



DECISION-MAKING TOOL

for family planning clients and providers



Module on provider-initiated HIV testing and counselling



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Decision-making tool for family planning clients and providers

Module on provider-initiated HIV testing and counselling

This module is part of the *Decision-making tool for family planning clients and providers*, which constitutes one of the Four Cornerstones of WHO's evidence-based guidance on family planning. The technical content of this tool was developed using international evidence-based family planning guidance, including *Medical eligibility criteria for contraceptive use* (WHO, Fourth edition, 2011), *Selected practice recommendations for contraceptive use* (WHO, Second edition, 2004, updated 2008), and *Family planning: a global handbook for providers* (JHU/ICCP, 2011). Additional information was taken from *Guidance on provider-initiated HIV testing and counselling in health facilities* (WHO and UNAIDS, 2007), *Delivering HIV test results and messages for re-testing and counselling in adults* (WHO, 2010) and *Guidance on couples HIV testing and counselling, including antiretroviral therapy for treatment and prevention in serodiscordant couples: Recommendations for a public health approach* (WHO, 2012).

This tool is the work of the World Health Organization's Department of Reproductive Health and Research. The tool has been developed by the Promoting Family Planning team of the Department in 2009, particularly Sarah Johnson (formerly WHO), Kathryn Church (formerly WHO) and Mario Festin (WHO). The other main contributors to the original product and several modifications/revisions thereof are Laura Guarenti (WHO), Florence Bitalabehe (WHO), F. Amolo Okero (WHO), Donna Higgins (WHO), Eyerusalem Negussie (WHO), Teodora Wi (WHO), Lori Newman (WHO) and Rachel Clare Baggaley (WHO).

The field testing was done by Valerie J. Tagwira, P. Moyo and Tsungai Chipato at the University of Zimbabwe College of Health Sciences, Department of Obstetrics and Gynaecology, with the cooperation of the Zimbabwe National Family Planning Council (ZNFPC), the Department of Health in Chitungwiza Municipality, and family planning service providers from Harare and Chitungwiza, Zimbabwe.

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Using the Decision-Making Tool for Family Planning Clients and Providers

Introduction for the provider

This flipchart is a tool for you and your client to use during family planning counselling. It can:

- help clients choose and use the method of family planning that suits them best
- give you the essential information you need to offer high-quality family planning care to your clients
- help clients consider the need for dual protection from HIV and other STIs
- support the integration of HIV testing and counselling into family planning services
- help you counsel clients more effectively.

Principles of this 'decision-making tool':

1. The client makes the decisions.
2. The provider helps the client consider and make decisions that best suit that client.
3. The client's wishes are respected whenever possible.
4. The provider *responds* to the client's statements, questions and needs.
5. The provider *listens* to what the client says in order to know what to do next.

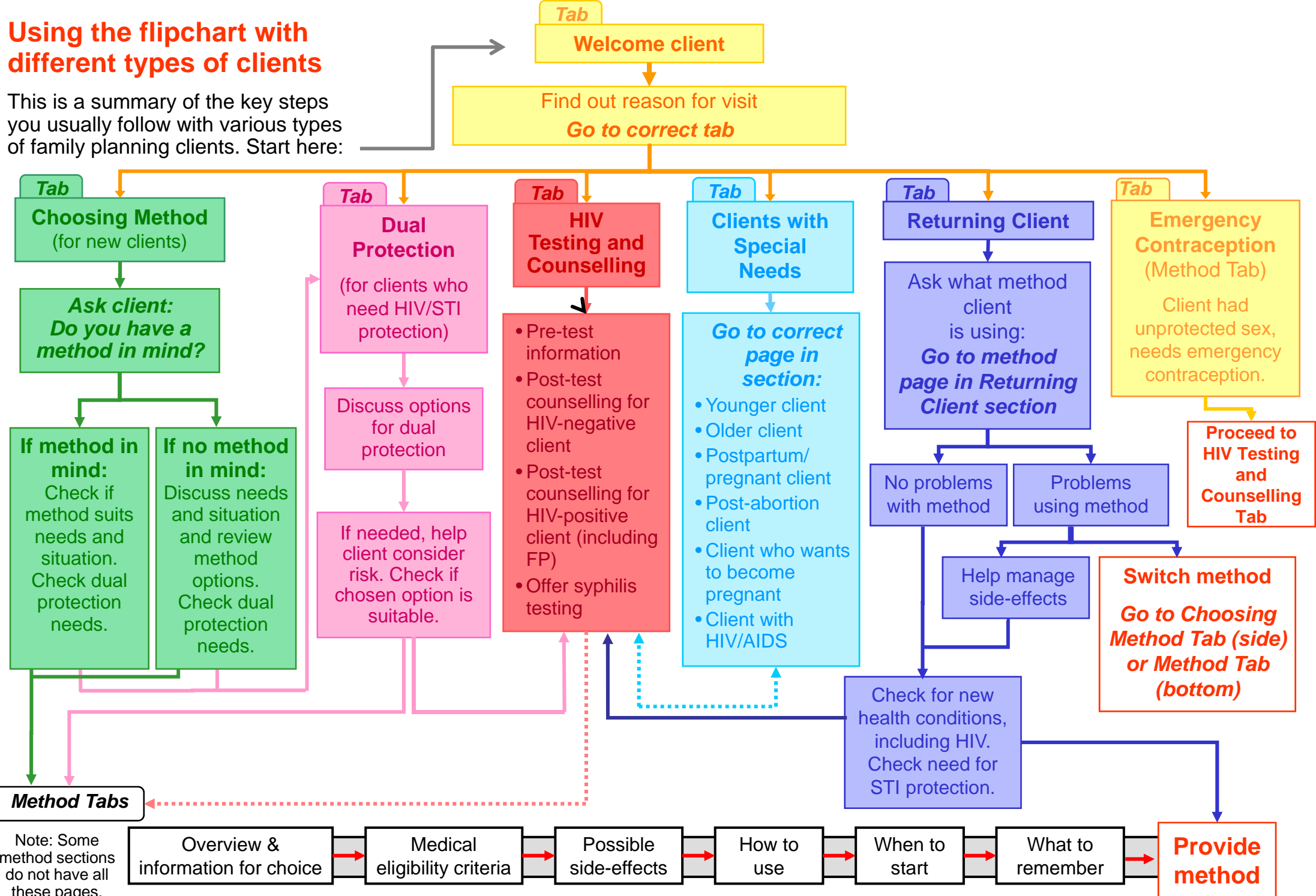
Helping clients with different needs

In the front section there are different tabs for clients with differing needs (also see flowchart on next page):

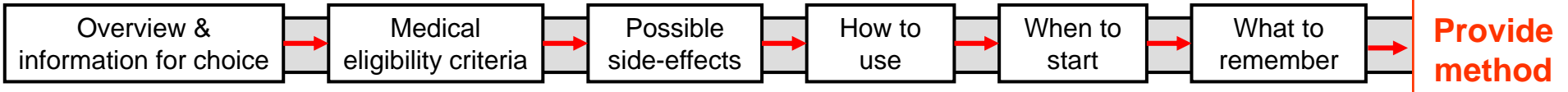
- **Choosing Method tab:** New clients may need help to choose a method that best suits their needs. This tab will help you discuss these needs and help the client make a healthy choice.
- **Dual Protection tab:** All clients need to consider dual protection – protection from both pregnancy AND HIV or other sexually transmitted infections (STIs). All clients should understand the risk from HIV/STIs and decide how to protect themselves.
- **HIV Testing and Counselling tab:** In a generalized HIV epidemic, all clients should be routinely offered an HIV test when they come to a clinic. Some clients may also need a repeat test or a retest using other assays. This tab includes pre-test and post-testing counselling.
- **Special Needs tab:** Clients with special needs include younger clients, older clients, pregnant/postpartum clients, post-abortion clients, and clients who want to become pregnant. These clients may have particular family planning needs or need special advice or counselling.
- **Returning Clients tab:** Clients returning to the clinic may be having problems with their method, may have questions, or may simply want more supplies. Use this tab to address their needs.

Using the flipchart with different types of clients

This is a summary of the key steps you usually follow with various types of family planning clients. Start here:



Note: Some method sections do not have all these pages.



Preparing to use this flipchart

- Studying this flipchart will help you become familiar with how it works and with the information in it. **Using the flipchart will become easier with practice.**
- If this is your own personal copy, you may wish to write on it, adding things to say or other reminders.
- This guide covers only the main points. When you talk with clients, you can add information and discuss matters further, responding to the client's needs and concerns.
- Some words and pictures on the client's pages may not apply in your programme. You can cover them or cross them out. For example, same-day HIV test results may not be available.
- You can and should **use your own words**. In general, the text is not meant to be read to the client. Once you become familiar with the guide, a glance will remind you of key information and your next steps. Do not try to read the small print while counselling.
- However, you **may want to read aloud and discuss some key points** on the client's pages. If the client cannot read well, you may need to read more. Point to pictures if that is helpful.

Counselling icons

Many pages have small icons (symbols) on them. These icons will remind you of good counselling behaviour that is especially important at that moment. Here are the icons:



Listen carefully



Check understanding



Offer support



Ask if client has questions

How to use this flipchart with clients

- **The flipchart stands up** so both you and the client can see the pages on each side. Your page shows the same words that the client sees but not the pictures. Instead, your page has more information and suggestions for you.
- **Place the flipchart** where the client can easily see it. Try *not* to place the flipchart directly *between* you and the client. You can place it to the side or anywhere so that both of you can see the client's side.
- **Tell the client about the flipchart.** Explain that it will help meet her or his needs.
- For every client, **start with the Welcome page**, which follows this introduction. After you welcome the client, you turn to the next page. Here you **ask the client how you can help**. The client's answer usually will lead you to one of the side tabs. These pages may then lead you to a contraceptive method tab at the bottom.
- **To use the tabs, place your fingertip against the tab and slide it under the page in front of the tab.** Then flip over all the pages. **Do not lift the page with the tab on it.**
- Each page shows the client an important question or topic. To use this tool correctly, **you usually need the client's answers or information** before you can go to the next page. You can tell the client this. Then the client will know that her or his participation is important. The diagram below (page iv) shows how to use the provider's pages.



How to use the provider's pages

Shows which method section you are in.

1 Glance here for reminder of main point to address now.

2 Glance here. Discuss these points with client as needed. The blue boxes on the right have more information and suggestions.

3 Look here for your next move based on client's statements.

The screenshot shows a page titled "Possible side-effects" under the heading "The Pill". It includes a list of side-effects, a "Most common" section, a "Discuss" section with a counselling icon, and a "Next Move" section with a decision tree and a "P3" page number.

The Pill

Possible side-effects

If you choose this method, you may have some side-effects. They are not usually signs of illness.

- But many women do not have any
- Often go away after a few months

Most common:

- Nausea (upset stomach)
- Spotting or bleeding between periods
- Mild headaches
- Tender breasts
- Slight weight gain or loss

Discuss:

- "If these side-effects happened to you, what would you think or feel about it?"
- "What would it mean to you?"
- "What would you do?"
- Discuss any rumours or concerns. See Appendix 10 on myths.
- "Please come back any time you want help or have questions."
- "It is okay to switch methods any time."
- For dealing with side-effects, see **Returning Client** tab.

Next Move:

Does client understand side-effects? Is she ready to choose method?

If she has decided to use method, go to next page.

If not, discuss further or consider other methods.

P3

Provider's information (blue boxes): Suggested questions, phrases, actions, information for reference, intended to be studied in advance.

Icon: Reminder of good counselling practice.

"Suggested words you might use."

Picture of decision-making client: This picture reminds you that the client needs to make a decision or say what she/he prefers before moving on.

Page numbering: All tabbed sections are numbered separately, combined with a letter or letters to indicate the section. For example, P3 is Pill section, page 3.

HIV is in our community

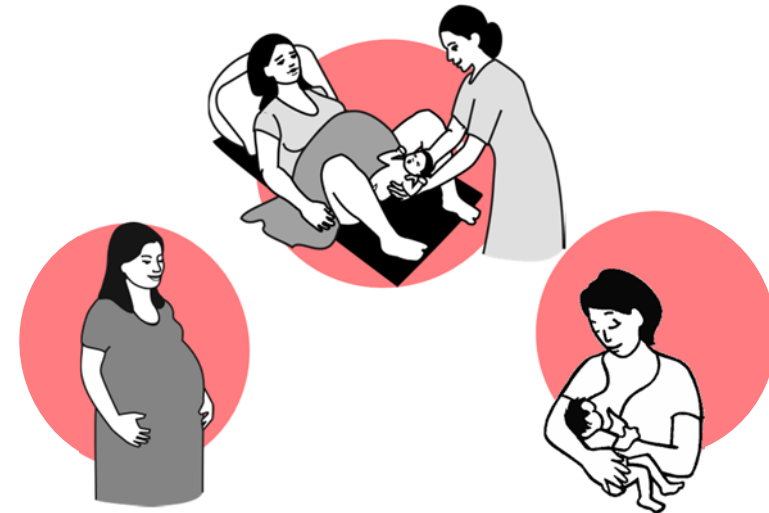
- HIV is affecting many people in our community
- What do you know about HIV?
What have you heard?
- It is possible to get HIV in several ways:



Unprotected sex



Contact with infected blood



Passed to babies during pregnancy, childbirth or breastfeeding

HIV is NOT transmitted by hugging, kissing, sharing food, mosquito bites or shaking hands!

HIV is in our community

- HIV is affecting many people in our community

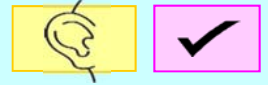
- What do you know about HIV?
What have you heard?

- It is possible to get HIV in several ways

- HIV is **NOT** transmitted by hugging, kissing, sharing food, mosquito bites or shaking hands!

Introduce the topic of HIV gently but honestly:

- “Many people in our community are infected with HIV and HIV-related illnesses, and without treatment they would be dying from AIDS; we all need to work together to fight this problem.”
- Check client’s understanding of HIV/AIDS and what she/he knows about it.
- Ask client if she/he knows of people who are living with HIV/AIDS, and ask how she/he feels about it.
- Tell her what percentage of people in your community, district or country are infected with HIV, and what the risks are.
- Explain that HIV is a virus that lives in the blood and other body fluids. Explain how it can be transmitted (see below).
- After several years with no treatment, HIV prevents the body from fighting other illnesses; **most** people with HIV will die from AIDS if they are not treated.
- Treatment with ARV drugs can greatly improve quality and length of life. Most people with HIV on correct treatment live full healthy lives and have a reduced risk of transmitting HIV to their sexual partners or their children.



Explain modes of HIV transmission:

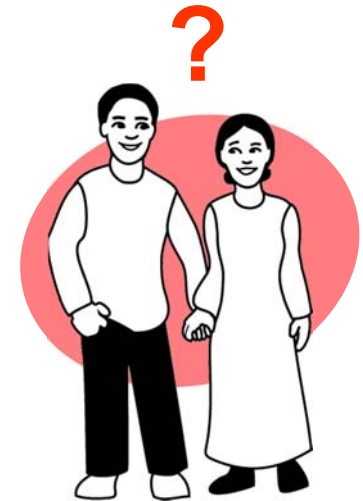
- **Unprotected sex:** Sexual contact is one of the main ways people get infected, especially through vaginal or anal intercourse with an HIV-positive partner without using a condom. See also Dual Protection tab.
- **Contact with infected blood:** There are different ways to contract HIV through blood, e.g. blood transfusions and injecting drug use (IDU).
- **Mother-to-child transmission (MTCT):** Through pregnancy, childbirth or breastfeeding.
- **Dispel common myths** about HIV transmission. Kissing is safe as long as there are no cuts in the mouth.

Next move:

To discuss further about HIV testing, go to next page.

About HIV testing and counselling

- Many people with HIV look and feel healthy. Being tested is the **ONLY** way to know
- We now recommend HIV testing and counselling to **ALL** our clients, so that people with HIV can be referred to receive treatment
- Have you already been tested for HIV? If so, when? Do you know the result?
- Have your partner and other family members been tested for HIV?
- Have you already been tested for syphilis? If so, when? Do you know the result?
- We can do the testing and counselling today if you agree



The test is completely confidential, and nobody else apart from you and your providers will know the results.

About HIV testing and counselling

- Many people with HIV look and feel healthy. Being tested is the **ONLY** way to know
- We now recommend HIV testing and counselling to **ALL** our clients, so that people with HIV can be referred to receive treatment
- Have you already been tested for HIV? If so, when? Do you know the result?
- Have you been tested for syphilis? If so, when? Do you know the result?
- Have your partner and family members been tested for HIV?
- We can do the testing and counselling today if you agree


The test is completely confidential, and nobody else apart from you and your providers will know the results

Next move:

To discuss further about HIV testing, go to next page.

If client is HIV-positive and wants to discuss family planning, go to next page TC11.

Explain why you recommend testing for all clients:

- “Many people in this community are at risk of getting HIV, but have not been tested. I recommend that you get an HIV test today.”
- It usually takes many years for people with HIV to start having symptoms of the virus. But from the moment a person contracts HIV, they are infectious, and may infect others. 
- If client was tested but does not know results, check if results are available or repeat the test.
- If client tested negative in the past, she/he may need **retesting if at risk and the test was more than 12 months ago**. Check risk of exposure to HIV since last test.
- **If client is HIV-positive**, go to page TC11.

Partner testing:

- Encourage client to invite her/his partner(s) for testing.
- Some clients may have more than one sexual partner.
- Some clients may prefer to be tested separately from their partner.
- Explain how the client can get tested for HIV & syphilis (with which provider and where) and **when/how they will know the result**.
- Explain that they can still receive family planning counselling, either before or after their HIV & syphilis test.
- **If rapid tests are not available**, explain when they would need to return to get the results of their HIV & syphilis test.
- **Ensuring privacy and confidentiality** during HIV testing is VERY IMPORTANT. Many people are scared that others will know their HIV status. Some may experience violence if their status is known.

Why it is important to know your HIV status

- Most people living with HIV do not know that they are infected, so they may infect others
- If you test **NEGATIVE** and do **NOT** have HIV, we can support you to protect yourself and your family from HIV infection in the future
- If you test **POSITIVE** and do have HIV, we can:
 - refer you for medical care to help you live a healthy life
 - help you prevent transmission to others
 - help you to tell your partner and family, if you wish



***Don't live in fear:
KNOW YOUR
STATUS!***

Why it is important to know your HIV status

- **Most people living with HIV do not know that they are infected, so they may infect others**
- **If you test NEGATIVE and do NOT have HIV, we can support you to protect yourself and your family from HIV infection in the future**
- **If you test POSITIVE and do have HIV, we can:**
 - **refer you for medical care to help you live a healthy life**
 - **help you prevent transmission to others**
 - **help you to tell your partner and family, if you wish**

- Explain that knowing your HIV status can help prevent the spread of HIV in your community.
- **All people – men, women, adolescents, children – should be offered testing for HIV.**

- People who test HIV-negative need counselling and support to ensure that they remain free from infection.
- HIV will not go away for many years in this community, and many people will remain at risk.

- Tell the client about the services available to her/him if they test HIV-positive, including:
 - prophylaxis against opportunistic infections (i.e. clotrimazole, isoniazid/INH)
 - ARV treatment and medicines for other infections – if taken correctly these can extend quality and length of life, and can reduce the risk of transmitting HIV to partners
 - counselling services, help to develop a plan for disclosure
 - family planning services for HIV-positive clients
 - prevention of mother-to-child transmission (PMTCT) services
 - condom use (male or female)
 - prevention counselling to avoid infecting others



Next move:

Does client wish to proceed with an HIV test?

If client wants to get a test now, go to next page.

If client wants to opt out of the test or reflect further, schedule an appointment for another day, and encourage her/him to bring or refer her/his partner.

Proceed with family planning counselling.



The HIV test


- **The test we use is called a rapid test: it requires a pinprick to your finger**
- **The test is fast and not painful**
- **If you had unprotected sex recently, you may also need another test later**
- **If you test positive for HIV, you will need a second rapid test to confirm the result**
- **You will get your results today**





The HIV test

- **The test we use is called a rapid test: it requires a pinprick to your finger**
- **The test is fast and not painful**
- **If you had unprotected sex recently, you may also need another test later**
- **If you test positive for HIV, you will need a second rapid test to confirm the result**
- **You will get your results today**

- 
- Explain the rapid test and how it works.
 - **If rapid tests are not available** in your clinic, explain your testing procedure and when the client must return to receive her or his results.
 - Remember – **no client should be forced to have an HIV test** if they do not want to. All clients, including adolescents, can opt out of testing.
 - Once **informed consent** (oral or written) has been obtained, you can do the test.
- 

- 
- Explain that if she/he had unprotected sex or possible exposure within the past 3 months, the test may not be able to detect the HIV virus yet, and may need to be repeated in 6 weeks.
 - Explain that if she/he had a negative HIV test since the last visit and there has been no risk of exposure, there is no need to retest. She/he should continue to avoid unprotected sex and other potential risks for HIV exposure.

- 
- Explain that if the first rapid test is positive, you will need to do another test immediately to confirm the result.

- 
- Tell client when she/he can get the results. If results cannot be given immediately or on the same day, arrange an appointment.

Next move:



Go to the next page to complete informed consent.



Before the HIV test

- Do you understand everything we've talked about?
- Do you have any questions?
- There may be risks to knowing your HIV status, but we can support you once you know your result.
- You can choose NOT to have the test and we will still take care of your other needs today.



***We will do the test now
unless you don't want it***

Before the HIV test

- Do you understand everything we've talked about?
- Do you have any questions?
- There may be risks to knowing your HIV status, but we can support you once you know your result.
- You can choose NOT to have the test and we will still take care of your other needs today.

- It is important to ensure that the client understands everything you have discussed and has the opportunity to ask questions before the test.
- Certain clients may feel too intimidated to speak up or ask questions and may require extra time or counselling.
- It is important for the client to provide informed consent before performing the test.



- Some people face risks when they tell others their HIV status, including possible discrimination in the community, abandonment by a partner, or violence. **Discuss this and encourage partner testing (see page TC9 on disclosure).**



- The HIV test will be performed unless the client refuses after being given all of the information and an opportunity to ask questions.
- If the client refuses you can encourage her/him to reconsider. But clients must know that if they choose not to have the HIV test, they will continue to be able to come to this clinic and receive care, except for *care that depends on provider knowledge of HIV status*.

Next move:

Once informed consent is given, do the test.
If the result is negative, go to the next page.
If the result is positive, go to page TC7.



Your HIV test result is negative

- You have a negative test result
- Did you have unprotected sex or other possible HIV exposure in the past 3 months?
 - If not, you do not need to be tested again
 - If yes, you need to be tested again 6 weeks from now



Your HIV test result is negative

- **You have a negative test result**
- **Did you have unprotected sex or other possible HIV exposure in the past 3 months?**
 - **If not, you do not need to be tested again**
 - **If yes, you need to be tested again 6 weeks from now**



- Results are not confirmed until you are sure that the client was not exposed to HIV during the past 6 weeks.



- A negative test is very reliable. But retesting may be necessary because of recent exposure.



- If client had unprotected sex or other possible HIV exposure within the past 3 months, ask him/her to return for a repeat test 6 weeks after the last negative test. She/he should only have protected or safe sex during the time before retesting.

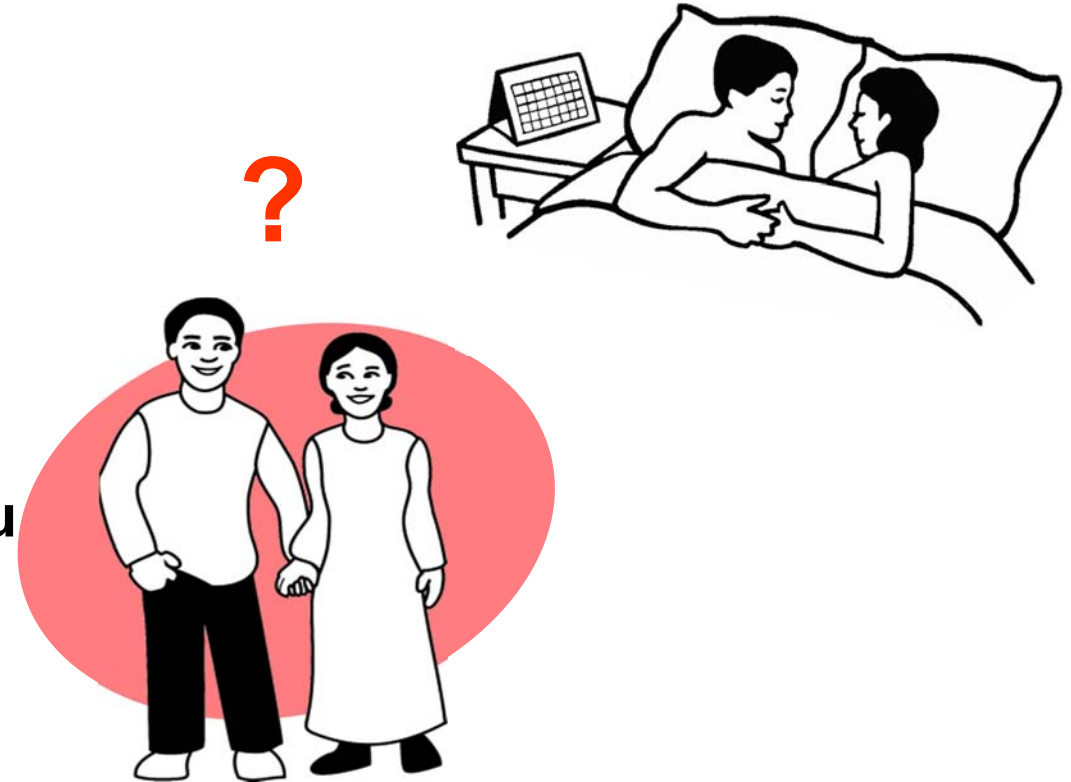
Next move:

Go to next page to continue discussing negative results.



Your HIV test result is negative

- Your partner's status may be different to yours
- You have a negative result but you must continue to **PROTECT YOURSELF**
- Come back for testing & counselling again if you are ever concerned about HIV exposure



*We can advise you
on how to stay
HIV-negative and
protect yourself!*

Your HIV test result is negative

- Your partner's status may be different to yours
- If you have a negative result, you must continue to **PROTECT YOURSELF**
- Come back for testing & counselling again if you are ever concerned about HIV exposure

We can advise you on how to stay HIV-negative and protect yourself!

If the result is confirmed negative:

- Due to the high HIV prevalence in this community, the client may still be at risk of HIV.
- **Check if client's partner has been tested.** If not, encourage them to bring or refer the partner for testing and counselling. Explain that if the partner has HIV, then the client is still at HIGH RISK of contracting the virus.
- The client or partner who tests positive should start ARV treatment, which can reduce the risk of transmitting HIV to a negative partner.
- Go to the **Dual Protection** section of this flipchart to discuss how to stay protected from pregnancy (if contraception is desired) and also HIV/STIs.
- Check for signs and symptoms of other STIs.
- Offer condoms (male & female) and explain how to use.
- Invite client to **return for retesting and counselling** if she/he is ever concerned about exposure to the virus.
- Offer syphilis testing.



Next move:

If client wants to continue discussing family planning now, go to relevant section.

To discuss strategies for dual protection from HIV/STIs and pregnancy, go to the **Dual Protection** tab.

Your HIV test result is positive

- You have a confirmed positive test result
- I am here to support you. Do you have questions for me?
- Is there a friend or relative you can discuss your HIV test result with?



The test is completely confidential, and nobody else apart from you and your providers will know the results

Your HIV test result is positive

- **You have a confirmed positive test result**
- **I am here to support you. Do you have questions for me?**
- **Is there a friend or relative you can discuss your HIV test result with?**



- Gently tell the client the positive result of the HIV test, clearly and simply.



- Give her/him time to take in the results. Offer support.



- Check understanding of the result and what it means: *"How do you feel about your result?"*



- Discuss immediate concerns, and help client identify friends or family members whom they trust and talk to.
- Assess risk of depression or suicide and refer for counselling.



- Explain that this result does NOT mean that she/he will soon become ill: *"AIDS is an illness which can take several years to develop, so you may not feel any different for some time"*.

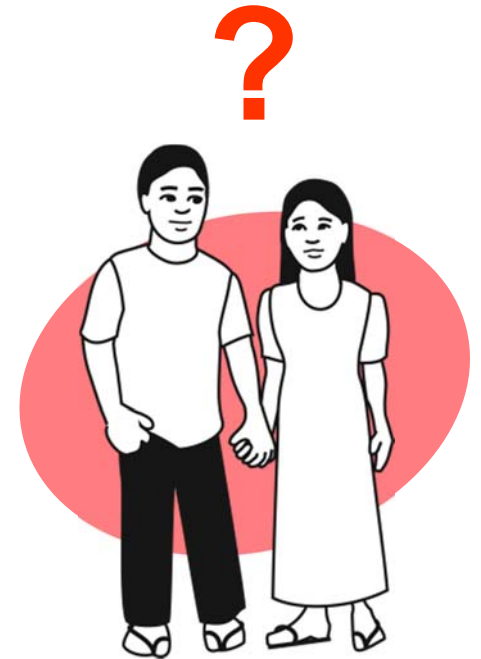
The test is completely confidential, and nobody else apart from you and your providers will know the results

Next move:

Go to next page to continue discussing positive results.

Your HIV test result is positive

- Let's talk about the medical and counselling services available to you
- Has your partner been tested for HIV?
- If you have children, have they been tested?



Your HIV test result is positive

- **Let's talk about the medical and counselling services available to you**



If client feels ready, discuss other services:

- **Treatment:** availability of ARV treatment, including PMTCT, and other care for people with HIV.
- **Counselling services:** psychosocial support for people living with HIV (at health facilities, in the community, and peer support).
- **Family planning services:** contraceptive methods, and also counselling on pregnancy with HIV (see page TC9).
- **Prevention and dual protection counselling:** to prevent transmission to others, and to prevent other STIs.



- **Has your partner been tested for HIV?**



- It is very important for the client's partner(s) and children to be tested for HIV.



- **If you have children, have they been tested?**



- Discuss how client can encourage partner(s) to get tested.
- Explain that partner(s) and children may or may not have the same test result, depending on how and when she/he contracted HIV.

Next move:

**To discuss disclosure of the HIV test result,
go to next page.**

Telling your partner or family your result

- Telling others your result can allow them to support you and share the burden
- It is difficult for some people to tell their partners or family – we can support you



*Let's discuss:
WHO to tell,
WHEN to tell
and HOW to tell*



Telling your partner or family your result

- Telling others your result can allow them to support you and share the burden
- It is difficult for some people to tell their partners or family – we can support you

*Let's discuss:
WHO to tell,
WHEN to tell
and HOW to tell*

Next move:

To discuss how client with HIV can look after her/himself,
go to next page.

Discuss benefits of disclosing HIV status. Disclosure can:

- Reduce the stress of coping with HIV alone.
- Help people accept their HIV status.
- Ensure there is someone there for support when the illness develops.
- Make it easier to access medical care and adhere to treatment.
- Encourage others with HIV to get tested and access medical care.
- Protect sexual partners and children from exposure to HIV.



Discuss risks of disclosure. Some people may experience:

- Problems in relationships with partners, families and friends, community members and others due to stigma or judgement.
- Partner violence or abandonment.



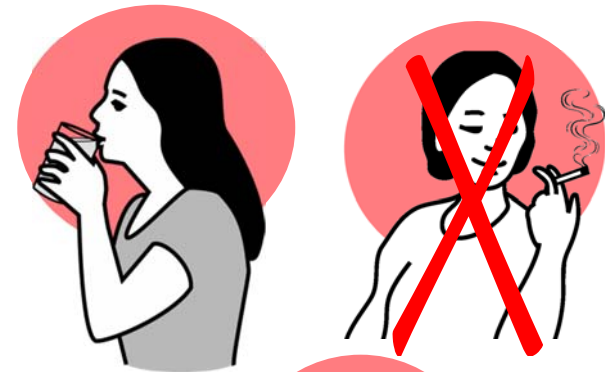
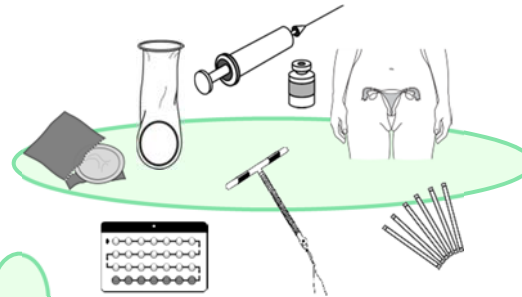
Help client to develop a plan for disclosure:

- Assess her/his situation, including relationship with partner and risk of violence (also see Appendix AP13):
“How do you think your partner will respond?”
“Has he/she been violent towards you in the past?”
- Agree on a plan for WHOM to tell, WHEN and HOW. Help client practice what they will say.
- **Other strategies include:** ask the partner to get tested before she/he discloses; get an HIV test together; disclosure with aid of a counsellor; ask a friend or family member to be present.
- Couples in a relationship may find it helpful to be tested together, so that a counsellor can help them disclose results to each other.
- Refer for counselling or peer support if needed.



How you can look after yourself

- Starting anti-retroviral treatment
- Preventing transmission of HIV to partners and babies
- Preventing other STIs
- Getting tested for syphilis
- Family planning
- Staying healthy
- Coming back for health-care visits and following our advice



How you can look after yourself

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- If the partner with HIV starts on ARV treatment, this will significantly reduce the virus transmission to sexual partners. Condoms must be used especially in first 3 months as it may take that long for the virus to be suppressed.
- **If partner is uninfected, correct and consistent condom use is the most effective way to prevent transmission.** The couple can use condoms alone or with another method for better protection against pregnancy. See **Dual Protection** tab and **Condom** tab.
- If both man and woman in a couple are infected with HIV, they may still need protection from pregnancy (see next page).
- If client has no regular partner, urge condom use for all sexual relations.
- HIV-positive clients need protection from other STIs: urge condom use.
- **PMTCT:** tell client she must take ARV treatment during pregnancy and advise where she can access treatment.
- Many people with HIV may also have syphilis and other STIs
- Clients, and their partners, found to have syphilis can be treated

• Go to **next page** to discuss family planning options, including risks associated with pregnancy, childbirth and breastfeeding.

Advise on healthy practices:

- Eat healthy foods (including fruit, vegetables, meat, protein, carbohydrates).
- Use safe water for drinking and for washing fruit and vegetables; cook food well.
- Use an insecticide-treated bednet (where there is malaria).
- Avoid cigarettes; avoid alcohol or drink sensibly; exercise regularly.



• **Schedule a follow-up appointment with client,** or refer her/him to the appropriate services. Explain the importance of returning for follow-up.

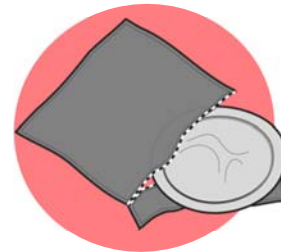
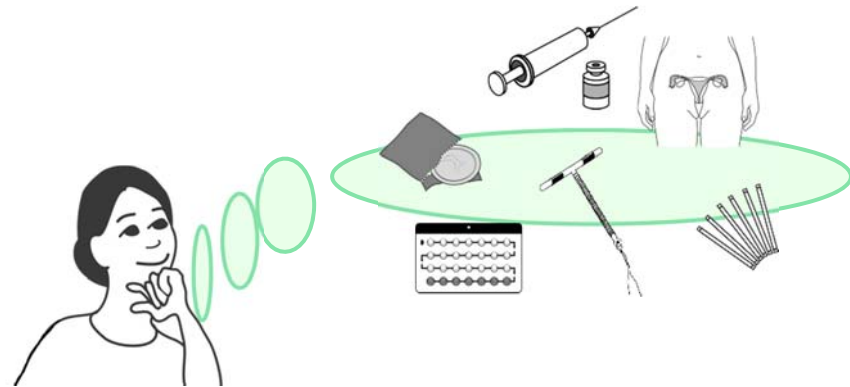
Next move:



To discuss family planning and pregnancy with HIV, go to next page

Family planning and pregnancy for people living with HIV

- Getting pregnant with HIV carries risks – but these risks are not as high as many people think
- Women with HIV or AIDS can use most family planning methods – even when on treatment
- Condoms protect against pregnancy and STIs when used correctly every time



*We support you
in making your
choice*

Family planning for people living with HIV/AIDS

- **Pregnancy with HIV carries risks – but these risks are not as high as many people think**



If client is considering pregnancy now:

Explain that pregnancy with HIV does carry risks (to the mother, to the baby, and perhaps to the partner), **BUT:**

- Women with HIV can have a healthy pregnancy and a healthy baby with proper care and treatment.
- Invite her to return to talk about her pregnancy options or refer to PMTCT services for pre-conception counselling.
- For 'safe conception' in a serodiscordant couple, assisted reproductive technology (ART) can be offered.

- **Women with HIV or AIDS can use most family planning methods – even when on treatment**



If client wants to prevent pregnancy now:

Advise on effective family planning methods (see chart in Appendix 3), including condom use for dual protection (see Condom tab or Dual Protection tab).

Some methods are not appropriate for a woman living with HIV/AIDS:

- A woman who has untreated AIDS cannot use the IUD. If she has HIV (but not AIDS) or successfully treated AIDS she **can use** the IUD.
- Fertility awareness-based methods may be difficult for a woman with AIDS or a woman taking ARV drugs because of changes to the menstrual cycle and higher body temperatures.
- Recently given birth? HIV can be passed to the baby in breast milk. To see if lactational ammenorrhoea method (LAM) can be used, go to LAM tab, page LAM2.
- Women taking rifampicin for TB usually cannot use pills, injectables or implants.
- Spermicides, or a diaphragm *with* spermicides, should not be used.



- **Condoms protect against pregnancy and STIs when used correctly every time**

Next move:

For family planning
go to Choosing Method
or method tab.

To discuss condoms,
go to Condom tab.

For prevention of pregnancy
and transmission of STIs/HIV
go to Dual Protection tab.

For PMTCT services,
refer or arrange visit.

Testing for couples

- Couples in a relationship may find it helpful to be tested together, so that a counsellor can help them disclose the results to each other.
- Testing for couples can have four possible outcomes:



- Female negative / male negative
- Female positive / male positive



- Female negative / male positive
- Female positive / male negative



Testing for couples

- Couples in a relationship may find it helpful to be tested together, so that a counsellor can help them disclose the results to each other.
- For women and men in a relationship, offer couples testing and counselling which can have four possible outcomes:



- **Female negative / male negative**
- **Female positive / male positive**



- The family planning needs of all people should be considered.
- Protection from STIs should also be advised.
- People found to be HIV-positive should be referred for ARV treatment.

- **Female negative / male positive**
- **Female positive / male negative**



When people in a couple have different HIV test results, this is called being **'serodiscordant'**.

- **Serodiscordant couples are common**; up to 50% of people with HIV have a partner who is HIV-negative.
- **HIV transmission is very common in a serodiscordant relationship.**
- **It is important to prevent transmission through correct and consistent use of condoms. Also, if the person with HIV is started on ARV treatment, this will reduce the risk of transmission.**

Next move:

To discuss condoms,
go to Condom tab.

For prevention of pregnancy
and transmission of STIs/HIV
go to Dual Protection tab.