

Our Family Our Choice

Family Planning Information for
People Living with HIV/AIDS



The FIRST step in planning a family is to know your HIV status by getting tested.

Couples in which one or both partners are HIV+ face the same fertility choices as any other couple...

- Have a child now, **OR**
- Have a child later, **OR**
- Avoid pregnancy altogether

BUT, if a woman is HIV+, pregnancy may be more difficult on her body, and there is a risk that her baby could be infected with HIV during pregnancy, delivery or breastfeeding.

Couples should discuss their choices with each other, with health care providers, and with people who have been through a similar experience.

There is no right or wrong choice. Get all the information you need to make the decision that is right for you as a couple. Make the decision together, and support each other in that decision.



If you wish to have a child now...

An HIV+ woman and her partner can reduce the risk to the health of the mother and child by:

- Asking a doctor whether her body is strong enough to carry a pregnancy.
- If the doctor recommends she take antiretroviral (ARV) medicines:
 - Making sure the doctor understands that they wish to have a child in the future, as some ARV medicines are not recommended for pregnant women.
 - Using a family planning method to delay pregnancy for at least 6 months to allow the medicines to work and make her well again. The medicines will only work if she gets used to taking them every day.
- Enrolling her in a Prevention of Mother to Child Transmission (PMTCT) programme and following all the steps.



If you wish to have a child later...

Making sure an HIV+ woman's body is strong enough to carry a pregnancy is very important to protect the health of the mother and her child. Like any woman, an HIV+ woman



should let her body recover from a pregnancy by waiting a few years before becoming pregnant again. Sometimes, she may also have to delay her first pregnancy until she is strong and her body is ready to have a baby.

People living with HIV/AIDS can safely use many family planning methods to delay pregnancy – even if they are taking ARV medicines. None of the recommended family planning methods harm your health or stop ARV medicines from working. Instead, they help you live a healthy life in which you are in control of your own fertility.

Discuss the various family planning methods with your partner and choose a method together.

Both you and your partner should be comfortable with the method you choose.

Your body needs time to get used to each method. After some time, if you are not satisfied with the method you chose, you can switch and try another one. Be sure to discuss this with your health care provider first, as you could risk becoming pregnant when you switch methods.

The following methods provide **DOUBLE PROTECTION** because they prevent pregnancy **AND** protect against sexually transmitted infections like **HIV**:

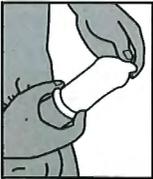


Abstinence (Avoiding Sex Altogether)

- Not something married couples often choose to do
- If you choose to avoid sex altogether, you must both agree to this and support each other to live with this choice
- Use a condom if you decide not to abstain and have sex even one time

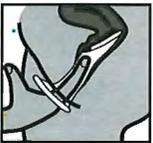
Condoms

- Two kinds:



Male Condom:

A rubber sheath that covers the erect penis



Female Condom:

A loose plastic pouch that lines the vagina

- Male and female condoms should **NOT** be used at the same time
- A new condom must be used correctly **EVERY** time you have sex

The following methods prevent pregnancy **ONLY**, but are safe to use **WITH** condoms for **DOUBLE PROTECTION**. You should use a condom **EVERY** time you have sex to protect against sexually transmitted infections like HIV.



Injectable Depo Provera

- An injection given to a woman that prevents pregnancy for 3 months
- A new injection must be given **EVERY** 3 months
- If a couple wishes to have a baby, the woman can become pregnant around 7 months after receiving her last injection



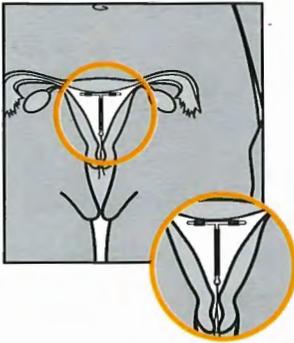
Family Planning (Contraceptive) Pill

- A pill that must be taken by a woman **EVERY** day, or as directed by the instructions on the packet
- A missed pill must be taken as soon as possible
- A woman must have the next month's supply of pills ready before the current month's supply runs out
- If a couple wishes to have a baby, the woman can become pregnant as soon as she stops taking the pills



Jadelle

- 2 small, thin and flexible rods inserted into a woman's upper arm to prevent pregnancy for up to 5 years
- If a couple wishes to have a baby, the Jadelle rods can be removed ANY time, and the woman can become pregnant as soon as they are removed



Intrauterine Device (IUD)

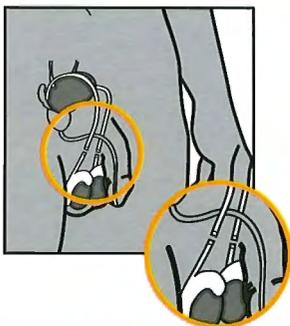
- Small plastic and copper device inserted into a woman's womb to prevent pregnancy for up to 10 years
- If a couple wishes to have a baby, the IUD can be removed ANY time, and the woman can become pregnant as soon as it is removed
- NOT recommended for women at high risk of sexually transmitted infections

If you wish to avoid pregnancy altogether...

Couples that are **SURE** they do **NOT** want to have a baby can:

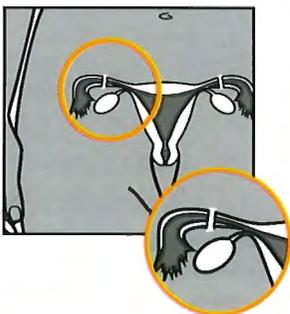
- Continue using the family planning methods described on the previous pages, **OR**
- Go for a more permanent method

The following methods prevent pregnancy ONLY, but are safe to use WITH condoms for DOUBLE PROTECTION. You should use a condom EVERY time you have sex to protect against sexually transmitted infections like HIV.



Vasectomy

- Simple and effective operation for men
- Safe for many men with HIV, but, like any operation, men who are HIV+ and not well or have developed AIDS need to get well again before they undergo a vasectomy



Female Sterilization (Tubal Ligation)

- Effective operation for women
- Safe for many women with HIV, but, like any operation, women who are HIV+ and not well or have developed AIDS need to get well again before they undergo sterilization

Talk to a health care provider for more information about the family planning options described here as well as PMTCT.



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Illustrations by Rita Meyer.



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