genuine empathy and offer support and understanding.</td>
<td>‘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 to assign blame.’ ‘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.’ ‘Many couples with HIV-positive results express similar feelings.’ ‘Let’s take this one step at a time.’</td>
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<tr>
<td>Task 3: Ask how the partners can best support each other.</td>
<td>Focus the couple on generating ideas about how they can best support each other.</td>
<td>‘You came here today to deal with HIV as a couple. Now, how can you best support each other through this?’</td>
</tr>
<tr>
<td>Task 4: Recall the couple’s strengths. Convey optimism that the couple will be able to cope and adjust to living with HIV.</td>
<td>Help the couple to recognize and build on their skills and resources, both individually and as a couple.</td>
<td>‘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.’</td>
</tr>
</tbody>
</table>
Task 5: Address the couple’s immediate concerns.

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

‘There is a lot we need to talk about. But first, do you have any questions?’

DISCUSS POSITIVE LIVING AND HIV CARE AND TREATMENT

BACKGROUND

This session is aimed at assisting the counselor in gently transitioning from addressing the couple’s feelings and emotions associated with dealing with HIV infection toward addressing the clinical care, treatment, and preventive services required to manage HIV infection as well as to empower the couple to advocate for their own health and seek appropriate care.

To achieve the above, the following tasks need to be considered:

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<tr>
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| Task 1: Discuss positive living. | Encourage the partners to focus on their ability to enhance their health and well-being | ‘Positive living means taking care of yourself in order to improve the quality of your life and to stay well longer.’

‘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.’

‘Paying attention to your medical care is an important part of living positively. Let’s talk about this.’ |
Task 2: Address the need for preventive health care

Encourage an immediate follow-up medical visit to the nearest facility. Reinforce that the couple will need to live a healthy lifestyle by playing an active role in preserving and maintaining their own health i.e. safe drinking water, good nutrition and using nets to prevent malaria

‘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’

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

Motivate the couple to obtain the essential clinical care for their HIV infection.

‘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’

Task 4: Provide needed referrals to the HIV clinic and other services. Identify and problem-solve obstacles.

Link the couple to care and services.

‘Here is a list of the HIV care and treatment services we have discussed and the locations where you can receive these services.’

‘Do you have concerns about going to the HIV clinic?’

ADDITIONAL INFORMATION: FUNDAMENTALS OF ANTIRETROVIRAL (ARV) TREATMENT OF HIV INFECTION

During this component, the counselor’s goal is to motivate the couple to seek needed care and treatment. The counselor should discuss how to access treatment and be able to make appropriate referrals. One treatment option that may come up is the use of antiretroviral drugs or ARVs.

Counselors should generally understand the fundamentals of ARV treatment that we are about to discuss. However, counselors need to be mindful not to act as the “expert” on ARV treatment to clients. Counselors who are not clinicians should use special caution and avoid trying to answer complicated questions.

Fundamentals of ARV treatment include:

- Antiretroviral treatments are medications used to treat HIV. “ARV” is the abbreviation commonly used to refer to these drugs.

- ARVs can help infected persons feel better and delay the effects of HIV on their health. They can prolong life.
- ARVs do not cure HIV or AIDS.
- ARVs must be taken for life.
- A person taking ARVs is still infected and can transmit the virus to others.
- The patient MUST take his or her medication every day as directed (usually twice a day, sometimes three times a day) to stay healthy.

Counselors should discuss this information with couples in a clear and simple manner to make them aware that ARV medications help manage HIV infection.

**DISCUSS RISK REDUCTION**

**BACKGROUND**

For HIV-infected couples, the issue of risk reduction may be delicate and complex, especially when talking about outside partners. Discussing the risks of having partners outside the relationship should be handled diplomatically and in general terms.

The counselor should emphasize the importance of avoiding STIs. If there is any sexual exposure, condoms must be used to protect the couple from STIs and to prevent the transmission of HIV.

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<tr>
<td>Task 1: Discuss the importance of being faithful and not having sex with outside partners.</td>
<td>Reinforce the importance of being faithful to protect the couple from getting other infections that could make their HIV disease worse.</td>
<td>‘In addition to seeking care at the clinic, there are several important things you need to do at home to keep healthy’</td>
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<tr>
<td>Task 2: Inform couple of the need to protect partner(s) if they choose to have sex outside their relationship. Provide condom demonstration.</td>
<td>Reinforce the importance of encouraging other sex partners to go for HIV testing and of using condoms with any outside partners.</td>
<td>‘To prevent diarrhea, you should boil drinking water or use a safe water vessel with [name of bleach solution] added to the vessel. Here is some information about keeping your drinking water supply safe for you.’</td>
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</table>
DISCUSS CHILDREN, FAMILY PLANNING, AND PMTCT OPTIONS

There are a number of issues to address regarding the couple’s family planning and reproductive choices. The counselor’s aim is; 1) to make sure that the couple understands family planning services to prevent unintended pregnancies; and 2) understands the importance of accessing PMTCT services if the woman is currently pregnant or if the couple conceives in the future – to reduce the risk of transmission of HIV to infants born to infected mothers. The couple should be supported to make informed reproductive choices, and their choices should be respected.

The counselor should aim at least to address the essential information and to provide appropriate referrals:

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<tr>
<td>Task 1: Discuss the issue of HIV testing of children.</td>
<td>Because children may have become HIV infected through their mother, encourage the couple to bring their children for HIV testing. If the children are HIV-positive, they can get the care and treatment they need.</td>
<td>In addition to staying healthy for you and your family, there are things you need to do to be sure your children stay healthy. 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.</td>
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<tr>
<td>Task 2: Revisit the couple's intentions concerning having children. Discuss the couple's reproductive options.</td>
<td>Review the couple’s reproductive intentions in light of their HIV test results. Address options for limiting the risk of mother-to-child transmission of HIV while respecting the couple’s reproductive choices.</td>
<td>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. What are your thoughts about getting pregnant in the future? How would you choose to prevent pregnancy if you decide not to have more children?</td>
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<td>Task 3: If the couple wishes to avoid pregnancy, discuss the need for “dual methods.”</td>
<td>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.</td>
<td>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 injectable 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 will give you a referral to a family planning clinic before you leave today.</td>
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</table>
Task 4: Describe PMTCT programs.

Identify where the couple can obtain PMTCT services.

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.

Task 5: Address the couple’s questions and concerns about PMTCT services.

Identify and address any reservations, myths, or misconceptions that the couple may have about PMTCT services.

What questions do you have?

Task 6: Provide needed referrals.

Link the couple to locally accessible family planning and PMTCT services.

Here is a list of family planning clinics and clinics where you can get care during pregnancy.

### ADDITIONAL INFORMATION: BASIC INFORMATION ABOUT PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT)

Counselors should have a general understanding of how to prevent mother-to-child transmission of HIV. This is especially important when counseling couples in which the woman is currently pregnant.

HIV can be transmitted from mother to child during pregnancy, during labor and delivery, and while breastfeeding. However, PMTCT interventions greatly reduce this risk.

The risk of mother-to-child transmission can be reduced by:

- Giving medication to the mother during pregnancy and labor
- Having a safe delivery (delivering the infant in a clinic or hospital)
- Giving medication to the infant immediately after birth
- Making appropriate infant feeding decisions with a health-care provider
UNIVERSAL PMTCT MESSAGES:

- 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.

- MTCT accounts for nearly 90% of the more than 600,000 estimated new HIV infections that occur in children worldwide each year.\(^1\)

- Without any intervention (antiretroviral (ARV) prophylaxis or treatment) between 35%-40% of infants born to mothers infected with HIV who breastfeed can become HIV-infected.\(^2,3\).

- 5%-10% transmission risk during pregnancy

- ~15% during labor and delivery

- ~15% during the breastfeeding period

Research published in 1994 showed that zidovudine (ZDV or AZT) given to pregnant HIV-infected women reduced the risk of MTCT. Since then, the testing of women and provision of ARVs for those who are pregnant and HIV-positive have resulted in a dramatic decline in the number of children perinatally infected with HIV in developed countries.

Simple, effective interventions also make preventing MTCT in resource-limited settings an obtainable goal. Most countries are now supporting national PMTCT programs.

The key PMTCT interventions include:

- Provider-initiated, routine opt-out testing and counseling in the context of pregnancy (i.e., during antenatal, labor and delivery and immediate post-delivery periods) to enable the couple 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.

- HIV-positive mothers should breastfeed their babies exclusively 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).

For individual women participating in PMTCT programs and receiving these interventions, the risk of transmission can be reduced to less than 2%.
Further, new global initiatives to support ARV therapy and widespread prevention, care and treatment programs have created important opportunities to support PMTCT; integrate PMTCT into maternal-child health programs; introduce more effective ARV interventions; and provide linkages to care and treatment for mothers, infants and family members (“PMTCT-plus”).

- The best way to manage HIV in pregnancy, and to prevent infants from getting HIV, is for all pregnant women to receive antenatal care as early as possible in pregnancy and to deliver in a health facility.

- Providers should routinely recommend HIV testing and counseling with same-day results.

- Pregnant HIV-infected women who need treatment for their health as well as for PMTCT should receive highly active antiretroviral therapy (HAART).7

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. All pregnant HIV-infected women who have CD4 < 350 should be initiated on HAART. The regimens for ARV prophylaxis recommended by WHO include:

- AZT from 14 weeks of pregnancy plus intrapartum-dose NVP + AZT + 3TC at onset of labor, and AZT + 3TC for 1 week after delivery; and for the infant extended NVP for the duration of exposure. This is the most effective regimen.

Women attending ANC should also be encouraged to bring their partner for HIV testing. All HIV-infected mothers, infants and family members should be referred for treatment, care and support services to ensure care for the entire family.

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**DISCUSS DISCLOSURE AND GETTING SUPPORT**

It is important for the couple both to understand the benefits of disclosing their HIV status to friends, family, and community members who will support them. It is also important for the couple to understand how to approach disclosing their status.
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<tr>
<td><strong>Task 1: Explain the benefits for the couple to disclose their HIV status to others.</strong></td>
<td>Help the couple to understand how disclosing their HIV test results to trusted friends or relatives can assist them with receiving additional support that they will need both individually and as a couple.</td>
<td>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 help you weigh options and make decisions. 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.</td>
</tr>
<tr>
<td><strong>Task 2: Explore the couple’s feelings about sharing their results with a trusted friend, relative, or clergy.</strong></td>
<td>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</td>
<td>How do you feel about sharing your HIV test results with someone you trust? Who do you feel could best support the two of you as you cope and adjust to living with HIV? What concerns do you have about telling someone that you have HIV? I would like to hear from each of you about your feelings.</td>
</tr>
</tbody>
</table>
| Task 3: Discuss disclosure basics. | Provide the couple with disclosure basics to assist them in mentally framing how they will disclose. | After you identify someone to whom you would like to disclose, think about what you would like to say to that person.  
Think of a private place and time to talk, and ask to keep the discussion confidential.  
Sometimes it is helpful to practice what you would like to say ahead of time, and imagine how this person will react.  
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?  
Let's imagine I'm that person. Tell me about your results and I'll respond |
| Task 4: Reinforce that the decision to disclose is mutual. | 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. | As we discussed, your decisions about sharing your results have to be made together |
| Task 5: Explore the possibility of participating in a support group and additional counseling sessions. | Determine if the couple would be receptive to accessing other support resources, and specify the types of support that would be acceptable to the couple. | There is support available. Would you be interested in talking with other couples in your situation?  
Here is a list of post-test clubs, support groups for couples, and resources for additional counseling  
Please share with me any remaining questions you may have. |

**ADDITIONAL INFORMATION: DISCLOSURE BENEFITS AND BASICS**
Potential benefits of disclosure to the HIV-infected person:

- May build a network of social and emotional support—may reduce sense of isolation and anxiety
- May enhance opportunities for HIV-infected person to receive support in obtaining proper medical care and treatment
- Assists HIV-infected individuals in taking medication properly by:
  - Allowing the individual to take medication openly
  - Allowing the individual to acknowledge HIV status
  - Allowing the individual to receive support during treatment

Potential benefits of disclosure to outside sex partners:

- Allows sex partner to know of exposure risk
- Allows sex partner to seek testing and to reduce his or her risk of acquisition or transmission of HIV
- Enhances the sex partner's ability to understand and support the behavior changes needed to reduce risk

Potential benefits of disclosure to family and community:

- Helps infected individuals, couples and families prepare for the future
- Allows an opportunity to address children’s fears and anxieties
- Provides a role model to friends, family and community
- Allows health-care providers to take appropriate precautions
DISCLOSURE BASICS

Discussing disclosure to people and partners outside of the couple relationship is an issue that must be approached with sensitivity. Some guidelines to help couples with disclosure include:

- Identify the person 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, practice, practice.
  - Anticipate both supportive and non-supportive responses and how they may feel to the couple
  - 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 sex partners to disclose to, prioritize those who may have been exposed to HIV (if the HIV-positive person feels it is safe to disclose to that person).

Once couples and individuals decide to disclose and decide to whom to disclose, practicing the disclosure is a useful way to develop strategies to make the process easier.

PARENTAL DISCLOSURE TO CHILDREN

Benefits of disclosing 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 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.

Considerations for disclosing 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 that a parent (or parents) has HIV usually depends on the relationship the parent has 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.

• If a parent discloses his or her HIV status but requires the children to keep it a secret from others, it can be stressful and burdensome to the children.

• Parents should consider disclosing their status to other adults who are close to their children. This creates 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.

HIV-affected children and families need ongoing support beyond disclosure for coping with HIV and planning for the future. This is addressed in more detail in Chapter Five: Support Services.

COMPONENT C: PROVIDING DISCORDANT RESULTS

This section will clarify the implications of discordance and will explain the Couples HIV testing and counseling (CHTC) procedure for counseling discordant couples, including:
• Factors that Influence the Transmission of HIV
• Essential Counselor Responsibilities
• Providing Discordant Results
• Discussing Risk Reduction
• Differences in Counseling Concordant Positive and Discordant Couples

Preventing transmission within a discordant couple is one of the most critical reasons for offering couples HIV testing and counseling services. We will discuss in-depth the counselor’s most important responsibilities in working with a discordant couple and how to communicate effectively with the couple.

OVERVIEW

The overhead below shows some of the issues that we will discuss, such as providing the test results and informing the couple that their test results differ. We will discuss the implications of discordance when the woman is HIV-positive and the man is HIV-negative. We will also discuss issues when the man is HIV-positive and the woman is HIV-negative.

We will then cover issues that are very important for discordant couples, such as coping and providing each other support; positive living, care, and treatment; risk reduction; family planning, disclosure and getting support.
**FACTORS THAT INFLUENCE TRANSMISSION OF HIV**

Once an individual has engaged in risk behaviors, several factors influence the likelihood of the transmission and acquisition of HIV. These factors make it more likely for a person to transmit HIV or for a person to acquire HIV. In couples, these factors influence whether the partners are discordant and how long they may remain discordant.

The following factors can influence HIV transmission and can also affect the health of the infected person:

**Sexually transmitted infections**
HIV-infected persons with STIs are more likely to transmit HIV than people without STIs. Partners are more likely to acquire HIV if they have STIs.
**Level of virus**  
The more virus (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 bodies and low numbers of immune system cells. Patients who take their ARVs as directed will have a lower level of virus, but are still able to transmit the virus.

**Recent infection with HIV**  
When someone is recently 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.

**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 exposure to HIV he or she has, the more likely it is that he or she 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.

**Chance/probability**  
To some extent, HIV transmission is unpredictable. Whether or not the virus is passed during a specific exposure relies partly on chance.

All of these factors underscore the importance of counseling couples about how to minimize their risk in order to protect the HIV-negative partner.

**ESSENTIAL COUNSELOR RESPONSIBILITIES**

Because couples may have difficulty understanding their discordant results, counselors need to be very clear. Their messages should emphasize the very high risk of the uninfected partner becoming infected unless the couple adopts behaviors to protect the uninfected partner. It is extremely important that counselors fulfill the following responsibilities:

- Facilitate understanding and acceptance of results.
- Provide clear and accurate explanation of discordance.
- Dispel any beliefs that might undermine prevention. Examples of false beliefs that can place a couple at greater risk include:
  - **Belief #1:** One partner has been unfaithful and deserves to be abandoned or punished. **Answer:** The infected partner could certainly have acquired HIV well before the partners became a couple.
  - **Belief #2:** The couple believes the virus is sleeping and cannot be transmitted. **Answer:** HIV-infected persons can transmit the
virus at any time, even if they have no signs or symptoms of the disease.

Belief #3: There has been a mistake in the lab.
Answer: While this is a possibility, it is very rare, and the lab has many procedures in place to prevent any mistakes.

Belief #4: We have been having sex all this time and never transmitted the virus. Why do we need to take precautions now?
Answer: HIV may be transmitted in the future, particularly as the person gets sicker and has higher levels of the virus.

- Empower the couple to commit to risk reduction. During your counseling session, you will be giving couples the knowledge and skills to prevent transmission from the positive partner to the negative one. This will empower them to stay healthy.

- Discuss mutual disclosure decisions. Discrimination and stigma are unfortunately very common. Couples need to be careful about to whom they disclose their results. This should be a mutual decision.

- Help the couple develop adaptive coping strategies. HIV is very stressful. Your counseling will involve helping these couples cope with this stress.

The counselor has a crucial opportunity to help discordant couples deal with their results and, most importantly, help them to take steps to reduce the risk of transmission.

PROVIDE DISCORDANT TEST RESULTS

BACKGROUND

The counselor is responsible for providing results to the couple in a straightforward, clear and succinct manner. It is essential for the counselor to help discordant couples accept the accuracy and reality of their test results. Discordance must be explained in simple terms that clearly address any misconceptions the couple may have. The following five tasks guide counselors through this portion of the post-test session:

<table>
<thead>
<tr>
<th>TASK</th>
<th>OBJECTIVE</th>
<th>SCRIPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Task 1: Inform the couple that their results are available.</td>
<td>Transition to this part of the session and to let the couple know that they will be receiving their results.</td>
<td>Your test results are now ready.</td>
</tr>
<tr>
<td>Task 2: State that the couple has received results that are different. Pause briefly for the couple to absorb the implications of the results.</td>
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<tr>
<td>Reaffirm that the couple as a unit will receive the results. Pausing for a moment 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, provide the positive partner with his or her result. Then provide the negative partner with his or her result. The positive partner should receive his or her result first because that partner will need the most support.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your test results are different. ________, your test result is positive. This means that you have HIV. ________, your test result is negative. This means you do not have HIV. Take your time. We will have plenty of time to talk about this.</td>
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<table>
<thead>
<tr>
<th>Task 3: Convey support and empathy.</th>
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</thead>
<tbody>
<tr>
<td>Offer genuine empathy and support for both the couple as a unit and for the HIV-infected partner.</td>
</tr>
<tr>
<td>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.</td>
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</table>

<table>
<thead>
<tr>
<th>Task 4: Ask the couple if they understand their results.</th>
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<tbody>
<tr>
<td>Ensure an accurate understanding of the outcome of the test results, their meaning, and implications.</td>
</tr>
<tr>
<td>First, I want to be sure that you both understand the results. Could you tell me what these results mean to you?</td>
</tr>
<tr>
<td>Task 5: Review the explanation of how couples can have different test results.</td>
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</tr>
<tr>
<td>Reinforce the accuracy of the results and promote understanding and acceptance of the results. Also ease blame and encourage support for the infected partner.</td>
</tr>
<tr>
<td>Let’s talk again about what it means for a couple to have different HIV test results:</td>
</tr>
<tr>
<td>1. It is very common for couples to have different test results.</td>
</tr>
<tr>
<td>2. Couples can be together for many years and have different results.</td>
</tr>
<tr>
<td>3. 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.</td>
</tr>
<tr>
<td>4. 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.</td>
</tr>
<tr>
<td>5. It is very important to protect [_________] from becoming infected.</td>
</tr>
</tbody>
</table>

What questions do you have about your test results?

Remember that the words a counselor chooses to say in the session affect each client in different ways and on many levels. Words, information and explanations can have several meanings and interpretations. A counselor should listen carefully to his or her own choice of words and phrases and assess how the messages may be heard, perceived and interpreted.
DISCUSS PROTECTING THE NEGATIVE PARTNER FROM HIV

BACKGROUND

For a discordant couple, it is very important for the HIV-negative partner to stay negative. The negative partner can be a source of support for the positive partner, both emotionally and with HIV care and treatment. Should the HIV-positive partner become ill or die, having an HIV-negative, healthy partner can help ensure the well-being of any children or extended family.

Couples may remain discordant for a long time without knowing their HIV status or reducing their risk. However, if they do not take steps to protect the negative partner from HIV, that partner is at very high risk for becoming infected. By taking steps to protect the negative partner, such as not having sex or always using condoms during sex, the couple should be able to remain discordant for much longer, if not indefinitely.

Helping discordant couples protect the negative partner from HIV is among the most important goals of CHTC. Counseling greatly reduces the transmission of HIV within discordant couples by delivering risk reduction messages and discussing the couple’s choices.

For HIV negative males in discordant couples, counselors should encourage uncircumcised male clients to attend male circumcision services to reduce their HIV risk.

The following four tasks and objectives outline how to discuss risk reduction effectively with discordant couples:
<table>
<thead>
<tr>
<th>TASK</th>
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</thead>
<tbody>
<tr>
<td><strong>Task 1: Address risk reduction within the couple. Explore long-term measures to reduce the risk of HIV transmission to the uninfected partner.</strong></td>
<td>Let the couple know that they must take steps to protect the negative partner from HIV. If they continue to have sex without a condom, the uninfected partner will likely get HIV. Also discuss the risk reduction options: not having sex or using condoms every time they have sex.</td>
<td>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. 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. If you do continue to have sex, you must use condoms every time you have sex.</td>
</tr>
<tr>
<td><strong>Task 2: Assess condom-related issues, including:</strong></td>
<td>Assess the couple’s history of condom use and condom skills. Provide a condom demonstration.</td>
<td>Have you ever used condoms? Do you know how to use a condom? Now I will demonstrate for you how to use a condom correctly.</td>
</tr>
<tr>
<td>- History of condom use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Condom skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Provide condom demonstration</td>
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</table>

Couples’ HIV Testing and Counseling Participant’s Manual Swaziland
| Task 3: Address regular HIV testing for HIV-negative partner. | 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 use condoms. Therefore, the negative partner should receive an HIV test about once every year. If client is concerned about a recent exposure to his or her infected partner, he or she can return for a repeat test after 3-4 weeks. | It is recommended that the HIV negative partner get an HIV test about once every year. This means that next year around (today’s date) you, ___ (name), should get an HIV test. However, if you are concerned about a recent exposure to your uninfected partner, you can return for a repeat test after 3-4 weeks. |
| 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. | Let the couple know, in the abstract, that sex with an outside partner poses risks to their health. The positive partner should use condoms to prevent giving HIV to others. The negative partner should use condoms to protect against HIV. Let the couple know that any outside partners should be tested for HIV. | (Name of positive partner), if you have sex with other partners you should always use condoms to prevent transmitting HIV. (Name of negative partner), if you have sex with other partners you should always use condoms to protect yourself from HIV. 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. |
| Task 5: Encourage HIV negative, uncircumcised males to attend male circumcision services. | Let the couple know that male circumcision can significantly reduce the risk of HIV transmission to the negative male partner(s). Also, clarify that condoms should still be used even after circumcision. | (Name of male, negative partner), if you are circumcised and use condoms, you can further protect yourself from HIV. |

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**POTENTIAL DIFFERENCES: CONCORDANT POSITIVE AND DISCORDANT COUPLES**
The major issues of concern to concordant positive and discordant couples may differ. Here are examples of the major issues that each type of couple may face.

**Major Issues for Concordant Positive Couples:**

- There may possibly be less blame. They are both in it together.
- They need to deal with getting the psychological and financial resources to obtain care and support for both of them.
- They may have concerns about their ability to care for children should they both fall ill.
- Planning for their future may seem daunting.
- Disclosure has the same implications for both partners.
- The extended family may need to be involved earlier for support, providing care and planning for the future.
- Reproductive choices will be influenced by the fact that both are HIV-infected.
- The couple may experience a profound sense of loss.

**Major Issues for Discordant Couples:**

- The focus of attention is 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. The issue of other partners may be raised. In fact, this may be the reason the uninfected partner requested CHTC.
- There may be concerns about abandonment, especially if the woman is infected.
- If the breadwinner is infected, there may be concerns about his or her ability to continue to provide for the family.
- There could be a sense of relief that at least one partner will be able to care for the family.
- There is a need to protect the uninfected partner from becoming infected with HIV.
- There is an increased possibility that the couple will decide to separate.
- Over time many HIV-negative partners in discordant couples become HIV-infected.
- The HIV-infected partner may have greater disclosure concerns.

**Analogies Explaining Discordance**

- Sometimes a couple may become pregnant the very first time they have sex. For other couples, it may take several years for them to be able to conceive a
child. Similarly, HIV may be transmitted the first time a couple has sex, or it may be years before it is transmitted.

- Although an entire household is exposed to the same mosquitoes, one person in the household may come down with malaria while others do not. Over time though, almost everyone with ongoing exposure to mosquitoes develops malaria. The only way to prevent malaria is to prevent exposure to mosquitoes; the only to prevent HIV is to take precautions to avoid exposure to the virus.

- Termites may invade one tree while an adjoining tree may be free from termites. Yet, once the farmer discovers that the one tree has been damaged from termites, he takes precautions and treats the adjoining tree to prevent this tree from the termites. He knows that without this treatment the other tree will eventually become diseased. Similarly, without risk reduction, the HIV-negative partner remains at risk of becoming infected with HIV.

### COUNSELOR’S SCRIPT: PROVIDING DISCORDANT RESULTS

#### PROVIDE DISCORDANT RESULTS

<table>
<thead>
<tr>
<th>TASK</th>
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<tbody>
<tr>
<td>Task 1: Inform the couple that their results are available.</td>
<td>Your test results are now ready.</td>
</tr>
<tr>
<td>Task 2: State that the couple has received results that are different. Pause briefly for the couple to absorb the implications of the results.</td>
<td>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.</td>
</tr>
<tr>
<td>Task 3: Convey support and empathy.</td>
<td>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.</td>
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<tr>
<td>Task 4: Ask the couple if they understand their results.</td>
<td>First, I want to be sure that you both understand the results. Could you tell me what these results mean to you?</td>
</tr>
</tbody>
</table>
**Task 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**

<table>
<thead>
<tr>
<th>Task</th>
<th>Script</th>
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<tbody>
<tr>
<td><strong>Task 1: Invite both partners to express their feelings and concerns.</strong></td>
<td>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?</td>
</tr>
<tr>
<td><strong>Task 2: Validate and normalize the couple’s feelings and acknowledge the challenges of dealing with different results.</strong></td>
<td>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. 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. Many couples with different test results express similar feelings.</td>
</tr>
<tr>
<td><strong>Task 3: Ask the uninfected partner how he or she could best support his or her partner.</strong></td>
<td>How can you best support your partner and help him or her cope with being HIV-positive?</td>
</tr>
<tr>
<td>Task 4: Recall the couple's strengths. Convey optimism that the couple will be able to cope and adjust to the situation.</td>
<td>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. You have dealt before with difficult and rough times in your lives, and remembering this will help you get through this.</td>
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<tr>
<td>Task 5: Address the couple’s immediate concerns.</td>
<td>There is a lot we need to talk about. But first, do you have any questions?</td>
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**DISCUSS POSITIVE LIVING AND HIV CARE AND TREATMENT**

<table>
<thead>
<tr>
<th>Task</th>
<th>Script</th>
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<tbody>
<tr>
<td>Task 1: Discuss positive living and the importance of getting care for the HIV-infected partner.</td>
<td>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. <em>(Name of infected partner), your well-being directly affects the well-being, welfare, and future of your family.</em></td>
</tr>
<tr>
<td>Task 2: Discuss positive living.</td>
<td>Positive living means taking care of yourself in order to improve the quality of your life and to stay well longer. 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. Paying attention to your medical care is an important part of living positively. Let’s talk about this.</td>
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<tr>
<td>Task 3: Address the need for preventive health care.</td>
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<td>---------------------------------------------------</td>
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<tr>
<td>- Encourage immediate visit to the HIV clinic</td>
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<tr>
<td>- Dispel myths about treatment eligibility</td>
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<tr>
<td>It is very important that you get medical care that will help you stay as healthy as possible.</td>
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<tr>
<td>You will need to go to a clinic that treats HIV. We will give you a referral letter to take to the HIV clinic.</td>
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<tr>
<td>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 for you is.</td>
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<tr>
<td>Not everyone who has HIV needs treatment right away, but you need to be evaluated to determine whether you will need treatment now.</td>
<td></td>
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<tr>
<td>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.</td>
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<table>
<thead>
<tr>
<th>Task 4: Encourage the infected partner to access appropriate care and treatment services.</th>
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<tbody>
<tr>
<td>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. Do you have any questions?</td>
</tr>
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<table>
<thead>
<tr>
<th>Task 5: Encourage the uninfected partner to serve as an advocate for the infected partner.</th>
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<tbody>
<tr>
<td>Question directed to the uninfected partner: How can you support your partner with care and treatment and living positively?</td>
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<thead>
<tr>
<th>Task 6: Provide needed referrals to the HIV clinic and other services. Identify and problem-solve obstacles.</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Do you have concerns about going to the HIV clinic?</td>
</tr>
<tr>
<td>Here is your referral letter to give to the clinic's medical providers.</td>
</tr>
</tbody>
</table>

**DISCUSS THINGS TO DO AT HOME TO KEEP HEALTHY**
<table>
<thead>
<tr>
<th>Task</th>
<th>Script</th>
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</thead>
<tbody>
<tr>
<td>Task 1: Discuss with the couple the need to live a healthy lifestyle. Discuss things that they can do right away to keep healthy.</td>
<td>In addition to seeking care at the clinic, there are several important things you need to do at home to keep healthy.</td>
</tr>
<tr>
<td>Task 2: Discuss the importance of having safe drinking water to prevent diarrhea. Inform couple about where to get more information or obtain supplies.</td>
<td>To prevent diarrhea, you should boil drinking water or use a safe water vessel with [name of bleach solution] added to the vessel. Here is some information about keeping your drinking water supply safe for you. This can also benefit your entire family.</td>
</tr>
<tr>
<td>Task 3: Discuss the importance of using bed nets to prevent malaria (when applicable). Inform couple about where to get more information or obtain supplies.</td>
<td>You should sleep under a bed net to keep mosquitoes from biting you at night. This will prevent malaria. Here is some information about where you can obtain a bed net.</td>
</tr>
<tr>
<td>Task 4: Discuss the importance of good nutrition. Inform couple about where to get more information.</td>
<td>Good nutrition is also very important. Here is some nutritional information.</td>
</tr>
</tbody>
</table>
### DISCUSS PROTECTING THE NEGATIVE PARTNER FROM HIV

<table>
<thead>
<tr>
<th>TASK</th>
<th>SCRIPT</th>
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</thead>
<tbody>
<tr>
<td>**Task 1: Address risk reduction within the couple. Explore long-</td>
<td>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.</td>
</tr>
<tr>
<td>term measures to reduce the risk of HIV transmission to the uninfected</td>
<td>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.</td>
</tr>
<tr>
<td>partner.</td>
<td>If you do continue to have sex, you must use condoms every time you have sex.</td>
</tr>
<tr>
<td><strong>Task 2: Assess condom-related issues, including:</strong></td>
<td></td>
</tr>
<tr>
<td>• History of condom use</td>
<td>Have you ever used condoms?</td>
</tr>
<tr>
<td>• Condom skills</td>
<td>Do you know how to use a condom?</td>
</tr>
<tr>
<td>• Provide condom demonstration</td>
<td>Now I will demonstrate for you how to use a condom correctly.</td>
</tr>
<tr>
<td><strong>Task 3: Address regular HIV testing for HIV-negative partner.</strong></td>
<td>It is recommended that the HIV negative partner get an HIV test about once every year. This means that next year around (today’s date) you, ____ (name), should get an HIV test. However, if you are concerned about a recent exposure to your uninfected partner, you can return for a repeat test after 3-4 weeks.</td>
</tr>
<tr>
<td>**Task 4: Inform couple that condoms must always be used with other</td>
<td>(Name of positive partner), if you have sex with other partners you should always use condoms to prevent transmitting HIV.</td>
</tr>
<tr>
<td>partners. Address the possibility that any other partners should be</td>
<td>(Name of negative partner), if you have sex with other partners you should always use condoms to protect yourself from HIV.</td>
</tr>
<tr>
<td>tested for HIV.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
</tbody>
</table>

### DISCUSS FAMILY PLANNING AND PMTCT OPTIONS FOR DISCORDANT
## COUPLES

<table>
<thead>
<tr>
<th>Task</th>
<th>Script</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Task 1: Revisit the couple’s intentions concerning having children.</strong>&lt;br&gt;Address the risk to the uninfected partner should the couple decide to have a child.</td>
<td>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? &lt;br&gt;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. &lt;br&gt;Therefore, you should think about whether you still want to have more children now that you know one of you has HIV. &lt;br&gt;What are your feelings about this?</td>
</tr>
<tr>
<td><strong>Task 2: Discuss the couple’s reproductive options.</strong></td>
<td>The most effective way to prevent transmission 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. I will give you a referral to a family planning clinic before you leave today. &lt;br&gt;What are your thoughts about getting pregnant in the future? &lt;br&gt;How would you choose to prevent unintended pregnancy?</td>
</tr>
<tr>
<td><strong>Task 3: Describe the country’s PMTCT programs and services and identify where couples can access services.</strong></td>
<td>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. Currently (name of clinic___________) offers services to help you prevent transmission to your baby.</td>
</tr>
<tr>
<td><strong>Task 4: Address issue of testing of young children if the woman is HIV-positive.</strong></td>
<td>If woman is HIV-positive: &lt;br&gt;In addition to staying healthy for you and your family, there are things you need to do to be sure your children stay healthy. &lt;br&gt;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.</td>
</tr>
<tr>
<td><strong>Task 5: Provide needed referrals.</strong>&lt;br&gt;• Family planning</td>
<td>Here is a list of family planning clinics and clinics where you can get care during pregnancy.</td>
</tr>
</tbody>
</table>
DISCUSS DISCLOSURE

<table>
<thead>
<tr>
<th>Task</th>
<th>Script</th>
</tr>
</thead>
</table>
| Task 1: Explain the benefits for the couple to disclose their HIV status to others. | 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.  
  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. |
| Task 2: Explore couple's feelings about sharing their results with a trusted friend, relative, or clergy.  
  - Identify who could provide additional support.  
  - Address confidentiality and disclosure concerns. | How do you feel about sharing your HIV test results with someone you trust?  
  Who do you feel could best support the two of you as you cope and adjust to living with HIV?  
  What concerns do you have about telling someone that you have HIV?  
  I would like to hear from each of you about your feelings on this. |
| Task 3: Discuss disclosure basics. | After you identify someone to whom you would like to disclose, think about what you would like to say to that person.  
Think of a private place and time to talk, and ask to keep the discussion confidential.  
Sometimes it is helpful to practice what you would like to say ahead of time, and imagine how this person will react.  
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?  
Let's imagine I'm that person. Tell me about your results and I'll respond. |
| Task 4: Reinforce that the decision to disclose is mutual. | As we discussed, your decisions about sharing your results have to be made together. |
| Task 5: Explore the possibility of participating in a support group and additional counseling sessions. | There is support available. Would you be interested in talking with other couples in your situation? Here is a list of post-test clubs, support groups for couples, and resources for additional counseling. |
**Task 6: Answer remaining questions and provide support.**

**Summarize.**

We have talked about a lot today. Let’s review the important steps you need to take:

- 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.
CHAPTER 5: REFERRALS AND LINKAGES IN CHTC

This chapter examines support services that can be offered to couples affected by HIV and the steps counselors can take to link clients to these services. Services include HIV care services, psychosocial support, community resources, relationship counseling. In addition to identifying these services and linking couples to them, this chapter also discusses how to mobilize a community so that more people are aware of and involved in couple HTC services, support, and prevention.

GUIDELINES FOR REFERRALS AND LINKAGES IN CHTC

Referring couples to appropriate care and treatment services and other support is very important. There are several important steps in creating and referring CHTC clients.

Based on needs identified during couple testing and counseling session, consult referral directory and referral map as needed to determine nearest preferred facility that can support patient needs.

For all couples requiring referral:
- Encourage couple to attend facility closest to their home that is acceptable to both of them. i.e if one partner works away from home, they should be allowed to access services nearest to where they stay.
- Prioritize referral according to health condition. For example:
  - a couple requiring referral for both HIV care and STI treatment, should be referred to a site that offers the HIV care preferentially.
  - A couple requiring referral for both HIV and TB services should be referred to a site that offers both.
  - Ensure referral for MC for a sero-discordant couple where the male is HIV negative.

For concordant positives:
- Appointment date should be set within 2 weeks of the positive test on days when the receiving clinics accept new patients.
- Emphasize to couple that the facility will be expecting them on this date and, if permission given, will contact them if the appointment is not kept. This permission is noted on the referral note.
- Provide HIV services referral pamphlet (in English and Siswati).
- Refer to Expert Client for additional counseling for positive prevention available/required.

For discordant couples:
- Appointment date should be set within 2 weeks of the positive test on days when the receiving clinics accept new patients.
- Emphasize to couple that the facility will be expecting them on this date and, if permission given, will contact them if the appointment is not kept. This permission is noted on the referral note.
- Emphasize to couple on importance of accessing HIV care services.
• Emphasize the need to provide support to positive partner by negative partner
• Schedule ongoing risk reduction counseling session
• Refer to Expert Client for additional counseling on positive prevention

For concordant negative:
• Schedule for retesting
• Identify other referral needs and refer accordingly

REFERRAL RESOURCES IMPORTANT IN CHTC

Couples have a great need for ongoing services after CHTC, particularly concordant positive and discordant couples not to undermine the importance of providing ongoing support to concordant negative couples. The following list of services could—ideally—be offered by CHTC sites and by the greater community. The list is reflected in the national HTC client record. As work in HIV prevention continues, the need for additional services will continue to grow. Every community is different, and each will have different needs and resources.

HIV Care and Treatment:
• Pre-ART and ART
• TB screening and treatment

HIV prevention
• STI screening and treatment
• PMTCT services
• Male Circumcision
• Condom provision

Psychosocial Support:
  Substance abuse
• On-going counseling for couples
• HIV testing and counseling for children
• Prevention with Positives
• Post-test clubs and support groups
  o Peer support system
  o Individual and group counseling
  o Education to reinforce behavior change plans
  o Income-Generating Activities (IGAs)
  o Commodity distribution
• Care for orphans, HIV-affected, and other vulnerable children
• Spiritual support from faith-based organizations

Community Resources:
• Commodity distribution
  o Food
  o Nutritional supplements
• Crisis intervention and emergency services
  o Services for interpersonal violence and rape
Abandonment support services
Suicidal behavior crisis centers
Social activities, recreation, and drama groups

Legal assistance programs
Will writing
Property rights
Succession planning
Inheritance
Workplace rights

Community HIV care services
Home based care
Support groups

PREVENTION WITH POSITIVES

Most HIV prevention strategies target preventing uninfected individuals from becoming infected with HIV. However, because there is one HIV-positive person involved in every case of HIV transmission, Prevention with Positives is a very efficient and effective intervention. Prevention with Positives is designed both to prevent HIV transmission to others and also to protect the health of infected individuals by providing them with information, skills, and support.

Perhaps the most efficient model for implementing Prevention with Positives is to bring prevention and support services into HIV treatment and care settings. Strategies for doing so include:

- Having providers deliver HIV prevention messages when HIV-positive individuals visit clinics or other treatment facilities.

- Facilitating the disclosure of HIV status to sex partners.

- Developing sensitive and culturally appropriate health promotion materials that support disclosure of HIV status and safer sexual behavior among people living with HIV/AIDS.

- Facilitating partner referral for testing and counseling services.

- Providing enhanced, ongoing HIV counseling sessions for HIV-positive individuals and couples.

- Providing small group counseling sessions to enhance and reinforce risk reduction.

CARE AND SUPPORT SERVICES FOR HIV-AFFECTED CHILDREN

Children with one or both parents infected with HIV have ongoing health care, psychosocial, and support needs. Research has shown that early outreach to HIV-affected children and their families can help them cope more with HIV and plan for the future more effectively. *(Source: Nyonyintono 2003)*
“Succession planning” is one approach used successfully by USAID-funded programs in Uganda to intervene with HIV-affected families. Succession planning:

- Focuses on the unique needs of HIV-positive parents, their children, and standby guardians.
- Provides counseling for parents as they prepare to disclose their HIV status to their children.
- Assists parents in creating “memory books”.
- Assists parents in appointing standby guardians in the event that they become ill or die.
- Provides training for standby guardians.
- Helps parents to write a will.
- Provides children with school fees and supplies.

HIV testing and counseling programs should explore the options and programs that exist in their community. It’s important to make appropriate referrals to help HIV-positive parents with their children’s ongoing care and support needs.
CHAPTER SIX: MOBILIZATION FOR CHTC

Chapter Six identifies the different mobilization strategies and models in making more couples aware of CHTC services in their communities. These strategies include:

- Community Mobilization
- Door-to-Door Mobilization
- Media Mobilization
- Drama
- Mobilization through Antenatal Clinics
- Mobilization in the Workplace

COMMUNITY MOBILIZATION FOR EFFECTIVE REFERRALS AND LINKAGES

Couples who have undergone CHTC may need help accessing numerous support services. CHTC providers should build partnerships within their communities to gain visibility and acceptance for their services and to advocate for socio-cultural changes.

As ambassadors for CHTC in your communities, you must seek to establish continuity of care and support.

Some basic steps to mobilizing a community for CHTC include:

- Meeting with local leaders and community policy-makers.
- Meeting with various groups in the community, such as churches and community centers.
- Convening interested and invested parties for discussions.
- Initiating sensitization and awareness campaigns.
- Establishing advocacy groups.
- Generating media attention through newspapers, billboards, radio, and other outlets.
- Involving public and private sectors. For example, donor organizations, existing partnerships, community-based organizations, and faith-based organizations all have the potential for collaboration or the potential to give funding to your organization.

Why Is Mobilization for couples Important?

- To recruit couple for CHTC
- CHTC is a new option in many communities; many people do not know that it is possible to receive testing and counseling as a couple.
• Frequently, people do not know where to access CHTC services in their communities.

• Mobilization can help couples during decision-making about whether to receive CHTC.

• Raise awareness in the community about the possibility of sero-discordance among couples

PREPARING FOR COMMUNITY MOBILIZATION

Community mobilization involves a range of activities at the community-wide level that are intended to gain support, awareness, and interest for CHTC programs. They can also help couples make the decision to come in for CHTC. Key points for successful community mobilization include:

• **Obtaining buy-in from local leaders.** In any community, the first step is to get the local leaders invested in the importance of CHTC and how it can help the community.

• **Displaying CHTC IEC** at, local health facilities, churches, and public buildings. When using IEC to advertise CHTC, it’s important to decide where you will place them and to obtain appropriate permission.

• **Making presentations to various groups**, such as at local health facilities, churches and community/kagogo centers, to encourage participation in CHTC and to encourage referrals.

• **Educating influential, social people in the community**, such as community leaders, church leaders to talk about CHTC and to invite couples to receive CHTC. These people will need to be educated on the basics of why CHTC is important and how to give referral information, such as clinic locations and hours of operation.

MOBILIZATION STRATEGIES

**Door-to-Door Mobilization**

Door-to-door mobilization is more focused than community mobilization. It focuses on reaching couples individually and personally to come in for CHTC at the nearest health facility. Some important aspects of CHTC door-to-door mobilization include:

• Community mobilizers/peer educators should conduct door-to-door visits during which they:
  - Invite couples to access CHTC at nearest health facility
  - Explain why CHTC is important
  - Provide information about health facility locations and operating hours

• Community mobilizers/peer educators should receive a training from CHTC trainers about CHTC and how to deliver messages
● Community mobilizers/peer educators may answer questions about CHTC but they are not counselors and therefore should refer couples to health facility for CHTC services

Media Mobilization

● Advertising on the media is one way to let the community know about the importance of CHTC and where they can access the services.

Mobilization through Drama

Drama involving stories about CHTC and other HIV-related issues can help increase social acceptance of CHTC in the community and help couples to decide to come in for CHTC.

● Drama:
  o Starts discussions
  o Increases awareness and acceptance of CHTC
  o Reinforces key messages
  o Motivates people to get tested as couples and change their behaviors

Mobilization through Antenatal Clinics and PMTCT Programs

● CHTC staff can target antenatal clinics through their community mobilization efforts.
  o IEC with information about CHTC services can be displayed and distributed at antenatal clinics.

● Many women at antenatal clinics are interested in HIV testing and counseling with their partners.

● Antenatal clinic staff can encourage women to seek CHTC with their partners.
  o Antenatal clinics can send women home with personalized letters/slips from the clinic staff inviting the male partner to come into the clinic for HIV testing.
  o Antenatal clinics can give couples priority for ANC visits.
  o Provide men with slips or letters requesting time from employers to attend ANC visit with their wife and test as a couple.

● Antenatal clinics should encourage women to access antenatal care with partners.

Mobilization in the Workplace

Workplace recruitment can be used to target men. Because men are frequently the decision-making partners in couple relationships, mobilization strategies directed toward men are important.

● CHTC staff can target large and small employers in their community mobilization efforts.

● Many larger companies have peer health educators who can give out information about CHTC programs.
### APPENDIX 1: COUNSELOR CHECKLISTS

<table>
<thead>
<tr>
<th>Component I: Introduction to CHCT and Concurrence to Receive Couple Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discuss <strong>benefits</strong> of CHCT</td>
</tr>
<tr>
<td>Initiate behavior change based on knowledge of their HIV status</td>
</tr>
<tr>
<td>Health care and preventive treatment options—PMTCT—living positively</td>
</tr>
<tr>
<td>Describe the <strong>conditions</strong> for receiving CHCT services</td>
</tr>
<tr>
<td>Discussion of risk issues and concerns</td>
</tr>
<tr>
<td>Willingness to receive results together</td>
</tr>
<tr>
<td>Commitment to shared confidentiality—mutual disclosure decisions</td>
</tr>
<tr>
<td>Address expectations, roles, and responsibilities of couple participating in CHCT</td>
</tr>
<tr>
<td>Equal participation of partners</td>
</tr>
<tr>
<td>Listen and respond to one another</td>
</tr>
<tr>
<td>Treat each other with respect and dignity</td>
</tr>
<tr>
<td>Engage in candid and open discussion</td>
</tr>
<tr>
<td>Provide understanding and support</td>
</tr>
<tr>
<td>Obtain concurrence to receive CHCT</td>
</tr>
<tr>
<td>Review content of session and describe steps in CHCT</td>
</tr>
<tr>
<td>Develop understanding of the couple’s situation</td>
</tr>
<tr>
<td>Discussion of your HIV risk issues and concerns</td>
</tr>
<tr>
<td>Prepare for test and discussion of possible results</td>
</tr>
<tr>
<td>Receive rapid test</td>
</tr>
<tr>
<td>Provision of results</td>
</tr>
<tr>
<td>Counseling based on results</td>
</tr>
<tr>
<td>Estimate duration of session</td>
</tr>
<tr>
<td>Review how couple came to the decision to seek CHCT services</td>
</tr>
<tr>
<td>Discussion and decision process</td>
</tr>
<tr>
<td>Previous individual or couple HCT</td>
</tr>
<tr>
<td>Disclosure of decision to seek CHCT to friends/family</td>
</tr>
<tr>
<td>Establish the nature and duration of the couple’s relationship</td>
</tr>
<tr>
<td>Living arrangements—marital status</td>
</tr>
<tr>
<td>Plans for the future</td>
</tr>
<tr>
<td>Address family planning and childbearing issues</td>
</tr>
<tr>
<td>Assess the couple’s feelings associated with receiving CHCT</td>
</tr>
<tr>
<td>Identify couple’s interpersonal resources and coping style</td>
</tr>
<tr>
<td>Assess the couple’s family and social support</td>
</tr>
<tr>
<td>Summarize and reflect back to the couple their history and current situation</td>
</tr>
<tr>
<td>Elicit couple’s level of concern about having/acquiring HIV</td>
</tr>
<tr>
<td>Partner communication and shared concerns about HIV risks</td>
</tr>
<tr>
<td>Identify current risk triggers, vulnerabilities and circumstances</td>
</tr>
<tr>
<td>Travel/work (separation)—other partner/second wife—alcohol or drug use</td>
</tr>
<tr>
<td>Assess safer sex practices within the couple</td>
</tr>
<tr>
<td>History of condom use</td>
</tr>
<tr>
<td>Most recent exposure</td>
</tr>
<tr>
<td>Address indicators of increased risk</td>
</tr>
<tr>
<td>Illnesses or STD /TB diagnoses</td>
</tr>
<tr>
<td>Summarize risk reduction discussion</td>
</tr>
<tr>
<td>Provide motivation and support</td>
</tr>
<tr>
<td>Address the challenge of discussing difficult and sensitive issues</td>
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<tr>
<td>---</td>
</tr>
<tr>
<td>• Acknowledge potential of undisclosed issues</td>
</tr>
<tr>
<td>• Diffuse potential to blame partner</td>
</tr>
<tr>
<td>• Focus on the couple’s present situation</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Discuss couple’s understanding of the meaning of positive and negative results</th>
</tr>
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<tbody>
<tr>
<td>• Concordant negative—Concordant positive</td>
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</table>

<table>
<thead>
<tr>
<th>Discuss discordance</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Understanding discordance—occurs frequently</td>
</tr>
<tr>
<td>• Uninfected partner not immune—uninfected partner remains at risk</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Explore implications for the relationship should the couple have the same results</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Discordant—male positive—female positive</td>
</tr>
<tr>
<td>• Implications for childbearing</td>
</tr>
<tr>
<td>• Shared confidentiality—mutual decisions about disclosure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Establish context for couple to understand potential results</th>
</tr>
</thead>
<tbody>
<tr>
<td>• HIV pervasive/endemic—absence of infection often reflects good fortune</td>
</tr>
<tr>
<td>• Infection could have occurred years previously</td>
</tr>
<tr>
<td>• Focus on the present and the future</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Confirm couple’s decision to test and share their results</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Explain testing process and describe how the test results will be provided</td>
</tr>
<tr>
<td>• Results will be provided as a summary of the couple’s results</td>
</tr>
<tr>
<td>• The couple will have results that are either the same of different</td>
</tr>
<tr>
<td>• Individual results then provided and counseling based on the test results</td>
</tr>
</tbody>
</table>

## CHCT—Results Session: Concordant Negative

### Component V-A: Provide Test Results—Concordant Negative

<table>
<thead>
<tr>
<th>Inform couple that their test results are available</th>
</tr>
</thead>
<tbody>
<tr>
<td>• State that the couple’s test results are the same/shared</td>
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<table>
<thead>
<tr>
<th>Provide a simple summary of the couple’s results</th>
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<tbody>
<tr>
<td>• Both test results are negative—indicating each partner is not infected</td>
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<table>
<thead>
<tr>
<th>Inquire as to the couple’s understanding of their results</th>
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<table>
<thead>
<tr>
<th>Explore couple’s reaction to their results</th>
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<table>
<thead>
<tr>
<th>Note the need to understand the result in the context of any recent risks outside of their relationship</th>
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<table>
<thead>
<tr>
<th>Discuss commitments and communication required of the couple to remain uninfected</th>
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<table>
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<tr>
<th>Encourage couple to preserve their future by remaining uninfected</th>
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<table>
<thead>
<tr>
<th>Address the risk associated with other partners (past or present)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Remind couple that their results do not indicate the status of other partners</td>
</tr>
<tr>
<td>• Partner’s status will only be determined through HIV testing</td>
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</table>

<table>
<thead>
<tr>
<th>Identify behavior most likely to place couple at risk of becoming infected</th>
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<table>
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<tr>
<th>Discuss plan should either partner engage in risk behavior</th>
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<tr>
<th>Develop a plan to ensure the couple remains HIV-negative</th>
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<tr>
<th>Identify potential obstacles to accomplishing the plan</th>
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<table>
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<tr>
<th>Encourage couple to practice the communication skills required to successfully accomplish the plan</th>
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<table>
<thead>
<tr>
<th>Convey confidence in the ability of the couple to complete the plan and to protect each other</th>
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<table>
<thead>
<tr>
<th>Encourage couple to become ambassadors for testing and particularly couple services</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Provide needed referrals (STI, FP, ANC, support etc.)</th>
</tr>
</thead>
</table>
### CHCT—Results Session: Concordant Positive

<table>
<thead>
<tr>
<th>Component V-B: Provide Test Results—Concordant Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ inform the couple that their results are available</td>
</tr>
<tr>
<td>✔ State that the couple’s test results are the same/shared</td>
</tr>
<tr>
<td>✔ Provide a simple summary of the couple’s results—both test results are positive, indicating the couple is infected</td>
</tr>
<tr>
<td>✔ Allow the couple to absorb the meaning of their results</td>
</tr>
<tr>
<td>✔ Inquire as to the couple’s understanding of their results</td>
</tr>
<tr>
<td>✔ Encourage mutual support and avert blame</td>
</tr>
<tr>
<td>✔ Invite both partners to express their feelings and concerns</td>
</tr>
<tr>
<td>✔ Validate and normalize the couple’s feelings and acknowledge the challenges of dealing with a positive result</td>
</tr>
<tr>
<td>✔ Inquire as to how the couple could best support each other</td>
</tr>
<tr>
<td>✔ Recall couple’s strengths and convey optimism that the couple will be able to cope and adjust to living with HIV</td>
</tr>
<tr>
<td>✔ Address the couple’s immediate concerns</td>
</tr>
<tr>
<td>□ Discuss positive living</td>
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<td>□ Address the need for health care providers to know their test results</td>
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</tr>
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<td>• TB evaluation/treatment</td>
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<td>• Prevention of opportunistic infections</td>
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<tr>
<td>• Environmental precautions</td>
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<tr>
<td>o Safe water and mosquito netting</td>
</tr>
<tr>
<td>• Nutritional support and vitamin supplements</td>
</tr>
<tr>
<td>□ Determine if immediate referral for TB treatment is needed</td>
</tr>
<tr>
<td>□ Assess couple’s understanding of antiretroviral (ARV) treatments</td>
</tr>
<tr>
<td>□ Explain and clarify the basic principles of ARV treatment</td>
</tr>
<tr>
<td>• Enhances the quality of life and prolongs life</td>
</tr>
<tr>
<td>• Provided when immune system shows signs of damage from HIV</td>
</tr>
<tr>
<td>• To keep virus level low and immune system function level high</td>
</tr>
<tr>
<td>• Requires strict adherence</td>
</tr>
<tr>
<td>□ Address couple’s questions and concerns about ARV treatment</td>
</tr>
<tr>
<td>• Reinforce ARV treatment is not a cure</td>
</tr>
<tr>
<td>□ Describe ARV availability and eligibility criteria</td>
</tr>
<tr>
<td>• Identify treatment clinics/programs</td>
</tr>
<tr>
<td>• Indicate the type of treatment available in the country</td>
</tr>
<tr>
<td>• Explain medical assessment/tests to stage the couple’s disease</td>
</tr>
<tr>
<td>□ Identify and problem solve obstacles to accessing ARV treatment</td>
</tr>
<tr>
<td>• Transport and cost sharing requirements</td>
</tr>
<tr>
<td>• Privacy, disclosure, and confidentiality concerns</td>
</tr>
<tr>
<td>□ Encourage couple to access appropriate care and treatment services</td>
</tr>
<tr>
<td>□ Discuss things that the couple can do right away to keep healthy</td>
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<tr>
<td>• Safe drinking water to prevent diarrhea</td>
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<td>• Bed nets (when applicable)</td>
</tr>
<tr>
<td>• Good nutrition</td>
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<tr>
<td>Address how the couple can obtain more information and or supplies</td>
</tr>
<tr>
<td>Discuss importance of being faithful as a way to best protect each partner</td>
</tr>
<tr>
<td>Address risk reduction within the couple relationship</td>
</tr>
</tbody>
</table>
  - Issues of resistance
| Review the couple’s experience using condoms—provide condom demonstration |
| Discuss the issue of HIV testing of children |
| Re-visit the couple’s intentions concerning having children |
| Assess the couple’s understanding of PMTCT services |
| 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
| Describe the country’s PMTCT program/services |
  - Identify antenatal-PMTCT facilities
| Address couple's questions and concerns regarding PMTCT services |
| Encourage the couple to access family planning/PMTCT services |
| Provide needed referrals |
| Emphasize the importance of the couple receiving support from others |
| Explore couple's feelings about sharing their results with trusted person |
  - Identify who could provide additional support
  - Address confidentiality and disclosure concerns
| Reinforce that the decision to disclose is mutual |
| Discuss disclosure basics |
| Practice when and how the couple would share their results with trusted confidant |
| Address with the couple issues and concerns associated with telling family members and children about their HIV infection |
| Explore with the couple the possibility of participating in a support group and (if available) additional counseling sessions |
| Answer remaining questions and provide support |

**CHCT—Results Session: Discordant Results**

**Component V-C: Provide Test Results—Discordant**

| Inform the couple that their results are available |
| State that the couple’s test results are different |
| Provide a simple summary of the couple’s results—provide result to infected partner, then provide result to negative partner |
| Allow the couple to absorb the meaning of their results |
| Inquire as to the couple’s understanding of their results |
| Convey support and empathy |
| Review the explanation of how couples can have different results |
| Answer questions and provide support |
### Component VI-C: Coping and Mutual Support
- Invite both partners to express their feelings and concerns
- Validate and normalize the couple’s feelings and acknowledge the challenges of dealing with a positive result
- Inquire as to how the uninfected partner could best support his or her partner in dealing with being HIV positive
- Recall couple’s strengths and convey optimism that the couple will be able to cope and adjust to the situation
- Address the couple’s immediate concerns

### Component VII-C: Positive Living—HIV Care and Treatment
- Discuss positive living
- Identify current access to health care services
- Address the need for health care providers to know their test results
- Address the need for preventative health care
  - TB evaluation/treatment
  - STI exam/treatment
  - Prevention of opportunistic infections
  - Environmental precautions
    - Safe water
    - Mosquito netting
  - Nutritional support and vitamin supplements
- Identify and problem solve obstacles to accessing ARV treatment
  - Transport and cost sharing requirements
  - Privacy, disclosure and confidentiality concerns
- Encourage infected partner to access appropriate care and treatment services
- Encourage the uninfected partner to serve as an advocate for the infected partner
- Provide needed referrals

### Component VIII-C: Discuss Things to Do at Home to Keep Healthy
- Discuss things that the infected partner can do right away to keep healthy
- Discuss the things that the couple can do right away to keep healthy
  - Safe drinking water to prevent diarrhea
  - Bed nets (when applicable)
  - Good nutrition
- Address how the couple can obtain more information and or supplies

### Component IX-C: Discuss Protecting the Negative Partner from HIV
- Address risk reduction within the couple
  - Explore long-term measures to reduce the risk of HIV transmission to the uninfected partner
- Assess condom-related issues, including:
  - History of condom use
  - Condom skills
- Provide condom demonstration
- Address regular HIV testing for HIV-negative partner
- Inform couple that condoms must always be used with outside partners
## APPENDIX 2: REFERENCES


