

Counseling people about HIV testing

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José's story

José is a truck driver in Mexico. He is married and has six children. He works long hours driving his truck from his home in Uruapan to Mexico City. When he is in Mexico City he often has sex with women and men there. A truck driver friend of his is now sick with diarrhea and a cough and has been asked to leave his job. José has become worried that it is because of AIDS. He thinks he might have HIV too and is afraid he may have to tell his wife about his having sex with other people. José wanted to be tested for HIV months ago but did not know where to go. He recently saw a sign for your HIV outreach program, which comes to a truck stop on his route every Friday. This afternoon José comes to visit you and learn about the test. He asks, “Do you need to take a lot of blood for the HIV test? How long does it take to get the result? If I have HIV, do I have to tell my wife? What will my family do if I become ill?”

Assessing HIV risk

Each person has a different risk of having HIV. Talking about a person's risk will help her decide whether to take the test. More importantly, it will give her ideas about how to lower her chance of getting HIV in the future. In areas of the world where many people already have HIV, most people are probably at risk, and it can be difficult to know whose risk is highest and who should be tested. In these areas, for example, nearly everyone who has had sex is at high risk of having been infected with HIV. However, some behavior puts people at

Who should be offered an HIV test?

Not everyone who wants an HIV test should have one. People may worry about HIV and ask to be tested even though they are not at risk. By asking some questions, you can find out whether a person is at risk and should be tested. There are three things that it is important to talk about with each person: sexual history, drug use, and whether or not the person has ever had a blood transfusion. You may want to ask some of the following questions, adapting them to your particular area and situation.

1. Why do you think you might have HIV?
2. Have you ever had sex? If so:

What type of sex have you had—vaginal, oral, or anal? (HIV is more likely to be spread by anal than vaginal sex; it is least likely to be spread by oral sex. See Chapter 5.)

Have you had sex with someone you know has HIV?

Have you had sex with anyone you think could have HIV? For example, with a sex worker, with a man who has had sex with other men, with someone who has had a blood transfusion, or with someone from an area with a high rate of HIV infection?

How many sexual partners have you had in the last year?

How many sexual partners have you had in your lifetime?

Do you use condoms during sex? All the time or sometimes?

3. Have you had any sexually transmitted diseases such as syphilis or gonorrhea?
4. Have you ever been given a blood transfusion?
5. Have you ever been given a shot with a needle that had been used on another person without being cleaned afterward?
6. Have you ever been stuck by a dirty needle or medical instrument?
7. Have you ever injected illegal drugs? If so, have you ever shared needles?
8. Have you ever had herpes zoster (also called shingles) or tuberculosis?

If the person answers “yes” to any of these questions, she should probably get tested for HIV.

higher risk even in these areas. This behavior includes visiting sex workers, having many sexual partners, having sex with someone who is known to have HIV, and having had other STDs.

Counseling before the test

The HIV test provides a special opportunity for counseling. Sometimes it is the only chance to speak to people in depth about the ways HIV is spread. Because it can be hard to decide to take the test, people are often ready to think about changing behavior that puts them at risk. Offering testing will attract people to your other HIV services, such as treatment for sexually transmitted diseases, family planning, or social services.

Before people are tested for HIV, you can have them develop a plan of action for after they get the test result, whether it is positive or negative. What will they do? Who will they tell? How will they bring it up? What parts of their life will they change? If they have HIV, how will they avoid spreading the virus to other people? You can discuss with them who should take the test, how the test works, and how to avoid HIV. Additional counseling should be done after the test.

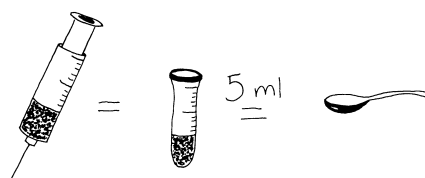
It can be helpful to counsel couples together, both before and after the test. This encourages both members to talk about HIV and what they will do with the test results. Sometimes pre-test counseling sessions are done in groups to save time. Although this can be useful, people may be less likely to bring up personal questions in a group than if they are counseled alone or with their partner.

Introductions are important to set the tone for the session. A simple, open-ended question, such as “What brings you here?” or “How can I help you today?” shows you are ready to listen. Later, you can ask more specific questions that will help you understand a person’s knowledge of HIV and AIDS. Listen carefully to a person’s concerns and questions. Use the time to get a sense of her background and needs.

Next you can discuss basic facts about HIV. Ask each person what he knows about HIV: “How do people get HIV? How can people avoid HIV? Why do people get sick from HIV?” This way, time is not wasted teaching something a person already knows. This also gives you a chance to teach new facts about HIV. Afterward, ask the person to repeat what he has learned; this will help you know if he understood what you were saying. Ask frequently if he has any other questions and listen for an answer. Silence is fine; it often helps bring out important questions or feelings. Sometimes a person’s biggest concern is brought up at the end of a meeting.

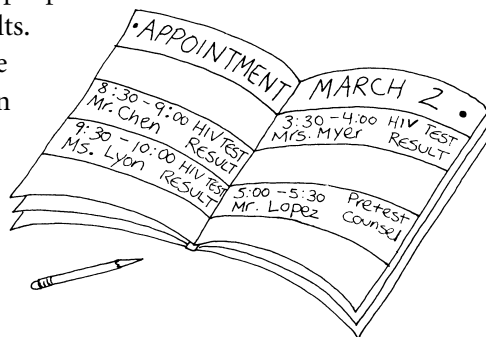
Letting people know what to expect

Explain to people that only a small amount of blood is needed for the test, just one teaspoon (five milliliters) or less for a finger stick test. The body is able to make this amount of blood very quickly, so a person being tested should not feel tired or weak after the blood is taken.



Amount of blood needed for HIV test

Let people know how long they will have to wait for their test results. If they need to wait a few days or a week or two, make a follow-up appointment. Do not use the mail or telephone (where available) for giving test results. By coming to the clinic, people can hear about their test result in a supportive environment where their questions can be answered. They can also receive information about services available to them if they have HIV. Appointments should be made in the same way for people who have positive and negative results. For example, do not schedule people whose results are negative to come in for a five-minute appointment and people whose results are positive to come in for a 30-minute appointment. Rumors can spread about what the length of an appointment means and people may not return for their test results.



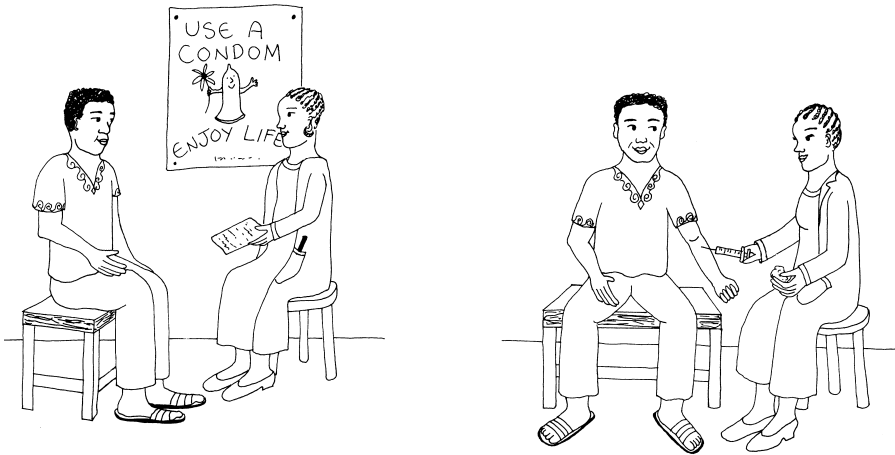
Privacy

People may be treated unfairly when it is learned that they have HIV or AIDS. Because of this, information about HIV should be kept in strict confidence. When possible, medical records should be locked in a safe place where only health workers can read them. Counseling should be done in an area where you cannot be overheard. You should consider limiting what is written in a person's records about HIV or diseases specific to AIDS. This helps avoid having information about someone spread to people who do not need to know it and who might discriminate against the person.

People should be told whether their test results will be confidential or anonymous, and what that means (see Chapter 7). How the information is kept may affect whether someone decides to take the test or not.

The meaning of the test

Before the test, explain the meaning of each possible test result. This will help avoid confusion later, when you tell a person the result of his own test.



Explain what different test results mean before drawing blood.

A positive test result means that a person has HIV. He could have been infected at any time in the past when he took part in risky behavior—even years earlier. A child may have been infected at birth. A negative test result means that a person does not have HIV. Very rarely, a person with a negative HIV test may still have HIV, because it takes 3 weeks from infection for a person to develop enough antibodies to make the test positive. The person may want to take another test in a month, especially if he or she has recently engaged in any risky behavior.

Waiting for results

Usually people have a lot to think about before getting their test results. They may need to wait as little as an hour or as much as two weeks, depending on the type of test used. The wait usually seems long, whether it actually is or

not. While waiting (and worrying), people may think seriously about how they act and how they can change their behavior or living situation to avoid getting HIV in the future. They may think about how they can avoid infecting others if the test turns out to be positive. This is one reason why it is better to do most of the teaching and talking before the test, saving the post-test session for dealing with a person's response to the results. Often when people get their results, they are so nervous or dazed that they are unable to learn new information.



Right after hearing their test results, people may not listen to counseling.

Counseling after the test

Imagine for a moment that after a two-week wait you are on your way to the clinic to hear your HIV test result. You hope to see the familiar face of your counselor. Maybe you will sit in the same chair you sat in two weeks ago. You are nervous as you open the clinic door. What are you thinking at this moment? Do you wonder what your test result is? Do you wonder who will tell you the result? Do you wonder how the news will change your life? Do you wonder if it would be better not to know?

The counseling appointment after the test gives a supportive setting for hearing the news. If the test is negative it gives a person time to ask questions and think about ways to lower their risk of getting HIV in the future. If the test is positive the person will have a chance to talk with someone who knows about HIV and can help them with the bad news.

Counseling people with positive test results

It is hard to give someone news of a positive test. It is difficult to tell someone bad news. However, most people with positive results already guessed that they had HIV; a positive test may be less of a surprise than you think. Fortunately, you will probably give more negative results than positive ones. Prepare beforehand for telling someone a test result; this will make the experience better for you and for the person who took the test. You can do this by

thinking carefully about what you are going to say and what the person's responses might be.

Breaking the news

Ask a person what she has been thinking about since taking the test. Find out what worries or questions she has. Arrange for enough time to talk about the issues she raises. When you give the result, use a neutral tone of voice. You might simply say, "Your HIV test was positive," and then wait for the person to respond. A neutral tone and a moment of silence allow someone to feel her own feelings rather than respond to yours. People have many different responses to both positive and negative results. For this reason, let each person set the tone and pace of the discussion according to her own needs.

First reaction

The first feelings that people have after finding out they have HIV may include denial, anger, fear, sadness, hopelessness, and guilt. Most people will be upset, and some may talk about hurting themselves or other people. Help avoid a crisis. Be supportive. Let them know that strong emotions are understandable, but that they should not give up hope. Acknowledge feelings by using simple statements such as "This is probably a scary time for you."

Sometimes people will not accept the results of a positive test. They will insist that they are negative and that there has been a mistake. Do not argue with them. Tell them that the test is almost never wrong but you are willing to discuss the possibility of a second test. People who deny the truth are often the most in need of support; ask them to return for another meeting.

While you should not deny people's worries, it is helpful to talk about things positively. For example, many people believe that having HIV means they will die very soon. Talk about how long it usually takes to become ill. Some people have lived for over fifteen years with the virus. Teaching people ways to stay healthy will build feelings of strength at a time when they may feel powerless. Research is being done that may lead to new treatments for HIV and AIDS.

If you know the person you are counseling, you might talk about difficult times in the past that he handled well. Try to help the person overcome harmful thoughts and focus on solving problems. Help people plan for the future. Talk about the plans they made during the pre-test counseling session. This will remind them that they will not die tomorrow, and it can help change feelings of fear or hopelessness into feelings of strength. Help people find a health worker who knows about treating people with HIV—maybe you!

People will want to talk about their health, their relationships with friends and family, and how to have safer sex to protect sexual partners. By talking openly about these things you will help people accept the fact that their lives

are changing. People with HIV should practice safer sex, not only for their sexual partners' protection, but also for their own. Having unsafe sex puts a person at risk of getting sexually transmitted diseases, many of which are more severe in persons with HIV. Additionally, exchanging body fluids with another person who has HIV may make a person sicker, because one person's virus may be more dangerous than another's.

Telling other people

A person with HIV will think about whether to tell other people that she has the virus. The information will affect her relationships with sexual partners, friends, family, employers, and health care providers. More and more people are being taught about HIV and AIDS, but there is still a lot of misunderstanding and fear of the disease. Each person should be warned of the risks and benefits of telling people she has HIV. The goal is to gain support from friends and family while decreasing the risk of discrimination.

People with HIV should start by telling those people who will be the most supportive and those who may also be at risk of having the virus. Everyone with HIV should be strongly urged to tell past and present sexual partners about having HIV. Sexual partners need to know so that they can be tested and can protect *their* partners from infection. When counseling a person with HIV, you should ask him about his sexual partners and how he plans to tell them. Role playing is a useful way to help a person with HIV practice how to tell others (see Chapter 11).

If the person with HIV can tell her partners, this keeps her sexual partners' names confidential. However, some people are reluctant to tell their partners. This can be especially true for women who fear being yelled at, beaten, or thrown out of the house by their partners. In such cases, the person with HIV may ask a health worker to tell the partners that they might have HIV. The name of the person with HIV can be kept confidential or the couple can be counseled together. The health worker can teach the partners about HIV and AIDS and encourage them to be tested.



When someone you are close to has HIV

The following list describes some emotions families or friends may feel when someone they care about tells them that he has HIV. Health workers can talk about some of these possible reactions with people who have a positive test. It will help them prepare for difficult situations. If the health worker has HIV herself, talking about some of her personal experiences can be especially helpful.

Shock. Family members may be shocked and ask, “Why us?” They may be surprised to find out about the situation that put their loved one at risk; for example, a husband or wife may not have known that the other was having sex outside the marriage.

Anger. Families and sexual partners may be angry with a person who has HIV. They may feel betrayed if the person had sex outside the relationship, or they may feel abandoned because the person they love will become ill. The anger may get worse as the person with HIV becomes ill and health workers do not have much medical help to offer. The family or partner may become frustrated. Try to help them understand some of the reasons they might be angry, and let them know that it is natural to be frustrated in the face of these issues.

Fear of infection. Family members and sexual partners may think that they gave HIV to their loved one, or they may worry that their loved one will infect them in the future. It is important to talk with family members about how the virus is and is not spread. HIV is not spread by casual contact, so they do not have to worry about living with someone with HIV or being friends with him, but they should think about changing their sexual behavior to lower the chance that the virus will spread. Sexual partners should think about being tested for HIV themselves.

Fear of being alone. Families and friends may worry about being left alone or isolated from the rest of the community. A serious illness often causes the community to withdraw. Health workers can offer support and let families and friends know that they are not alone. If there are support groups in the community for families and friends of people with HIV, tell people about them.

Guilt. People who are close to others with HIV but don’t have the virus themselves may feel guilty about the fact that they do not have the virus. Some people react to this by taking more risks because they care less about their own lives. Other people may think that they or someone in their family did bad things in the past, and that their gods or spirits are now punishing them by giving them HIV.

Shame. Some families or friends may feel ashamed that a person has HIV. They may think that HIV brings dishonor to the family. Families may have less contact with the community because they fear rejection. Explain that no one should feel ashamed to have someone with HIV in the family.

Helplessness. Family and friends may feel helpless in the face of disease. Learning more about HIV and volunteering for an HIV organization can give them a sense that they can help other people and help slow the spread of HIV and AIDS.

The next step

Hearing about positive HIV test results can bring up many strong feelings; a person may not be able to concentrate and may not hear what you are saying. Try to give written information to each person who is able to read, so that she can later read about what she did not hear or understand in your post-test counseling session. Make an appointment for her to come back so that you can talk about health services, support groups for people with HIV, crisis counseling services, and programs for people who use drugs or alcohol.

Counseling people with negative results

A complete counseling session is also important for people who have a negative HIV test. Counseling a person with a negative result is, in many ways, like counseling someone who is positive. The session can start with general questions about what the person has thought about since the last visit. Ask if he has any questions before you tell him the result. After giving the result, give him time to respond with his own feelings and thoughts.

If a person has a negative result, remind him that a negative test only means he does not have HIV now. He can still get HIV in the future.

Most people will feel relieved to receive a negative test result. Sometimes, however, people feel sad or guilty, especially if they have lost friends or loved ones to AIDS.

Sometimes people do not believe that they are negative. They know that they had sex with someone who has HIV and they think that HIV is spread every time a person with HIV has sex. You can tell them that this is not true. In any case, this is the time for a person to develop a strong commitment to staying HIV negative.



Counseling people with indeterminate results

An indeterminate HIV test result is confusing. It means that a person is newly infected and has just begun to make HIV antibodies, or that something else in his blood causes a partially positive test by mistake. Suggest that he take another test in a month. He should practice safe behavior while waiting for the next test.

Post-test counseling checklist: Giving test results

Ask, "How have you been since the test? What have you thought about? Do you have any questions?"

Give test result in a neutral tone: "Your test is positive/negative/indeterminate."

Wait for a response.

Talk about the following:

- the meaning of the test result

- telling others

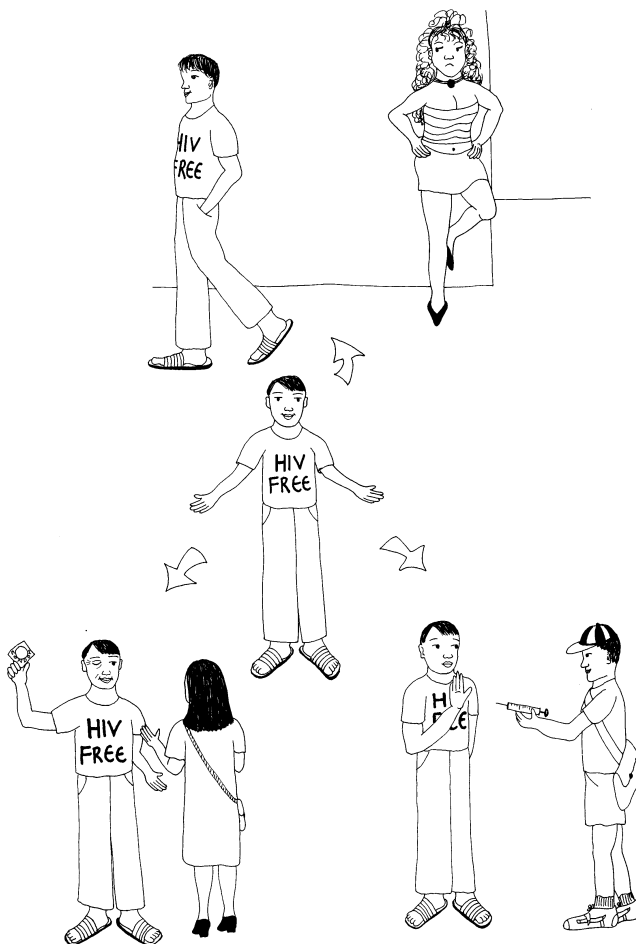
- being safe

- staying healthy

- anticipating problems

Review plan made during pre-test session.

For people with a positive test, hand out written information and schedule a follow-up appointment.



Answering José's questions

“Do you need to take a lot of blood for the HIV test? How long does it take to get the result? If I have HIV, do I have to tell my wife? What will my family do?”

After talking with José, you know there is a chance that he has HIV because he has had unsafe sex with different people. You recommend that he be tested for HIV. Only a little blood is needed, usually about 5 milliliters, or one spoonful. It usually takes between an hour and two weeks to get the result (this depends on the laboratory).

Counseling before and after the test will be helpful whether José has HIV or not. Encourage him to acknowledge his feelings by using simple statements such as “This is probably a difficult time for you.” Let him know before taking the test that he should talk with his wife after receiving the results. A positive result may affect his and his wife’s decision about having more children. If his wife also has HIV, she could pass the virus on to her baby. If she does not have HIV, she may become infected while trying to become pregnant. If José gets sick, it would be harder for his wife to support another child.

If José’s test is positive, he should tell all his other sexual partners as well. They should also be tested. This will help them plan for the future and get early medical care. This is also a chance for you to talk about safer sex at a time when José is likely to listen to you.

José is worried about how his family will survive if he has HIV. These worries often stop people from being tested—they think, “What I do not know will not hurt me.” Discuss how knowing whether he has HIV will help José and his family plan for the future. Help him plan for the future, whether his test result is positive or negative.

Social and cultural factors that affect the spread of HIV



Odette's story

Prejudice and discrimination

Cultural and religious beliefs

Social and economic status

Ethnicity

Education

Sexual practices

Sexual orientation

Drug and alcohol use

Age

Answering Odette's questions

Odette's story

Odette is a 35-year-old Munukutuba-speaking woman with four children living in Port-Gentil, Gabon. She is a refugee from the neighboring country of Congo. She sells tomatoes and other vegetables in the market but does not have enough money to send her children to school. Her husband of many years was unable to find work for a long time and began to drink too much alcohol. He recently went away to work in the swamps, looking for oil. Although her husband is not around much, Odette has been faithful to him, but she wonders if he has had other sexual partners. She lives with her husband's family, while her own lives in another town.

Odette is worried because her youngest son has had diarrhea for a month. Today she walks into the health clinic in search of treatment for her baby. There is no Munukutuba-speaking counselor, but Odette understands some of your language. She says that she has been feeling tired and wonders if she is pregnant. Yesterday she heard a song about AIDS and children on the radio and it made her worried about her baby. "What should I do about my son's diarrhea?" she asks. "My mother-in-law does not want me in her house. Could she have caused my baby to have AIDS to make us leave?"

Prejudice and discrimination

Social forces such as discrimination and poverty affect who gets HIV and what kind of treatment they get when they become ill. Some people would rather think that only "bad" people get HIV, because if they themselves are "good," then they will not be infected. Of course, this is not true. People and governments need to accept that HIV is everyone's problem and work together to stop the spread of the disease.

Use the facts

HIV is frightening, and people often make decisions based on fear and not facts. This can be seen in many areas of society: government ministers decide to have students from only certain countries tested for HIV, health care workers refuse to care for people with HIV, children are not allowed to go to school if they have HIV, people refuse to buy houses from people with AIDS, and people are fired from their jobs because of people's fears about infection. Actions like these come from emotions; they do not stop the spread of HIV. Make your decisions based on facts, not fear!

Preventing discrimination

All over the world, people with HIV have faced discrimination. Here are some examples of how people have tried to stop this from occurring.

In 1997, Zimbabwe's government established a national code of practice that makes it illegal to discriminate against people with HIV or AIDS.

In Kampala, Uganda, some business owners ask people who are looking for work to take an HIV test. They also hire older workers, who are less likely to have HIV or become infected with it. AIDS activists are trying to keep employers from using HIV tests to decide who to hire. The government is also against required testing, except for people going into the army and those being hired for foreign training.

The southern region of Russia was the first area of the country to be affected by HIV. The virus spread when a child with HIV was hospitalized in Kalmykia province and doctors reused dirty needles that had been used on the child. People with HIV began to experience discrimination. To try to prevent this, the state government passed laws to make sure people with HIV would have free medical care, education, jobs, and better housing.

All people have some type of prejudice—that is, low regard for certain groups of people. Prejudice is often based on how we feel about others' wealth, poverty, sex, ethnicity, political beliefs, or sexual practices. Some peo-

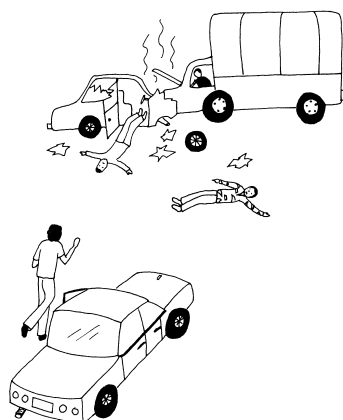
The surgeon and the car accident

One hot day in July, Philippe was on his way from Yaoundé to Douala in Cameroon. Trucks drive by each other at very high speeds on this road and there are many accidents. Philippe was driving his uncle's car with a trunk full of cloth for his sister's wedding. He drove carefully because he knew of the road's dangers and he was not in a hurry. When he had almost reached Douala, he came upon a terrible accident. A truck filled with many people had collided with a brand-new Mercedes-Benz. The

Benz was crushed and a man and his son were thrown from the car. Philippe quickly picked up the injured passengers and drove them to a local hospital. The surgeon was called, saw the young boy, and immediately exclaimed, "That's my son!"

How is this possible?

The surgeon was a woman! (Did you assume that the surgeon was a man?)



ple react negatively to those outside their social, ethnic, racial, or religious group. They believe untrue things about particular groups of people—such as that all skinny people are thieves. You need to be especially aware of your own prejudices, or biases, because they can get in the way of counseling work. Prejudice can prevent counselors from getting to know people and helping them.

The good news is that biases can be unlearned. No one is born with feelings that make them judge people they do not know; people are taught prejudice by others. The first step in freeing oneself from prejudice is to recognize it. In this chapter we describe factors like poverty and discrimination, and we discuss ways to become more understanding of all people with HIV.

Cultural and religious beliefs

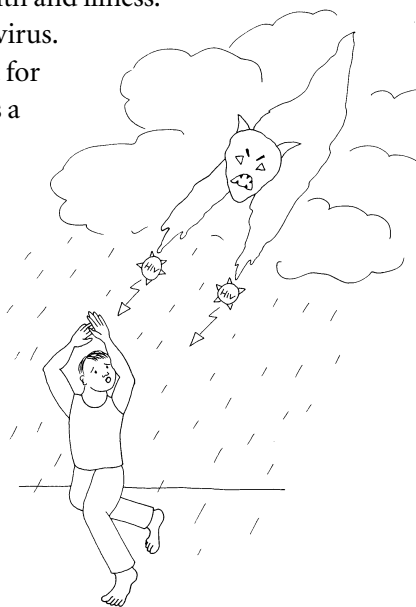
People have many ways of explaining health and illness.

Some people believe AIDS is caused by a virus.

Others believe that AIDS is a punishment for wrongdoing, is caused by bad spirits, or is a result of jealousy.

Find out what people in your community believe about AIDS. Ask each person you counsel what she knows about AIDS. Knowing her ideas will help you build a better counseling relationship. For example, you want to tell someone that condoms can stop HIV. You know that AIDS is caused by a virus. But what if the person thinks that AIDS is caused by magic? It would be difficult for her to understand why condoms will help. Knowing a person's beliefs will tell you where to start your discussion.

Not only do people have different ideas about the cause of AIDS, but they also have different beliefs about how to cure the disease. Often, folk remedies and traditional methods are as good as or better than Western medicine. Other times, though, they may be harmful. Ask about a person's healing beliefs; if they are harmful, carefully challenge them. For example, Odette blames her son's risk of AIDS on her mother-in-law's anger, but the real threat to Odette is more likely her husband's drinking and sexual practices. If a person's beliefs are helpful, say so. No matter how different from yours, treat other people's



What do people in your community believe about AIDS?

Ideas about how HIV is spread can lead people to do strange things. The following story is about a false but common belief about how HIV is spread.

Dominique is a reporter for a newspaper in Guadeloupe. One beautiful sunny day she was driving along the beach to interview a fisherman. The fisherman had caught a marlin that was larger than his boat and everyone on the island was talking about it. Dominique had her camera in her lap, ready to take a picture of the huge fish for her newspaper.

Suddenly she saw a small fire off the road in the forest. She pulled over. She approached the flames and saw a group of people standing around. The flames came from a big pile of clothes, furniture, and a bed. She asked why the villagers were burning all these useful things, and they answered that the man who owned the clothes and furniture had died of AIDS.

Dominique was surprised because she knew that clothes do not spread AIDS. At first she thought that the people did not know how HIV is spread because they were from a small village. But later, she asked 50 people in her own town if HIV and AIDS could be spread by clothing or furniture, and was surprised to find out that almost all of the people thought that clothes could spread HIV. Dominique then wrote a story for the newspaper explaining that this belief was untrue and titled it "Clothes do not infect the man!"



beliefs seriously and with respect. Otherwise, they are likely to ignore your suggestions and never come back for more treatment or counseling.

Social and economic status

A person's social or economic position can affect his views about how HIV is spread. It can also change his chance of infection and determine what kind of medical care he gets. For example, an educated person may have learned more about how to avoid HIV. On the other hand, a person with a lot of money may be able to travel to large cities or other countries, which, if he engages in risky behavior there, may increase his chances of getting HIV. In some countries,

Poverty and HIV

In 1997, Nkandu Luo, Zambia's deputy health minister, said that skills training and campaigns to fight poverty should be an important part of anti-AIDS efforts. "Even if people have the best information on AIDS, but they don't have food to eat or they are not involved in anything to bring them income, then we are not going to succeed in our efforts to prevent AIDS."



men with a lot of money are more easily able to have several sexual partners than men with little money; again, this can increase the chance of getting HIV. On the other hand, people with less money have more difficulty getting health care, information about HIV, and condoms. People with less money are often forced to travel long distances to find work. They may live in large cities, away from their families and community support. Sometimes they need to exchange sex for food, housing, money, or drugs. It is difficult to avoid HIV under these conditions.

A number of factors can make life especially difficult for women. Having children may force a woman to spend long hours feeding, raising, and caring for them. Childbearing itself, especially in the case of a difficult pregnancy,

Ali and Dunia

Ali is a student at a small college in Alexandria, Egypt. He is studying mathematics and wants to become a schoolteacher. Because his home is up the Nile River in Luxor, Ali lives in a dormitory at the college. Ali's friend Dunia lives in a nearby dormitory. Dunia grew up in Jordan. Both of Dunia's parents were killed in a traffic accident two years ago. She is studying accounting so that she can work for one of the American oil companies in Cairo.

Ali is worried about Dunia because lately she has not been her usual happy self. He asks her what is wrong. She explains that she is having problems with her boyfriend. She is hurt because he has other girlfriends. She is worried about getting pregnant and getting AIDS but does not know how to talk about this with her boyfriend. He has left her many times but he always comes back. Because Dunia is very poor, her boyfriend pays for her food. She needs the food and usually does whatever he wants in return. Ali is frustrated because he knows Dunia may become pregnant or get HIV.

How would you counsel Dunia?

can limit a woman's ability to work. Also, in many countries women do most of the housework and farming. They may also be responsible for caring for elderly family members. This leaves women with less time for education or work outside the home, and it increases their dependence on their husbands and families. In general, women have less money than men. In many parts of the world, this means women have less power in a relationship—less power to ask for safer sex or to make decisions about family planning (that is, about whether to have children, and if so, how many to have and when to have them). Finally, traditional ideas about women's roles in society may make it difficult for women to talk about sex. When women are counseled by other women they may talk more openly than when counseled by a man. Some women may feel freer to speak their mind when their partner is not present. Other women may want their partner to be present because the partner may treat information more seriously when it comes from you than from them.

Most societies want women to have only one sexual partner. In contrast, in many places men are encouraged to have more than one partner. This can be dangerous for them and for their partners. A man who has sex with women outside his partnership or marriage may feel ashamed and may not tell his wife or girlfriend. This puts the woman at risk.



Sometimes it can help to bring your partner with you to HIV counseling.

Ethnicity

Ethnicity refers to a person's cultural group or tribe. Often, one ethnic group controls money and resources and denies other groups an equal share. Members of some ethnic groups may be forced from their homes, prevented from having certain jobs, restricted from particular schools, or physically attacked. In many parts of the world, ethnic groups are waging war against each other.

Counseling people from different ethnic groups is challenging. Sometimes groups speak different languages and have different beliefs about health and illness. Try to have people from different ethnic groups work with you; that way people can be counseled by someone more familiar with their group.

HIV and indigenous peoples

Indigenous (native) people in many countries are at a higher risk of getting HIV than other people. This is mostly because indigenous people are more likely to suffer from discrimination, live in poverty, and have less access to education and health care.

For example, HIV infection is growing among Brazil's native tribes. Many of the tribes are poor, and some of their people have had to move to larger cities to find work. In the cities, they are exposed to HIV. In 1997, the government started an AIDS awareness program with the tribes. Much more needs to be done.

In 1997, the rate of HIV infection in Australia was dropping. However, HIV infection among indigenous peoples—including Aborigines and Torres Strait Islanders—was increasing. Educational programs were begun to talk with people about sexual health, HIV, and other sexually transmitted diseases.

Making an effort to understand more about the cultural groups you counsel will make other people more comfortable and open to your suggestions.

Discussions about HIV are sensitive and complex. Make sure people understand the language you are using. Try to have a counselor who speaks the person's native language. If this is not possible, you can use an interpreter. Unfortunately, having a third person in the room can make it harder for people to talk about personal issues. If an interpreter is embarrassed, she may change a person's story. She may not understand all the questions or answers. But it is better to use an interpreter than not to be able to speak with someone at all.

Education

Education changes how people see themselves. It also affects a person's health. Often, the more educated a mother is, the healthier she is because she knows how to take care of herself. The healthier a mother is, the healthier her child will be. The level of a person's education can help or hurt your efforts to counsel someone. For example, a person who is able to read may have read newspapers and billboards about AIDS. He may already know something about HIV. You could teach him using written materials. The ability to read and write may mean that a person feels comfortable learning in a school setting.

A person who does not read or write relies on other sources of information, such as radio, television, and friends. She often thinks more in terms of real-life situations. In this case, telling stories about other people with AIDS

may teach more than listing facts about the number of people in the country with HIV. Using visual aids such as posters, drawings, and videos can be especially helpful. People who cannot read often learn better from their own experience than from information given in a student-and-teacher setting. When counseling such a person, it is also better to ask more concrete (exact) questions; for example, ask “When you last had sex, did you use a condom?” rather than “Should condoms always be used for sex?”

Written materials such as pamphlets can help with your counseling. People may have questions after you have spoken with them, and the written information can help answer these. It can also remind people of facts they have forgotten. They can share the pamphlet with others. People who have difficulty reading can still be given written materials; their friends or family can read the materials to them.



Counseling checklist

Ask yourself these questions while counseling:

What does this person already know about AIDS? At what level should I start the session?

What languages does this person speak? Should I get an interpreter?

Can this person read? Has he gone to school? Do I have any information sheets to give him?

Is this person understanding me?

Sexual practices

Health counselors often have little training in human sexuality and rely mostly on their own experience. This means they often do not feel comfortable talking about sexual practices. Some counselors are prejudiced against certain sexual practices. You can overcome your own prejudices by creating a broader sense of what is normal. For example, if you have a difficult time talking about anal sex and HIV, then talk about it with coworkers. This will help

you feel more comfortable talking about sex and HIV while counseling. A good counselor should be able to talk about most issues comfortably.

Try to be neutral when discussing sexual practices. It is important not to judge people if you want to have an open discussion with them. Avoid using labels or names; instead, talk about specific practices. For example, ask a man “Have you ever had sex with a man?” instead of “Are you gay?” A man who has had sex with men would answer yes, even if he did not consider himself gay (homosexual). You would then be able to talk with him about reducing his risk of getting HIV. The more comfortable you are talking about sex, the more comfortable people around you will be when they talk about sex.

Using neutral language	
When counseling people, be sure to use neutral, not biased, language. Biased language may offend people. Neutral language will help lead to a more open discussion.	
Biased	Neutral
Are you a slut? promiscuous?	How many sexual partners do you have?
Are you a prostitute? hooker? gigolo?	Have you ever traded sex for money, food, or a place to live?
Are you a drunk? wino?	How often do you drink alcohol? About how many drinks a day?
Are you a drug addict? junkie? shooter?	Have you ever used drugs? Which ones?
Are you a homo? fag? fairy?	Have you ever had sex with a man? (to a man)
Are you a dyke? lesbo? diesel?	Have you ever had sex with a woman? (to a woman)

Sex means different things to different people, and its meaning often varies by culture. It can be used to show feelings, have children, provide physical release, gain a sense of closeness or attractiveness, or be a means of getting money or fulfilling an obligation. With an open mind you can develop an understanding with each person that can lead to a free discussion about sex.

Sexual orientation

Certain groups of people may have difficulty getting services such as health care and education. They may be excluded because of their tribe or ethnic

A doctor and his patient

A doctor who practiced for many years in a small town was seeing a patient for the first time. The patient had abdominal pain and was vomiting. The doctor thought that she might be pregnant. He asked her a few questions:

“Are you married?”

“No.”

“Are you sexually active?”

“Yes.”

“Do you use birth control?”

“No.”

“Could you be pregnant?”

“No.”

The doctor insisted on doing a pregnancy test on the patient’s urine. The test came back negative. When he told her, the woman laughed and explained that there was no way that she could be pregnant because her sexual partner was a woman.

group, their lack of money or resources, their political beliefs, or their “sexual orientation.” Sexual orientation refers to whom people are attracted to and have sex with. Heterosexual (“straight”) people have sex with people of the opposite sex; homosexual (“gay”) people have sex with people of the same sex; bisexual people have sex with both women and men. Gay and bisexual women and men often experience severe discrimination. In the industrialized world HIV has especially affected gay men, and because of this they have experienced even worse discrimination than before the days of AIDS.

Drug and alcohol use

Using drugs or alcohol can increase a person’s risk of getting HIV. HIV can be spread if needles are shared during drug use. Drugs and alcohol affect a person’s judgment; some people may risk unsafe sex when they are under the influence of one or both. Many types of people inject drugs—mothers, merchants, doctors, street people. Do not assume that someone does not use drugs because that person does not “look” like a drug user.



Drug use and HIV

Drug users have a hard time changing their behavior because:

Most drugs are addictive and are difficult to give up.

Discrimination against drug users prevents them from learning about HIV.

Some drug users are poor and may even live on the street. These people have more immediate worries, like food, shelter, and their next “fix.” It may not seem important that they could get HIV and become sick in five or ten years.

Drug users often do not trust information that comes from authorities, including health workers.

Reaching out to drug users is difficult but not impossible. Some people think that because a person uses drugs she is unwilling or unable to change her behavior. Many drug users *are* self-destructive, but outreach workers have found that many others are interested in changing their behavior once they learn about the dangers of getting HIV. Many drug users know a great deal about the way HIV is spread and have changed their behavior to reduce their risk. You can provide the education and materials to help them change.

Age

Young adults are a special challenge for the HIV worker. Passing from childhood to adulthood is difficult and exciting. In most places, youths depend heavily on friends of the same age for ideas and information. These friends often influence their behavior more strongly than the youths’ parents.

Often, young people are not concerned about the future. They may feel immortal and find it hard to believe they could become sick or die. Young people often think, “I can take risks and nothing bad will happen to me.” For example, in the United



Sometimes young adults listen to each other more than to their elders.

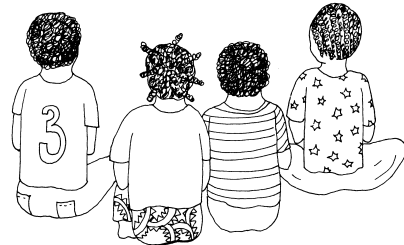
HIV and young women

In Zambia and some other parts of Africa, older men think that young women are less likely to have HIV. These men single out young girls for sexual favors. In Zambia this practice is called the “sugar daddy syndrome.” Many of the older men already have HIV and spread it to the younger women. The infection rate among young girls is six times as high as the rate among boys the same age.



States, they may jump off high rocks into rivers to prove that they are brave. Young people often take risks with sex or drugs; they are curious and want to explore new experiences. They may not think about pregnancy or AIDS.

Written materials are often boring for young people. Theater, music, and video are better ways to reach them (see Chapter 12). Young people may not like authority figures, including health workers. But all of this does not mean that young people do not need your help. Talk about the issues that are important to them as well as those that are important to you. Talk with parents about doing the same. Have young people who already know about HIV talk with other young people. This “peer counseling”—counseling among equals—often allows a more open discussion.



Each person is a part of his community. There are many types of communities. For example, a person’s family, village, coworkers, friends, drinking buddies, and schoolmates are all communities. Each of these groups influences how a person thinks and acts. Understanding the different communities in people’s lives will help you counsel them about HIV. For example, a teenager may rely on friends for HIV information. His friends may not be worried about HIV and may pressure him to drink and have sex. Another person may be far away from her village. Being far away from home may make

The AIDS quilt

In San Francisco, California, in the United States, many people were dying from AIDS. After much thought and discussion someone came up with the idea to make an AIDS quilt. Each person or family that lost someone to HIV sewed a square that would be a part of a huge quilt. Each square showed the sense of loss and love felt by the people left behind. The quilt has become a beautiful but sad reminder of the effects of AIDS. The quilt is so large that it covers many football fields. In your community, how big would the quilt be?

her care less about the social rules of her family. For example, being far away from her husband may lead her to have sex with another man. Communities can also be your allies in helping people avoid HIV. If you are teaching a child about HIV, he may share what he learned with his parents. Seeing the individual as part of a “bigger picture” can help you be a better counselor.

Answering Odette’s questions

“What should I do about my son’s diarrhea? My mother-in-law does not want me in her house. Could she have caused my baby to have AIDS to make us leave?”

Odette is faced with many difficulties. She has asked whether her baby could have AIDS, but she has other worries as well. Odette’s situation shows the need for you to see HIV risk as only a part of a person’s life. Let us examine the social factors affecting Odette.

1. Economics—Odette is poor.
2. Ethnicity and language—Odette is Munukutuba-speaking. Munukutuba-speaking people have a history of discrimination in some areas. She may not trust you.
3. Belief system—Odette believes that AIDS can be spread by bad will.
4. Knowledge about AIDS—Odette has heard about AIDS but does not know how it is spread.
5. Sexual practices—Odette has had sex only with her husband, but he is away from home much of the time and might have other sexual partners.
6. Alcohol—Odette’s husband drinks.
7. Personal health—Odette may be pregnant and may have HIV.
8. Son’s health—Odette’s baby has diarrhea and might have AIDS.
9. Family support—Odette lives with her husband’s family. Her husband’s mother does not like her. She is far away from her own family.

The fact that Odette is poor, alone, and has children means that she has a lot of important priorities other than HIV. If she is hungry and is worried about losing her housing, then HIV risk may not seem very important to her. Because she has no money and lives with her husband's family, she may not have any bargaining power for adopting safer sex practices with her husband.

Because Odette is Munukutuba-speaking, she may not have access to information or services. The Munukutuba-speaking people also have certain beliefs about HIV and its spread that should be addressed. Talk with Odette about what she knows about AIDS, and help her learn in areas where she is less knowledgeable.

The fact that her husband drinks and is away from home means that he may have other sexual partners. Ask Odette if she thinks her husband has other sexual partners and if she herself drinks or uses drugs.

Odette thinks she may be pregnant. Ask about her periods and consider asking her to take a pregnancy test. Family planning may be useful. Odette is worried about AIDS. After talking with her more about her chances of having HIV, you may want to offer an HIV test. If Odette is HIV positive, Odette's son may have AIDS. If her son is younger than fifteen months, the standard HIV test will not work; she should bring him back for testing when he is older. However, it is likely that the baby's diarrhea has nothing to do with HIV. The diarrhea may be serious even if it is not caused by HIV, and it should be treated.

You may not entirely understand Odette's situation, but you can encourage her to talk about it. This will allow you to build a relationship with her and answer questions she may have. By listening to her ideas you will learn about her problems, and then together you will be able to develop a plan to reduce her risk for HIV or cope with being infected.