

Gender and HIV/AIDS

Counseling Couples



IGWG

Case Study A: *The AIDS Information Center (AIC) of Uganda* is a VCT service provider for individuals and couples. They found that when couples came in together for testing and HIV-positive women were given their test results first, the women were blamed for the infection status. Based on this, AIC made a policy to wait until both results were completed by the lab before providing post-test counseling to the couple. In order to avoid blame (and potential violence) the results are now given to the male client first. This small shift in policy to accommodate these gender relations helped to decrease blame of infection on women and potentially altered violence or aggression/blame of infection to female client.

Case Study B: Young Mi Kim and her colleagues at The John's Hopkins University Center for Communications Programs (CCP) conducted research in conjunction with the Family Planning Association of Kenya (FPAK) to explore the impact of gender on counseling. The findings have implications regarding the benefits of couple's counseling. While formative research found that family planning providers in Kenya overwhelmingly favored greater male participation in family planning, most felt that they lacked the skills and experience to serve male clients adequately. Yet, findings from the study conducted by CCP reveal the fact that many providers shortchange their women clients, offering them less time and attention than their male counterparts.

The research indicates that training is needed to ensure that providers offer their women clients the same level of information that they give men, encourage women to participate more, and that they help women communicate their needs and concerns. However, the study also confirms that Kenyan providers who counsel men must anticipate the more challenging content and outspoken style of male communication as the study found that men were more likely to ask questions seeking more detailed information, inquire about broader economic, political and social issues, and raise more sensitive sexual issues. Men were also more likely to seek clarification when they did not understand something or were not convinced by what the provider said. Therefore, reaching out to men may require additional training.

These findings raise serious questions about the value of counseling couples rather than individuals. The study reveals that the presence of a husband or male partner frequently reduces the already low levels of female participation to a bare minimum. Women may be unable to voice their needs and concerns, especially about sensitive issues such as domestic abuse or when they disagree with their partners, in which case it may be better for them to seek counseling alone. On the other hand, a woman may benefit from the presence of a male partner, even if it silences her further, because he may raise issues that she would be reluctant to bring up herself and may elicit more information from the provider. The study indicates that more research is needed on the benefits and disadvantages of couple's counseling.

Case study B cited from: *Young, Mi Kim, et al. 2000. Differences in counseling men and women: family planning in Kenya. Patient Education and Counseling (39) pp. 37-47. Ireland: Elsevier Science Ireland, LTD.*