Couples HIV Counseling and Testing

Module Six: Providing Discordant Results

Module Six will clarify the implications of discordance and will explain the Couples HIV Counseling and Testing (CHCT) 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

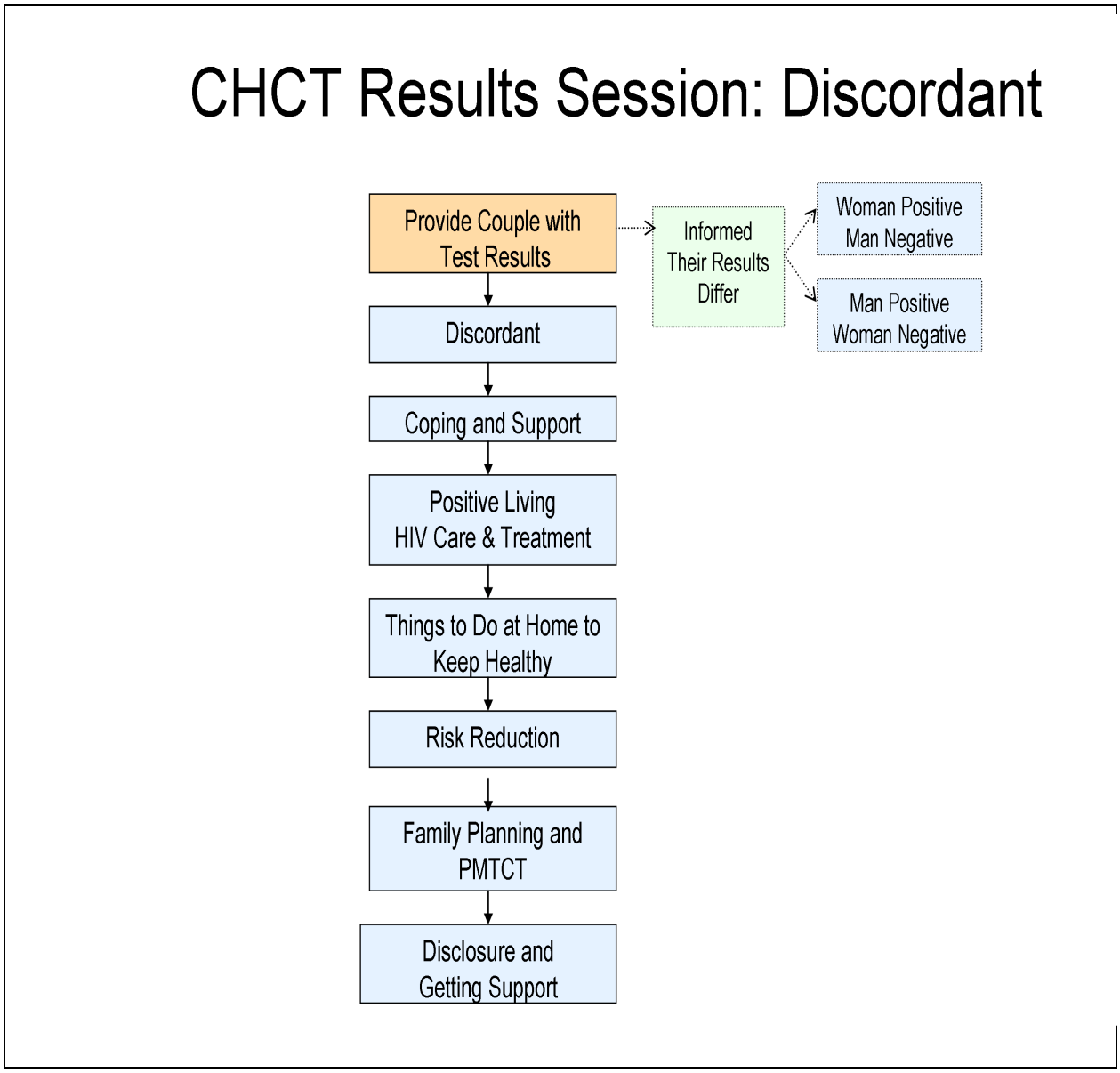
Preventing transmission within a discordant couple is one of the most critical reasons for offering couples HIV counseling and testing services. We will discuss in-depth the counselor's most important responsibilities in working with a discordant couple and how to communicate effectively with the couple.

Notes:

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 that people without STIs**.** Partners are more likely to acquire HIV is 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 body 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 track 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.

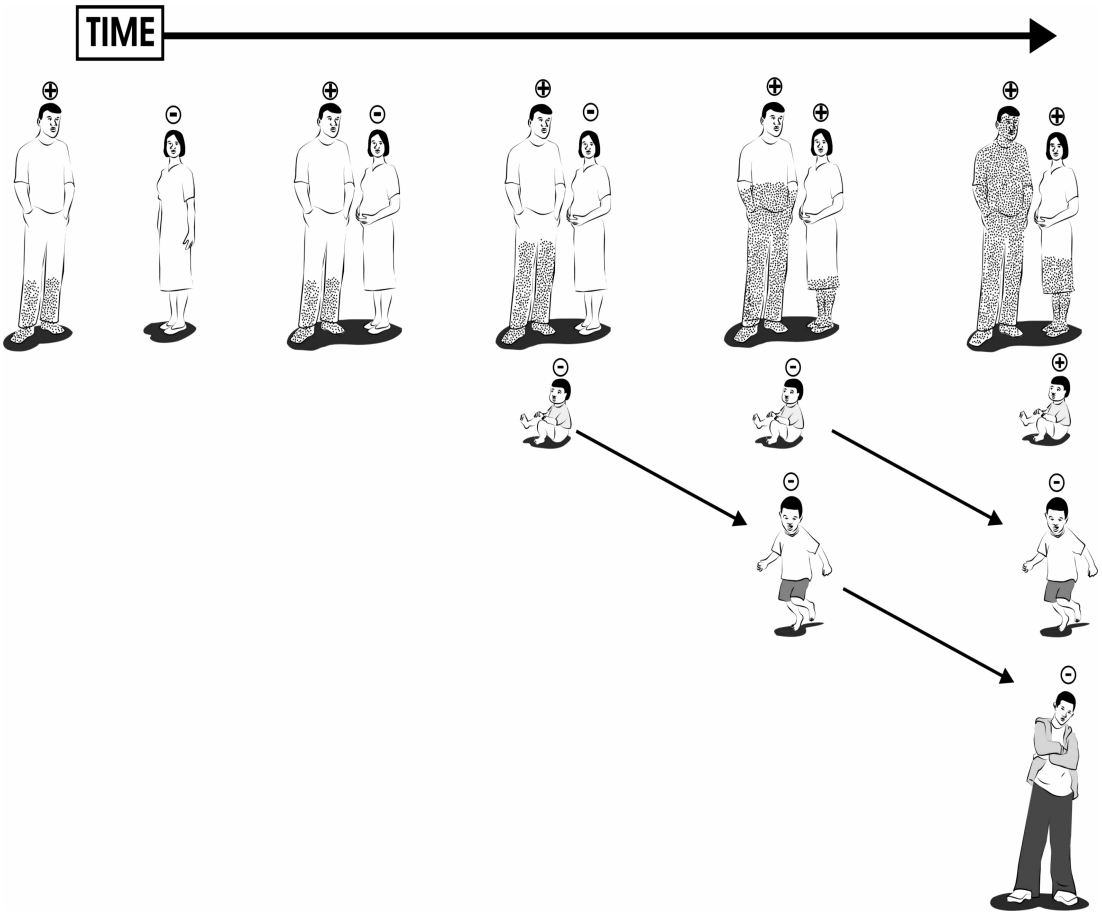
All of these factors underscore the importance of counseling couples about how to minimize their risk in order to protect the HIV-negative partner.

Farmer's Crop the First Year

Farmer's Crop the Second Year

Imagine this farmer invested the same amount of time and effort into tilling, planting, cultivating and harvesting his crops each year. However, the first year the farmer had a bountiful harvest while the second year the harvest is poor. What factors caused the farmer's harvest to be so different each year?

H I V T r a n s m i s



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, take steps to reduce the risk of transmission.

Component V-C: 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:

Task	Counselor's Objective
1) Inform the couple that their results are available**.**	Transition to this part of the session and to let the couple know that they will be receiving their results.
2) State that the couple has received results that are different. Pause briefly for the couple to absorb the implications of the results.	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 results first because that partner will need the most support.
3) Convey support and empathy.	Offer genuine empathy and support for both the couple as a unit and for the HIV-infected partner.
4) Ask the couple if they understand their results.	Ensure an accurate understanding of the outcome of the test results, their meaning, and implications.
5) Review the explanation of how couples can have different test results.	Reinforce the accuracy of the results and promote understanding and acceptance of the results. Also ease blame and encourage support for the infected partner.

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.

Component IX-C: 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 the household.

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 CHCT. Counseling greatly reduces the transmission of HIV within discordant couples by delivering risk reduction messages and discussing the couple's choices. The following four tasks and objectives outline how to discuss risk reduction effectively with discordant couples:

Task	Counselor's Objective
1) Address risk reduction within the couple. Explore long-term measures to reduce the risk of HIV transmission to the uninfected partner.	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, that partner will likely get HIV. Also discuss the risk reduction options: not having sex or using condoms every time they have sex.
2) Assess condom-related issues, including: • History of condom use • Condom skills • Provide condom demonstration	Assess the couple's history of condom use and condom skills. Provide a condom demonstration.
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.

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 would pose 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.

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 bring 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 CHCT.
- 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.
- The HIV-infected partner may have greater disclosure concerns.

Notes: