
Learning Unit 13:

HIV counselling and testing

**BOTH
TRACKS**



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Introduction

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Do you remember Sizwe's story about testing day in Ithanga when he said "to know who was positive and who was negative, you just had to stand and watch. If the counselling after the test takes a long, long time – then you know"? He also said that what he learnt from testing day was that "I must never test for HIV in my own village".

In this learning unit we will talk about HIV test counselling and together we will explore ways in which it can be done to accommodate communities like Sizwe's in such a way that people feel safe to be tested.

Key questions

Use the following questions as pointers to ensure that you retain your focus on the important issues in this learning unit:

- What is the difference between client-initiated and provider-initiated counselling and testing?
- What is pre-HIV test counselling?
- What is post-HIV test counselling?
- What is my personal experience of HIV testing?

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Key concepts

Look out for the following key concepts. Make sure that, after you have completed this learning unit, you know what they refer to and how they are used.

Pre-HIV test counselling	Post-HIV test counselling
Informed consent	Inconclusive test result
Shared confidentiality	Client-initiated counselling and testing (CICT)
Provider-initiated counselling and testing (PICT)	

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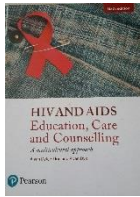
HIV counselling and testing – general aspects

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Before we introduce pre- and post-HIV test counselling, it is necessary to look at the legal and ethical aspects around HIV testing. We will also highlight the differences between client- and provider-initiated counselling and testing.



Study



Prescribed book: pp. 396-398

Section 13.1: Legal and ethical aspects. Do you know what the five C's are?

Section 13.2: Approaches to HIV counselling and testing. Make sure that you know the two different approaches to HIV counselling and testing used in South Africa. What are the advantages and disadvantages of each approach?

Section 13.3: The counselling process.

Click on the link <http://goo.gl/Fn3GkV> to see what South Africa's position is on HIV counselling and testing.



ACTIVITY 13.1 DISCUSSIONS ABOUT PUBLIC VERSUS HUMAN RIGHTS

HIV and Aids lends itself to many public debates. Participate in debates about public versus human rights by going to [Activity 13.1](#).

Feedback: Did you listen to and respect the viewpoint of other people?

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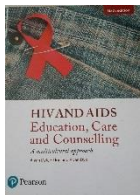
HIV test counselling can be divided into two parts:

- Pre-HIV test counselling (counselling before the test is done)
- Post-HIV test counselling (where the result of the test is shared with the client)

In this section we will discuss **pre-HIV test counselling**. The purpose of this counselling is to give someone who is thinking about being tested for HIV all the necessary information and support to make an informed decision.

Go to your prescribed book and read the sections as indicated. Imagine that you are the client who is thinking about being tested for HIV when you work through the relevant sections in the prescribed book, and write down how you would feel if counselling was done this way.

Study



Prescribed book: pp. 398-406



Introduction paragraph. HIV test counselling is one of the application fields of counselling. This means that you will now get the opportunity to use all the counselling skills that you have acquired so far (e.g. attending, listening, empathy, giving information) by applying them to the HIV testing context. We can say that the HIV test becomes the presenting problem for the client.

Section 13.4: Pre-HIV test counselling. Read the purpose of pre-HIV test counselling and familiarise yourself with the following guidelines:

- **Relationship building.** Reflect on the following questions: How easy would it be for you to share intimate details of your life with a counsellor? How would you prefer the counsellor to approach you?
- **Confidentiality.** What must the counsellor do to assure you of confidentiality?
- **Reasons for testing.** Explore the reason/s why you would consider HIV testing. Now read about all the other reasons why clients might consider testing.
- **Assessment of risk.** Consider the following questions: Why do you think it is important for the counsellor to ask a client about their risk factors for HIV? How would you feel if the counsellor asked you questions about your sex life? Can you appreciate why he or she needs to know this about you?
- **Beliefs and knowledge about HIV infection and safer sex.** Why is it important for counsellors to make sure that their clients have the correct information about HIV and Aids?
- **Information about the test.** After reading this section, consider if you personally would feel more reassured to take the HIV tests if the counsellor shared this information with you.
- **The implications of an HIV test.** Make a list of all the possible advantages and disadvantages that taking an HIV test may have for you personally. Now read the advantages and disadvantages mentioned in the prescribed book and add to your list. Do you think the advantages outweigh the disadvantages, or does it depend on the circumstances of the individual? Give reasons for your answer.

	<ul style="list-style-type: none"> • Anticipate the results. Try to answer each one of the questions in the prescribed book honestly, for example: How would you feel if you tested positive? Who would you tell? • Giving the results and ongoing support. An important part of counselling is telling clients when and how the results will be given to them and what they should do afterwards. Who would you personally approach for support? • Informed consent. What is meant by “informed” consent, and why is it so important to get informed consent before an HIV test is done? How would you feel if a test were to be done on you without anybody asking your consent first?
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Some videos:

<ul style="list-style-type: none"> • To watch a video on the effect of a home-based HIV counselling and testing intervention in rural South Africa, click on http://goo.gl/58vOr4. 	
<ul style="list-style-type: none"> • Click on http://goo.gl/KKySfc to learn more about HIV counselling and testing in Kenya. 	

Let’s go back to **Sizwe’s experience** of counselling. A special testing day was held in Sizwe’s village, and everybody in the community knew exactly who went for the test and who did not. Focus on this aspect when you do the next activity. (See Sizwe’s story on page 279 in your prescribed book.)

ACTIVITY 13.2: SIZWE’S EXPERIENCES WITH HIV TESTING

Read about Sizwe’s experiences with HIV testing. Go to [Activity 13.2](#) and answer the questions that follow this activity.

Feedback: I hope that this story will sensitise you to the challenges and needs of rural communities.

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Post-HIV test counselling

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Post-HIV test counselling is counselling after the **test result** is known. How post-HIV test counselling is done depends on the outcome or the results of the test. The outcome can be negative (the counsellor's dream!), positive or inconclusive. Go to the prescribed book to consider how counselling is done for each one of these outcomes. But before you do, I want you to do activity 13.3 where you will get the opportunity to evaluate the various ways counsellors give clients their HIV results.

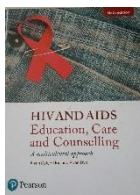


ACTIVITY 13.3 -“CONGRATULATIONS, YOU ARE HIV NEGATIVE!”

Imagine you are a supervisor in an HIV clinic who sits in on sessions where the counsellors give HIV results. Go to [Activity 13.3](#) to evaluate the counsellors' communication with their clients.

To compare your responses in Activity 13.3 with the theoretical principles of post-test counselling, turn to the prescribed book.

Study



Prescribed book: pp. 406-414

Section 13.5: Post-HIV test counselling. Read in the introduction how pre- and post-HIV test counselling are interlinked, and not two separate issues. Familiarise yourself with the following guidelines for post-test counselling:

- **Counselling after a negative HIV test result:** Make a list of all the important issues that should always be discussed with every client who tests HIV negative.
- **Counselling after a positive HIV test result:** There is no recipe or ten-point plan for telling a person that they are HIV positive. It might also be one of the most difficult things that you ever have to do in your life. Be yourself, keep in mind all the counselling skills that you have learned so far, and let the client take the lead in the way you respond to their needs. To assist you, here are some important points. Take a pen and underline the most important words in your prescribed book that will help you to answer the following questions:
 - How can I prepare myself before giving positive results to a client?
 - Exactly how do I tell a client that they are HIV positive?
 - How do clients react to a positive HIV test result?
 - How do I respond to the client's needs?
 - What strategies can the counsellor follow to improve linkage to care for the client?

- How do I help the client to make a plan for the next 24 hours?
- Why is it important to schedule follow-up visits for the client?
- How can a client be supported to disclose his or her HIV status?
- What do I do if the client is a suicide risk?

- **Counselling after an inconclusive HIV test result:** Before you can counsel a client about an inconclusive (or indeterminate) test result, it is first of all important that you know what it is, and why it sometimes happens. Now make a list of the aspects you will share with your client.

Go to <http://goo.gl/S5Tmhq> to look at a counselling session where the counsellor tells the client that he is HIV positive.



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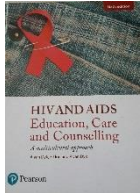
Counselling children

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Counsellors often battle when it comes to counselling and testing children. The guidelines in the next section may help you with this difficult issue.



Study



Prescribed book: pp. 414-416

Section 13.6: Counselling children and adolescents. Familiarise yourself with the practical, ethical and legal issues around counselling and testing children and adolescents. Remember that children may not be tested without proper pre- and post-HIV test counselling.

Click on <http://goo.gl/69sdttd> to see how a peer educator works with adolescent boys to reduce rates of HIV in South Africa.



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Personal experience of HIV testing

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Going for an HIV test can be a very stressful experience. To really show empathy and to try to understand what your clients are going through, it is often a good idea for you as a counsellor to go for HIV testing **yourself**.

Each one of us will experience HIV testing and receiving the results in our own unique ways. If you realise this as a counsellor and allow the client to set the pace of counselling (instead of sticking to your own fixed recipe), you cannot go wrong in your support of the client. If you want to read the personal story written by one of your fellow students of her experience of HIV testing in a public hospital, click on the link [My Personal Story](#).

Did Sizwe go for testing in the end?

You might be wondering what happened to Sizwe. Did he go for HIV counselling and testing after all? Let's pick up Sizwe's story about two years later when Jonny phones him one day (from *Three-letter plague*, pp. 324–325).

"I went to Village Clinic in town last week. I went for them to test me." He pauses a long time.

"And?"

"They had no electricity, no running water. It was so crazy there. I waited until after lunchtime. Then I went home."

"But you went back?"

"Yes. Two days later. It was still dark in there. I waited until after lunch again. They couldn't test me."

"The electricity is back now, surely?" "I don't know."

"I am sure it's back."

He chuckles, affectionately, but mockingly. He is laughing at my earnest concern.

"Maybe," he says. "We will see."

But the lightness in his tone suggests that the urgency of his need to know has passed. The restless fear that caused him to phone Sharon (a friend) out of the blue and ask for help, the agitation that had taken him away from work for two days to sit in a clinic waiting room, these are things from last week; they are gone now.

I put down the phone and think of Hermann Reuter. He is right. Sizwe went to test and couldn't. The problem was not one of demand for health care but of supply. "People arrive at a health care facility frightened and unsure," Hermann told me. "If you turn them away, they will not come back."

I discover subsequently that there is no electricity because the clinic has not paid its utilities bill and the municipality has cut its service.

But Sizwe's failure to test is not simply a tale about health-care services: it is a tale about men.

Do you have similar stories to tell about how the health care system failed you or your clients? But, as Steinberg said, it is not simply a tale about health care services. It is also a tale about men. Do you also have stories to illustrate how people have persevered to get tested, or to get their ARVs despite challenges in the health care system? Share them with your co-students via blog or the discussion forum.

You are now finished with this learning unit. Click on [Assessment](#) to do some self-assessment questions.

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Assessment

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Study reflection

After completing Learning Unit 13 (Pre-HIV and post-HIV test counselling), you should have acquired the following knowledge and understanding and be able to:

- list the advantages of knowing your HIV status.
- discuss the difference between provider-initiated and client-initiated counselling and testing, and give the advantages and disadvantages of both.
- explain the rapid HIV test procedure to a client.
- create a form that can be used in a clinic to accompany pre- and post-HIV test counselling.
- role-play a counselling session where you give pre-HIV test counselling to a client.

Self-Assessment 13



Now is the time to pause briefly and to assess whether you have acquired the necessary knowledge and skills. Click on the link [Self-Assessment 13](#) to do a few questions on this learning unit.

You are now finished with the assessment. Go to Learning Unit 14.

APPENDICES

- Activities
- Assessment
- Glossary

ACTIVITY 13.1 DISCUSSIONS ABOUT PUBLIC VERSUS HUMAN RIGHTS

Prepare yourself for the following debates and write down your opinions. Talk to as many people as possible about the issues concerning public versus human rights. Share your opinions with them, but also listen respectfully to their opinions.

1. Is it possible to ensure human rights, informed consent and confidentiality when *provider initiated* testing and counselling is offered? How can this be done?
2. If health facilities rely solely on *clients to initiate counselling and testing*, are we not missing many opportunities to diagnose and counsel individuals?
3. If the *provider initiated* test process is followed, how will informed consent be achieved when people are tested unless they specifically decline the test?
4. Do people in vulnerable positions – such as prisoners – really have a choice to opt out and refuse testing if it is offered as a matter of course in prisons (*provider initiated testing*)?
5. If health facilities rely on *provider initiated* testing, what happens to people who do not use formal health services and will never be offered an HIV test? An example is people living in rural areas who are poorly served by the health system, mobile populations and vulnerable communities such as sex workers or drug users who often face stigma and discrimination in health settings.

[\[FEEDBACK\]](#)

FEEDBACK ACTIVITY 13.1

How did the discussion go? Did it end up in huge differences of opinion, or did you agree on most issues? It is important to debate issues like these because it stimulates our thinking and we get new insights by listening to the viewpoints of other people.

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ACTIVITY 13.2 – SIZWE’S EXPERIENCES WITH HIV TESTING

After reading about Sizwe’s experiences of counselling in the village where he lives (Enrichment box: Testing day in Ithanga in your prescribed book), answer the following questions:

1. Were you ever part of a testing day where HIV testing was offered on a grand scale to everybody in your community? If the answer is “yes”, were you part of the counselling and testing team, or were you a potential client? Think back to your experiences and feelings of that day. Can you empathise with Sizwe’s feelings, or were your experiences different from his?
2. If you were given the task of organising a testing day in a community like Sizwe’s, how would you do it to take the concerns of people like Sizwe into account? Make suggestions as to what changes you would make (if any) to improve testing days in communities.
3. If you have been tested for HIV in the past, consider how well the pre-test counselling was done. Take each one of the aspects of pre-HIV test counselling as discussed in your prescribed book (section 13.4) and write a critical evaluation of your own experience of pre-test counselling. For example:
 - Did the counsellor rush to get the test over and done with?
 - Did the counsellor take the time to build a trusting relationship with you? If so, what did he or she do?
 - How was confidentiality established, and did you feel that you could trust your counsellor?
 - How sensitive was the counsellor about your reasons for testing?

[\[FEEDBACK\]](#)

FEEDBACK 13.2

Have you considered the following in your answers?

- Perceptions are unique and no two people will ever experience a specific event (like testing day in Ithanga) the same.
- Health budgets are often very restricted and testing days are more cost effective.
- It is much more sustainable to open a permanent clinic where people can go whenever they need to do so for health services (including HIV testing).
- Testing days increase the visibility of Aids in a community and almost “normalise” the situation – if they are done often enough people will start seeing HIV infection as they do any other manageable disease.
- HIV and Aids will never be accepted as a “normal” disease due to the stigma attached to it and HIV testing should be a private matter.
- Testing days should perhaps concentrate on more than just HIV – they should rather be wellness days where people are tested for and educated about a variety of diseases such as diabetes, high cholesterol and high blood pressure.

[\[BACK\]](#)

ACTIVITY 13.3 – “CONGRATULATIONS, YOU ARE HIV NEGATIVE!”

Imagine you are a supervisor in an HIV clinic who sits in on sessions (with the informed consent of clients) where the counsellors give HIV results. Listen to the way the following counsellors break the news to their clients. Write an evaluation of each of the counsellors' communications to their clients. What would your feedback to the counsellors entail? (Concentrate on positive points but also give constructive critique for improvement.)

Counsellor A: “Congratulations! You are HIV negative. Now go home immediately and share the good news with your partner.”

Counsellor B: “Mmmm, please sit down. Are you comfortable? I have very bad news and I don't know how to share it with you. Are you sure you are comfortable? Should I open the window? Well, you are HIV positive, but don't worry, it's not the end of the world.”

Counsellor C: “Your test result came back but it is inconclusive. You will have to come back in two weeks' time so that we can test again.”

[\[FEEDBACK\]](#)

FEEDBACK 13.3

After working through the **relevant sections** in the prescribed book, you are now welcome to go back to your responses to Activity 13.3 and to add points if necessary. Did you pick up the following?

- The results should be given without delay.
- The counsellor should not attach value to the results by saying that the news is “good” or “bad” or “that it is not the end of the world”. Neither is it very comforting to tell a client that they “shouldn’t worry”.
- It is always pleasant to give negative results, but this should still be accompanied by more information (such as the possibility of the window period, and safer sex tips to stay negative).
- The counsellor should be properly prepared before giving results. Counsellor B is very uncomfortable and just cannot get himself or herself to give the results to the client.
- Counsellor C said the right things, but did not give enough information. Does the client know what is meant by an “inconclusive” test and the possible reasons for it?

[\[BACK\]](#)

PERSONAL EXPERIENCES WITH HIV TESTING

One of our students gave us permission to share her story with you.

I suspected that my husband was unfaithful in our marriage and I forced him to go with me for testing. It gave me courage that he was there with me, but I was still very scared when I arrived at the clinic.

The waiting room was not user friendly. Everyone there waited to be tested and I saw that as some kind of labelling. I felt like everyone was looking at me and they were aware that I was scared.

The counselling process was confidential since we were alone in a counselling room. But I was not listening to the counsellor. I thought that the counsellor was wasting my time by doing pre-test counselling. All I wanted to know was whether I was HIV positive or negative. All that went through my mind was: "What if I am HIV positive? What about my life, my children? Why did he have sex with that woman without protecting himself?" These questions scared the hell out of me but I tried by all means to be calm and pretend as everything is fine.

During the waiting period for the results (30 minutes) I thought of changing my mind (my husband said I thought of running away). He was also very scared.

The whole HIV testing experience was very traumatic. The waiting period was too long. I stayed in the clinic for more than six hours. The clinic had only one nurse who was qualified for testing and only two counsellors. I was very afraid but I am glad that I now know my status. I even found it in my heart to forgive my husband.

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SELF-ASSESSMENT 13

Question 1

What are the three human rights principles that should be taken into consideration during counselling and testing?

Question 2

What are the two main approaches to counselling and testing?

Question 3

Complete the following sentence:

..... counselling is done with a client before the HIV test is done and counselling when the test result is given.

Question 4

What is the purpose of pre-HIV test counselling?

Question 5

What is the purpose of post-HIV test counselling?

[\[FEEDBACK\]](#)

FEEDBACK 13

Feedback Question 1

The three principles are:

- Counselling
- Informed consent
- Confidentiality

Feedback Question 2

The two main approaches to testing are:

- Provider-initiated counselling and testing
- Client-initiated counselling and testing

Feedback Question 3

Pre-HIV test counselling is done with a client before the HIV test is done and **post-HIV test** counselling when the test result is given.

Feedback Question 4

The purpose of pre-HIV test counselling is to give a person who is considering being tested for HIV all the necessary information and support to make an informed decision.

Feedback Question 5

The purpose of post-HIV test counselling is to counsel a person after testing. The nature of the counselling will depend on the outcome of the test which may be negative, positive or inconclusive.

[\[BACK\]](#)

Pre-HIV test counselling

This is the counselling that is given to a person who is considering being tested for HIV. It includes giving him or her all the necessary information and support to make an informed decision.

[\[BACK\]](#)

Informed consent

This means that the client must have enough information to give permission to be tested.

[\[BACK\]](#)

Shared confidentiality

This refers to sharing of information about the client's HIV status with the sex partner, family, trusted friends and medical staff. It can occur only with the informed consent of the client, specifying to whom such disclosures may be made.

[\[BACK\]](#)

Post-HIV test counselling

This is the counselling given to a person after testing. The counselling will depend on the outcome of the test which may be a negative result, a positive result or an inconclusive result.

[\[BACK\]](#)

Inconclusive test result

When an HIV test result is ambiguous or indeterminate, and when it is therefore not possible to say whether the person is HIV positive or not. A test can be inconclusive when the test is cross-reacting with a non-HIV protein or because there has been insufficient time for full seroconversion to occur after exposure to HIV.

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Client-initiated counselling and testing (CICT)

This refers to individuals, couples or sex partners who actively seek HIV counselling and testing at facilities that offer these services.

[\[BACK\]](#)

Provider-initiated counselling and testing (PICT)

This refers to counselling which is initiated and recommended by healthcare providers to all adults, youth and children attending health care facilities as a standard component of medical care.

[\[BACK\]](#)