

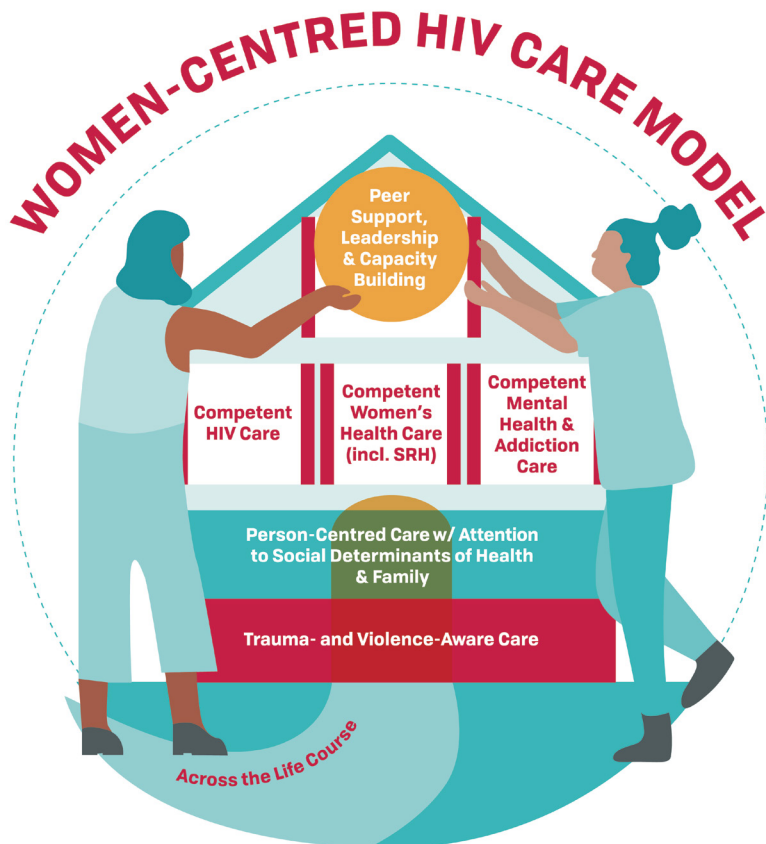


WOMEN'S COLLEGE HOSPITAL
Healthcare | REVOLUTIONIZED



A Pocketbook for Women-Centred Care

**This is the WCHC* Model to guide
your care – your care, your way:**



*WCHC = Women-Centred HIV Care
SRH = Sexual and Reproductive Health

Contents

- 02 Introduction
- 07 Person-Centred Care
- 11 Trauma- and Violence-Aware Care
- 15 HIV Care
- 27 Women's Health Care
- 37 Mental and Emotional Health Care
- 45 Peer Support, Leadership & Capacity Building



Look Out For



Sample questions or phrases you can use with your care provider(s).



Sections where you are invited to **write things down**.



Things that have been **identified by trans and gender diverse people as important**. Much of this information may be important for all women.



The **QR codes** link to websites with more information and toolkits that go into much more detail than this pocketbook. You can access these on your phone by opening the camera and holding it over the code.

Try it out here!

To find testing, treatment and harm reduction services in your area, check out where.to.catie.ca



Introduction

Using This Pocketbook

This pocketbook can help you manage your health and communicate with your care provider(s). The content in this book is based on the **Women-Centred HIV Care Model** (see inside cover), which was created by and for women with HIV. **This pocketbook is based on the fact that you have the right to the best care possible.**

This pocketbook contains 6 sections. Each section has 3 parts:

-  A summary of important information
-  Examples of phrases and questions you can use when talking to your provider(s)
-  A reflection or exercise for you to fill out to contribute to your self-care*

This pocketbook is for all people who identify with the term “woman” at any time in their life, including cisgender (cis) women and gender diverse people (Two-Spirit, trans, nonbinary, intersex, gender fluid, genderqueer or agender). **You deserve care that supports your identity and experiences.**



You can tell your provider(s) you are using this pocketbook and they can review it with you. You can say something like:

“I am going to be using this pocketbook to help me with tracking my care. It is based on the Women-Centred HIV Care Model. Have you heard of it? They have a toolkit for providers too. Scan this QR code or search ‘Women-Centred HIV Care’ online.”



Women-Centred
HIV Care Toolkits



**Consider using a pencil to fill in this pocketbook!*

Getting the most out of your appointments

Here are some things you may want to do before, during and after your appointment to get the most out of your time with your care provider(s).

Before



- Write down your main concerns and number them from most to least important. Sometimes you will run out of time and will not be able to bring everything up in an appointment, but this way you will remember for next time.
- Go through this pocketbook and make note of any changes since the last time you saw your care provider(s).

During



- If you are comfortable, show your care provider(s) your list.
- Make note of any referrals, changes in medications, or suggestions your care provider has.
- Ask your care provider(s) follow-up questions if something they are sharing is unclear or you want more information.

After



- Think about how the appointment went. Do you still have questions? Write them down while it is still fresh in your mind for next time.
- If you start a new medication or change your routine, write down any changes you notice over time.

Make sure you tell your care provider(s) what you think, how you feel and what you need when you talk to them. Don't wait; say it as soon as you can. Here are some things to keep in mind when going to your appointment:

- Express your needs clearly and be specific.
- Ask for what you want, rather than what you don't want.
- Ask any questions you have. Your care provider is there to assist you, and there's no such thing as a question that's too small or unimportant.

Your Care Team

You may have many care provider(s) who help you stay healthy. You can keep track of their details here. This can also help them to know who else is part of your circle of care so they can work together.

CARE PROVIDER NAME(S), TYPE OF CARE THEY PROVIDE

CONTACT INFO

LOCATION

HOURS

CARE PROVIDER NAME(S), TYPE OF CARE THEY PROVIDE

CONTACT INFO

LOCATION

HOURS

CARE PROVIDER NAME(S), TYPE OF CARE THEY PROVIDE

CONTACT INFO

LOCATION

HOURS

Health Self-Advocacy

Another term for standing up for yourself is “health self-advocacy”. Sometimes self-advocacy involves simply sharing your thoughts, feelings and questions. Other times it means thinking ahead, setting a goal and making a plan. It can require you to be firm about your wishes and rights.



Here is a list of your rights and ways you can self-advocate with your care provider(s).

You have the right to...	To self-advocate, you can say...
be called by your preferred name and pronouns in all settings	<i>“Please call me [name] from now on and make a note in my chart about it.”</i> → <i>“The correct way to pronounce my name is...”</i> <i>“My pronouns are [xx/xx] (e.g. she/her, they/them).”</i>
have things explained to you in a way that you understand	→ <i>“I don’t understand. Can you explain that again, a little slower and in plain language?”</i> <i>“Why is that test important?”</i>
a second opinion from another care provider	→ <i>“Before I make a decision, I would like to get a second opinion from another provider. Could you refer me to someone?”</i>
take time to consider your options	→ <i>“I am not ready to make a decision today. I will book a follow-up with you to talk about this more.”</i>

Continued →

bring a family member, friend, peer navigator, advocate or translator to your appointments (but have your provider(s) talk to you, not the other person)



“I would be more comfortable if [support person] was here for this conversation.”

say no to having a student or trainee in the room during your appointments



“I would feel more comfortable if it were just us. Could the student wait outside until my appointment is done?”

say no to anything that the care provider is asking you to do



“I don’t want to have that test right now.”

share as much or as little as you want with your provider(s)



“Thank you for asking, but I have said all I feel comfortable sharing.”

There are times when you may not want to self-advocate, like if you don’t feel safe or you don’t feel calm enough to get your point across. If this happens, there are other options. You can:

- ask a **friend, peer or family member** to advocate for you
- look for a **group (or organization) with experts** who can help you with your issue
- write down your feelings and **come up with a plan** with a trusted person in your life to talk to your provider(s) about it at another time
- if available in your area, consider finding **another care provider** (a local community-based organization may be able to help you with this)
- make use of **local organizations** that keep lists of service providers who have supported people well in the past



Section A:

Person-Centred Care

- 👁 You deserve care that understands, respects and honours your unique background. The more your care provider(s) knows about you, the better they are able to adjust to your wants and needs – this is called person-centred care. Part of person-centred care is making decisions together with your care provider(s); this is known as shared-care decision-making.

Talking about person-centred care with your provider(s)



With a new care provider:

- 💬 *“As we are getting to know each other, there are some things I want you to know about me. You can take a look at this page I have filled out.”*

With a care provider you have known for a while:

- 💬 *“I realized there are some things about me you may not know. Can you take a look at this page, so you have a better idea of things that matter to my health and care?”*

About You



*Use this section
to record the details
about yourself!*

MY NAME AND PRONOUNS:

THREE WORDS TO DESCRIBE ME:

IMPORTANT PEOPLE/SUPPORTS IN MY LIFE (*partners, children, friends, pets*):

MY GENDER:

MY SEXUAL ORIENTATION:

MY RELIGION AND/OR CULTURE:

HOW I USUALLY SPEND MY DAYS:

MY IMMIGRATION JOURNEY:

MY ACCESS TO HEALTH CARE AND MEDICATION COVERAGE:

I LIKE WHERE I LIVE:



--	--	--	--	--

Strongly Disagree

Neutral

Strongly Agree

I FEEL SAFE WHERE I LIVE:

--	--	--	--	--

Strongly Disagree

Neutral

Strongly Agree

I HAVE RELIABLE TRANSPORTATION FOR WORK, APPOINTMENTS, GROCERIES, ETC.

--	--	--	--	--

Strongly Disagree

Neutral

Strongly Agree

I USUALLY HAVE ENOUGH MONEY TO PAY FOR RENT AND OTHER BILLS:

--	--	--	--	--

Strongly Disagree

Neutral

Strongly Agree

I HAVE ENOUGH FOOD FOR ME AND MY FAMILY:

--	--	--	--	--

Strongly Disagree

Neutral

Strongly Agree

MY MEDICATION COVERAGE FULLY MEETS MY NEEDS:

--	--	--	--	--

Strongly Disagree

Neutral

Strongly Agree

IS THERE ANYTHING ELSE YOUR CARE TEAM SHOULD KNOW ABOUT YOU?



--



What to look for in shared-care decision making

In an ideal health care partnership, it's a two-way street where you and your care providers collaborate for your well-being. They empower, support and guide you, clarifying options, respecting your preferences and assisting in decisions aligned with your best interests. Likewise, it's important for you to communicate openly and follow the treatment plan your care provider(s) create for you.

Questions to ask your care provider



You may want to ask these questions to feel informed, safe and comfortable.

 ***“Is your clinic/organization a welcoming space for people living with HIV? What makes it safe and welcoming?”***

 ***“How do you plan to include me in decision-making about my treatment and care?”***

 ***“How will you support me in achieving my health-related goals?”***

 ***“Do you have clients who are trans, nonbinary or gender diverse? How comfortable are you with providing care to them?”***

 ***“Have you prescribed gender-affirming hormone therapy before?”***



For more example questions, scan the QR code and refer to page 3 of *Women-Centred HIV Care: Information for Women (Women's Toolkit)*.

Section B:

Trauma- and Violence-Aware Care

- 👁 If you have experienced trauma or violence, you are not alone. You have the right to care provider(s) who understand and keep this in mind when providing care to you, as trauma can affect people in unexpected ways; this is called trauma- and violence-aware care.

TRAUMA is a response to an event or circumstance resulting in physical harm, emotional harm or life-threatening harm. The event or circumstance has lasting adverse effects on the individual's mental health, physical health, emotional health, social well-being and/or spiritual well-being.

VIOLENCE encompasses the deliberate use of force or power, either threatened or actual, against oneself, others, or witnessing it happen to someone else. This can take various forms, including physical, emotional, verbal, sexual, controlling or financial harm.



iHEAL app

Your safety and well-being matter. **If you are experiencing violence, know that you are not alone—help is available to support you in staying safe and cared for.** Scan the QR code to discover the **iHEAL app**. This resource is here for you, offering personalized support to help women who have experienced abuse from a current or past partner find ways to stay safe and thrive.

Talking about trauma- and violence-aware care with your care provider(s)



“I have faced trauma and violence that have affected my health. While I am not ready to share all the details, I would like us to talk about how these experiences may be impacting my well-being.”

“I have been feeling unsafe at home. Could we talk about my situation for a few minutes in private?”

“Doing physical exams can make me feel uncomfortable because of experiences I have had in the past. Can you please make sure to tell me before you touch me, and why you need to?”

“I have heard about the Women Abuse Screening Tool. Could I fill that out and we can talk about my answers together?”



Woman Abuse
Screening Tool
(WAST)

“I would like to explore counselling/therapy/peer support. Can you please refer me?”

Coping with trauma

If you are ever feeling overwhelmed because of trauma, you can do a “**grounding exercise**” like the 5-4-3-2-1 method. Working backward from 5, use your senses to list things you notice around you – this clears the mind from racing thoughts and brings you back to the present moment.



5 List 5 things you can see



4 List 4 things you can touch from where you are



3 List 3 things you can hear



2 List 2 things you can smell



1 List 1 thing you can taste *(even if you can't taste it right now, you can imagine your favourite taste)*

WHAT ELSE MAKES YOU FEEL GROUNDED OR CALM?



See Section E: Mental and Emotional Health Care (page 37) and Section F: Peer Support (page 45) for more ways to cope with experiences of trauma and violence.

I have the right to be
heard and taken
seriously; my feelings
and needs
are valid.



Section C:

HIV Care

- 👁 The science behind HIV and all the terms may feel overwhelming. The most important thing to remember is science has come a long way and you can now live a long, healthy life with HIV.

Understanding HIV



HOW WOULD YOU RATE YOUR UNDERSTANDING OF HIV?

--	--	--	--	--

Low Understanding

Medium Understanding

High Understanding

**HOW WOULD YOU RATE YOUR UNDERSTANDING OF “U=U” -
UNDETECTABLE=UNTRANSMITTABLE?**

--	--	--	--	--

Low Understanding

Medium Understanding

High Understanding

**HOW WOULD YOU RATE YOUR UNDERSTANDING OF THE IMPORTANCE
OF NOT MISSING HIV MEDICATION DOSES?**

--	--	--	--	--

Low Understanding

Medium Understanding

High Understanding

Your HIV Health Log

Use this section
to record important
health data.



Viral Load

Viral load is the **amount of HIV in your blood**. HIV cannot be passed when the viral load is less than 200 copies/mL, but we know that less than 50 copies/mL is best for your own health.

Viral Load	Meaning
Less than 1,000 copies/mL	Low
Less than 200 copies/mL	Suppressed
Less than 50 copies/mL	Undetectable

VIRAL LOAD

DATE



CD4

CD4 count is the **number of a specific type of immune cell in your blood**. A CD4 count over 500 cells/mm3 is considered normal and is strong. A CD4 count of less than 200 cells/mm3 means you have a weaker immune system, and you may get sick from infections more easily.

CD4 COUNT	DATE
	

Combination Antiretroviral Therapy

Combination antiretroviral therapy (ART) is **a combination of medications that stop HIV from replicating in your body** and can come in pill(s) or injection.

So your provider can make sure you are on the right ART, you should let them know if you:

- have been diagnosed with other conditions or are taking other medications (including birth control)
- take over the counter or complementary medications, such as ibuprofen (e.g. Advil®), antacid (e.g. Tums®), vitamins or supplements
- take recreational substances (including cannabis)
- have trouble taking your medications on time or are often missing doses
- plan to become, may possibly become, or are, pregnant
- have trouble accessing or paying for your ART

Adherence (taking your ART as prescribed) is very important.

The medication can stop working if doses are missed because it allows the virus to change itself (i.e. mutate). That's a problem because the virus can become resistant to treatment and the ART drugs can stop working. Missing an occasional dose is not the end of the world, so don't panic. If you realize you missed a dose, take it as soon as possible, then take your next dose at the usual time. Do the best you can to get back on track.

Tips for remembering to take medication(s) every day:



Package your medications with labels for each day or ask your pharmacy to do this for you (they can make you something called a blister pack which has all your pills for each day separated into compartments)



Set up reminders on your phone to take your medication or to refill your prescriptions



Set up automatic refills and/or deliveries (if your pharmacy offers this)



Keep medication near something you use every day, like your toothbrush



Plan ahead and refill before you go on a trip

U=U Counselling



When you keep an undetectable viral load (by taking your ART on time and as directed), there is zero risk of transmitting the virus to someone else through sex (untransmittable). This is known as U=U.

If you have questions or think other people in your life may need to be tested, talk to your provider(s) using phrases listed on page 21.

If you inject drugs, it is important to use new equipment every time and to not share equipment. There are needle exchange programs that can help you get new needles and equipment.



For **more information on U=U**, check out the CATIE resource: The Power of Undetectable.

Disclosure

You do not need to tell everyone about your HIV status, but there are some situations where you are required to and others where you may want to. This section outlines times when the law requires you to disclose your status, times when you do not have to disclose your status and times when you may want to disclose your status.



You do not have to tell anyone how HIV was transmitted to you.

The law does **not require you to disclose your HIV status to:**

-  a sexual partner before sex, *if you wear a condom and have a low viral load* (less than 1,500 copies/ml)
-  close or casual contacts, family members or friends, teachers, sport coaches, roommates
-  your health care providers (with very rare exceptions)
-  your employer or professional organization (with some exceptions, such as certain health care jobs)

The law **does require you to disclose your HIV status to:**

-  a sexual partner, before sex, *if there is a realistic possibility of passing HIV to them**

If you feel safe, you may want to disclose your HIV status to:

-  health care providers, to help them provide you better care – for example, providers at walk-in clinics, emergency rooms and dentists
-  family members, friends and other contacts you trust, if it is important to you

** How the law is applied to HIV non-disclosure can vary, depending on where you live. Speak with a trusted service provider or legal clinic, to understand how the law may be applied in your area.*

A note on partner notification and privacy

After you are diagnosed, a public health or health care provider will ask you for the names of past sexual partners, so they can be informed that someone they have had sex with has been diagnosed with HIV. You will have the option to contact them yourself or to have them contacted for you. Although your name will not be disclosed, in some cases, a past sex partner may figure it out - for example, if they have only had sex with one person.



More information on when you are and are not required to disclose your HIV status.

Talking about HIV care with your care provider(s)



“Recently I have had a life change [fill in the blank with details]. Am I still OK to keep taking the ART I am prescribed or should I change to a different one?”

“I am interested in learning about injectable ART. Can we discuss if this is an option for me?”

“I have been experiencing these symptoms. Can these be a side effect of my medication?”

“I am having trouble paying for my medication. Who should I talk to about that?”

“Lately I have been missing doses of my ART. Can we come up with a solution together?”

“Based on my (age/lifestyle/experience I have recently had), I think I should be tested for (insert condition). Could we schedule that?”

Possible conditions include cardiovascular disease, high blood pressure, diabetes. For a full list of other conditions and screening tests scan the QR code and scroll to page 13.



Women's
Toolkit

“Can you help me arrange an HIV test for my partner?”

“Can you help me explain HIV and U=U to my partner?”

“As I am getting older, I am noticing changes with my (balance, mobility, memory) and I thought I should let you know.”

Vaccines for People Living with HIV

Vaccines can help protect you from getting the infections listed here. Some vaccines need more than one dose over a few appointments and some need to be repeated. There are a few ways to know which vaccines you've had.

You could ask your care provider or check your health records online if that is an option where you live.



This list aims to be as thorough and up-to-date as possible; however, vaccine recommendations change frequently. Talk to your care provider about which vaccines or booster shots you need.



For the most up-to-date vaccine recommendations, visit this website.

Vaccine	Tracker (date of vaccination)	Recommended
☐ Flu (influenza)*	Year(s):	For everyone annually
☐ Hepatitis A	Immunity status check: Dose 1: Dose 2:	For everyone
☐ Hepatitis B	Immunity status check: Dose 1: Dose 2: Dose 3: Dose 4 (if needed): Dose 5 (if needed):	For everyone
☐ Hib (haemophilus influenzae type b)	Dose 1:	Varies by region
☐ HPV (human papillomavirus)	Dose 1: Dose 2: Dose 3:	For everyone between the ages of 10 and 45
☐ MMR (measles-mumps-rubella)**	Dose 1: Dose 2:	For everyone

Vaccine	Tracker (date of vaccination)	Recommended
☐ Meningitis (<i>meningococcal conjugate</i>)	Dose 1: Dose 2: Date(s) of repeated vaccines:	For everyone, every 5 years
☐ Shingles (<i>herpes zoster</i>)*	Dose 1: Dose 2:	For people over 50
☐ Pneumococcal infection (<i>pneumococcal 20- or 21- valent conjugate</i>)	Dose 1:	For everyone who hasn't had all their pneumococcal vaccines
☐ Tetanus, diphtheria, pertussis (<i>whooping cough</i>), polio	Dose 1: TD Booster(s):	For everyone, booster every 10 years, during each pregnancy
☐ Chicken pox (<i>varicella zoster</i>)**	Dose 1: Dose 2:	For those who are not immune
☐ Travel vaccines	☐ Cholera/Travellers' diarrhea: ☐ Japanese encephalitis: ☐ Tick-borne encephalitis: ☐ Meningitis: ☐ Rabies: ☐ Typhoid*: ☐ Yellow fever**:	Depending on travel plans
☐ COVID-19 Vaccines	Dose 1: Dose 2: Other dose(s):	For everyone
☐ Mpox Vaccine**	Dose 1: Dose 2:	For those at risk
☐ RSV Vaccine	Dose 1:	Varies by region

* Only the inactivated (not live) vaccine can be given to people with CD4 counts < 200 cells/ μ L

** Cannot be given to people with CD4 counts < 200 cells/ μ L

Medical Conditions Related to HIV

Some medical conditions are more common with HIV (e.g. cardiovascular events, bone mineral loss, cervical dysplasia). It is important to have regular testing for these conditions for early detection and treatment.



For a **list of medical conditions** to consider and their tests and treatment, scan the QR code and scroll to pages 13 to 14 of the Women's Toolkit.

Cervical Cancer

One condition that is very important for people with HIV with a cervix to monitor is cervical dysplasia (abnormal changes in cervical cells) and cervical cancer. They are more common in people with HIV. The ongoing monitoring is usually done with a Pap test and the frequency of testing can vary by region.

Keep track of your Pap tests here:

PAP TEST DATE

RESULT



PAP TEST DATE

RESULT

PAP TEST DATE

RESULT

PAP TEST DATE

RESULT

Your General Physical Health

Use this section to consider your health overall.



HOW WOULD YOU DESCRIBE YOUR PHYSICAL HEALTH IN 5 WORDS?

DO YOU HAVE ANY GOALS RELATED TO DIET, EXERCISE, SLEEP, SUBSTANCE USE OR WEIGHT THAT YOU WANT TO DISCUSS WITH YOUR CARE PROVIDER(S)?

WHAT ARE TYPES OF PHYSICAL MOVEMENT YOU ENJOY? (e.g. biking, walking, dance)

WHAT ARE GO-TO, READY-TO COOK, HEALTHY MEALS YOU ENJOY?



Staying Healthy and Strong While Aging

As you age with HIV, small steps can make a big difference in staying healthy and strong:

- **Medications:** Regularly review your medications with your care provider to explore new options and avoid side effects or interactions.
- **Bone Health:** Keep your bones strong with weight-bearing exercise and foods rich in calcium and by taking vitamin D supplements.
- **Heart and Brain Health:** Stay active, eat a balanced diet and challenge your mind with puzzles or hobbies to support heart and brain health.
- **Social Connections:** Build and maintain meaningful relationships—they're vital for your mental and emotional well-being.
- **Preventive Care:** Keep up with regular check-ups, screenings and vaccinations to stay ahead of health challenges.
- **Cancer Screening:** Start breast and colon cancer screening based on your age and risk.

You're not alone in this journey—these small steps can help you age with strength and confidence.

**WHAT IS IMPORTANT TO ME FOR
“SUCCESSFUL AGING”?** *(e.g. feeling healthy
enough to spend time with loved ones):*



Learn more about **how to age well with HIV, with personalized tips, recommended screenings and care options** to support your health and happiness.

Section D:

Women's Health Care

👁️ Women's health care is a growing field. This section will help you communicate your wants and needs related to your sexual and reproductive health care. We focus specifically on sexual and reproductive health care because these are often reported as conversations that are hard to have with care providers.

Sex, sexuality and gender



You have the right to the sex life you want (including the choice to not have sex) and to care provider(s) who support your choices.



To read more about **sexuality, relationships and sexual pleasure for women**, visit sexandu.ca

If you feel comfortable, telling your care provider(s) about your sexual orientation, gender identity and expression can help them provide you with better care.

Your Sex Life/History

Use this section to talk to your care providers about your sex life.

Fill out or talk through the 8P questionnaire below with your care provider(s). This will give them information about your sex life and history. Make sure to let your care provider(s) know if any of your answers change over time. Before beginning the questionnaire, it is important to know that one of the Ps is about violence.

1 Preferences

**WHAT WORDS DO YOU USE TO REFER TO YOUR BODY/GENITALS?
ARE THERE ANY TERMS YOU DON'T LIKE?**

ARE YOU CURRENTLY SEXUALLY ACTIVE?

WHAT KINDS OF SEX DO YOU ENGAGE IN?

2 Partners

ARE YOU DATING AND/OR SEXUALLY ACTIVE WITH ONE PARTNER OR MORE THAN ONE?

HOW WOULD YOUR PARTNER(S) IDENTIFY THEIR GENDER?

IN THE LAST 6 MONTHS, HOW MANY SEXUAL PARTNERS HAVE YOU HAD?

3 Practices

WHAT PARTS OF YOUR BODY ARE INVOLVED WHEN YOU HAVE SEX? DO YOU USE TOYS WITH YOUR GENITALS OR ANUS, OR DO YOU USE THEM ON YOUR PARTNER(S)?

4 Pleasure

DO YOU FEEL YOU ARE ABLE TO BECOME PHYSICALLY AROUSED DURING SEX?

DO YOU HAVE ANY PAIN OR DISCOMFORT DURING OR AFTER SEX?

IS SEX FUN?

ARE YOU HAVING SEX FOR PLEASURE OR ARE THERE OTHER REASONS?

(e.g. survival sex/transactional sex)

5 Partner Violence

HAS ANYONE EVER FORCED OR COMPELLED YOU TO DO ANYTHING SEXUALLY THAT YOU DID NOT WANT TO DO?

If your answer is yes, consider referring to “Section B: Trauma- and Violence-Aware Care” (page 11).

6 Pregnancy Intention

ARE YOU INTENDING TO BECOME PREGNANT OR PARENT IN THE FUTURE?

See “Reproductive Health” (page 31).

7 Protection from sexually transmitted infections (STIs)

DO YOU PRACTISE SAFER SEX? HOW OFTEN?

HOW DO YOU PRACTISE SAFER SEX?

(e.g. condoms, dental dams, your partner is on HIV PrEP)

HAVE YOU EVER BEEN TESTED FOR STIs? WOULD YOU LIKE TO BE TESTED?

8 Past history of STIs

**HAVE YOU BEEN DIAGNOSED WITH AN STI IN THE PAST?
WHEN? DID YOU GET TREATMENT?**

HAVE YOU HAD ANY SYMPTOMS THAT KEEP COMING BACK?

(e.g. like with herpes)



Scan this QR code
to **find STI testing
services near you.**

Reproductive Health

You have the right to know about your reproductive and birth control options. You and/or your partner(s) can become pregnant without passing on HIV to each other and your children if your viral load is undetectable or low (remember U=U).

Pregnancy and Parenting

Family-building choices are personal and vary for everyone. If pregnancy is being considered, it is recommended you take ART and keep a suppressed viral load for 3-6 months before trying to conceive. Also, starting at least 0.4 mg of folic acid daily 2 to 3 months before pregnancy is important for supporting healthy neural tube growth in your baby. **Breast- or chest-feeding** may be an option. If you decide to breast- or chest-feed your baby, it is important to work with a knowledgeable care team who can monitor your health and support you and your baby.

OPTIONS TO CONCEIVE INCLUDE:

- **Condomless sex**
- **Home sperm insemination with a needleless syringe**
- **Clinic-based fertility options** (e.g. sperm washing, intrauterine insemination, in vitro fertilization, sperm or egg donation)

Ovulation occurs when an egg is released during the menstrual cycle. If you want to conceive a pregnancy, you can increase your chances by either planning to have sex timed with ovulation OR you can have sex every few days throughout the whole month.



Interested in parenting but not in pregnancy options? Surrogacy, adoption or fostering children may be of interest!



Scan the QR code for simple, helpful information to guide and support you as you explore your parenting journey.

Birth Control

As a person living with HIV you can safely use any form of birth control (also known as contraceptive methods) but there are some things to consider when choosing a method, including personal needs or desires and potential drug-drug interactions. For instance, HIV medication may make some contraceptives less effective, meaning you may be more likely to get pregnant.

Contraception methods include:

- **Barrier methods** (internal/external condoms) – these are the only contraceptive methods that also reduce the risk of HIV and/or STI transmission
- **Intrauterine devices** (IUD, a hormonal IUD or copper IUD is inserted by a provider through the vagina). The hormonal IUD is the recommended contraceptive by experts in Canada
- **Daily-use oral hormonal contraceptives** (birth control pills)
- **Hormonal contraceptive patch** (worn on skin)
- **Hormonal contraceptive ring** (inserted into vagina)
- **Hormonal contraceptive implants** (Nexplanon, inserted in upper arm by a provider)
- **Quarterly hormonal contraceptive injection** (Depo-Provera, or DMPA, injected in butt or upper arm by a provider)



Visit this website to read more about the **pros and cons** of each method.



Menstruation

Menstruation (your period) is not often talked about, but it can tell you and your care provider(s) a lot about your reproductive health. Research has shown that women living with HIV more commonly have menstrual irregularities. If this is an issue for you, consider talking to your care provider(s) about it. Fill out the box below and show to your care provider(s) as a starting point.

HOW WOULD YOU DESCRIBE YOUR PERIOD?



There are usually days between my periods (bleeding).

Bleeding usually lasts .

- ☐ I have bleeding between expected periods.
- ☐ I have painful periods.
- ☐ I have heavy bleeding.
- ☐ My periods have recently changed in length, amount of bleeding or something else.
- ☐ I have no period (not related to menopause).

Menopause

You should begin talking about menopause with your care provider(s) around age 40, and you may notice symptoms around or after then. Menopause is when a person has no period for over 12 months. Perimenopause can start 8 years before and have similar symptoms. There are several ways to manage your menopause symptoms, including medications and lifestyle changes.

There are 2 types of menopause medications:

- **Menopause hormone replacement therapy** (medication that replaces the estrogen that your ovaries stop making during menopause to help reduce menopause symptoms; can take the form of creams, pills or patches - if one has a uterus, progestin has to be also taken to prevent uterine cancer).
- **Non-hormonal medication to help with symptoms** (medication that does not contain hormones but can help with symptoms; usually oral pills).

Lifestyle changes that can help reduce symptoms:

- Dressing in layers
- Drinking cold drinks
- Meditating or doing mindfulness activities
- Exercising
- Quitting smoking and/or reducing alcohol intake
- Using lubricants during sexual activities



For in-depth information around menopause for women living with HIV, scan the QR code here.



*Menopoz
and You*

Talking about women's health care with your care provider(s)



-  *"I am hoping we can talk about birth control today."*
-  *"I have had changes to my sex life/history. I filled out this questionnaire (on page 28). Can you take a look at the results?"*
-  *"I am interested in getting pregnant. What should I do to prepare?"*
-  *"I recently found out I am pregnant. I am feeling (insert feelings) and have questions about (insert questions/concerns). Can we create a pregnancy plan together?"*
-  *"Based on my age/symptoms, I was hoping we could talk about menopause today."*
-  *"I am interested in learning about (hormone therapy/non-hormone therapy/lifestyle changes) to manage my menopause symptoms."*
-  *"I am interested in gender-affirming care and transitioning. Can you help me with that? Do you know about these trans care training resources?"*



See these trans care training resources.

Other Notes

[illegible]

Section E:

Mental and Emotional Health Care

- 👁 Having good mental and emotional health is important for everybody. Just like you need to exercise to stay physically healthy, it is equally important to put effort into maintaining good mental health. Like all aspects of health, mental health needs may change at different times in your life.

Common Mental Health Conditions

The most common mental health conditions include: depression, generalized anxiety disorder, panic disorder, post-traumatic stress disorder and substance use disorder.



*For **full definitions and symptoms**, see the **Women's Toolkit**, page 22.*

How do you know if you have a mental or emotional health condition?

Everyone has feelings of sadness and stress throughout their life. If these feelings affect how you function at work, school, home, in social settings or other ways, you may be experiencing a mental or emotional health condition. **If you need a little extra help, your care provider has options** including screening for mental health conditions, brief counselling and treatment, referrals for other counselling options, medications, and more. You do not have to manage this on your own.

Talking about mental health with your care provider(s)



“I am not feeling my best mentally lately. Some things impacting my mental health are (fill in the blank from below). Are there mental health tests I could do to get some answers and make a plan, or services I could access to get support?”

Examples: HIV stigma, access to food, current living environment, family, friends, other loved ones, job/workplace, weight/body image, physical pain/health, finances

“I am having a hard time prioritizing my self-care. Do you have any advice on what I should do?”

“I think I would like to speak to a mental health professional. Can you please refer me to a psychiatrist, psychologist, or psychotherapist? Can you tell me what costs and wait times will be associated with that referral?”

“Are there any free mental health services/psychotherapy for people living with HIV that you can refer me to?”

“This website has a list of resources for trans care training. Could we look at it together?”



See these trans care training resources.

Your Mental Health & Emotional Health Care

HOW COMFORTABLE DO YOU FEEL DISCUSSING YOUR MENTAL HEALTH WITH YOUR CARE PROVIDER(S)?

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Not At All Comfortable

Somewhat Comfortable

Very Comfortable

WHAT FACTORS AFFECT THIS? (e.g. upbringing, values, religion, shyness)

WHEN YOU THINK OF YOUR MENTAL HEALTH, WHAT ARE 3 WORDS THAT COME TO MIND?

WHAT TYPES OF ACTIVITIES “EMPTY YOUR CUP” OR MAKE YOU FEEL TIRED, DRAINED OR MENTALLY UNWELL?

WHAT TYPES OF ACTIVITIES “FILL YOUR CUP” OR MAKE YOU FEEL REFRESHED AND HAPPY? (e.g. going for a walk, music, a podcast, a personal hobby, reading, etc.)

Mental Health Strategies

These are some strategies you may want to try to keep you mentally healthy. Fill in the chart to start a discussion with your care provider(s) about how to make these things more accessible to you.

STRATEGY	Do I use this strategy?	Notes from talking to my provider
Get your basic needs met <i>(safe, secure and affordable housing, food, financial assistance, employment services, child/elder care)</i>	☐ Yes, I do this ☐ No, I need help to do this	
Exercise regularly <i>(This can look different for everyone. A good goal is to move your body in a way that feels good every day!)</i>	☐ Yes, I do this ☐ No, I need help to do this	
Get enough sleep	☐ Yes, I do this ☐ No, I need help to do this	
Practise mindfulness	☐ Yes, I do this ☐ No, I need help to do this	
Reach out to others for support/company	☐ Yes, I do this ☐ No, I need help to do this	
Find and join organizations or communities that you identify with	☐ Yes, I do this ☐ No, I need help to do this	
Reduce substance use <i>(including alcohol)</i>	☐ Yes, I do this ☐ No, I need help to do this	

Substance Use

What is substance use?

Substance use can mean different things to different people. It exists on a spectrum – **from occasional use to patterns that can negatively impact your life.**

Substance use can develop into addiction, sometimes without you even realizing it. Certain substances can interfere with ART or lead to missed doses, making it harder to maintain an undetectable viral load.

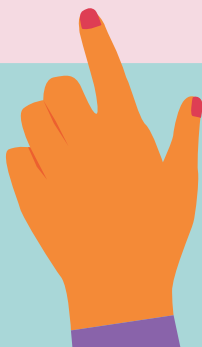
Whether you're looking to use substances more safely, work toward stopping all together, or support loved ones who use, education, support and harm reduction strategies can help.

What is harm reduction?

Harm reduction is a **set of practical strategies aimed at minimizing harms associated with substance use**, grounded in respect for the rights and dignity of people who use substances.

Examples of harm reduction programs include:

- Opioid agonist therapy (e.g. methadone or suboxone)
- Supervised consumption sites/safe injection sites
- Naloxone distribution and overdose education
- Safer use equipment distribution (e.g. syringes, pipes and other supplies)



Getting Help with Substance Use

Asking for help isn't easy. Be patient and kind to yourself as you navigate your options.

Not sure if you need help for your substance use? These two quick **screening questions** can help you communicate with your care provider to determine your needs and next steps:

HOW MANY TIMES IN THE PAST YEAR HAVE YOU USED AN ILLEGAL DRUG OR USED A PRESCRIPTION MEDICATION FOR NONMEDICAL REASONS? *(e.g. because of the feeling it caused)*



HOW MANY TIMES IN THE PAST YEAR HAVE YOU HAD 4 OR MORE DRINKS IN A DAY?

You can bring your answers to your next appointment. Based on your responses, your care provider may suggest more screening.



You can also try these **substance use screening tools** with a care provider.

Talking about substance use with your care provider(s)



 *"I'm thinking about making a change and getting help for my drug or alcohol use. I'd like to hear your suggestions on treatment options and what support is out there."*

 *"I'm not ready to stop using, but I want to reduce the risks. Are there any harm reduction services you can recommend?"*



Other Ways to Get Help

Detox, rapid access addiction medicine (RAAM) clinics, substance use clinics, rehab treatment programs, harm reduction services:



Find resources for **substance use, overdose prevention and quitting smoking** across Canada.



Learn how to **recognize and respond to an opioid poisoning**.



***For an emergency,
call 911.***

***For support
services, call 211.***

Other Notes

This image shows a single sheet of white paper with horizontal blue lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Section F:

Peer Support, Leadership and Capacity Building

👁️ “Peer” is a term the HIV community uses, meaning another person living with HIV to whom you may relate. Some people do not like this term because it can disclose HIV status to others. It is used throughout this section, but it can be changed with “community member” or “friend” if you feel more comfortable with that.

Peer Support Roles

Peer Support can be emotional, cultural and social. It can involve peers sharing information, providing mutual social support and helping each other feel empowered.

Peer Navigators provide guidance, connection, referrals, education and can accompany you through the health care system. Sometimes peer navigators are people living with HIV and sometimes they are not. This is important to consider before accessing peer navigation – you may need to disclose your status to them.

Talking about peer support with your care provider(s)



 *“Can you connect me with someone at the local HIV service organization for peer support?”*

 *“Are there any peer navigator programs that you know of? Can you help me access them?”*

 *“I have heard of some peer leadership and capacity building opportunities. Do you know of any that you can refer me to?”*



To find **support services** near you,
visit whereto.catie.ca



Deciding what peer support is right for you



It is okay if you do not want to take part in peer support - just remember it is always an option if you want it at another time. If you are interested in peer support, reflecting on the questions below may help you decide what kind of peer support is right for you.

WHAT TYPE OF PEER SUPPORT INTERESTS YOU?



In person: one-on-one, in groups



Virtually: one-on-one, through text, online group

WHAT DOES YOUR IDEAL “PEER SUPPORT” LOOK LIKE?

(e.g. is it important that the person(s) offering you peer support share/doesn't share the same gender identity/ethnicity/age/religion/etc. as you?)

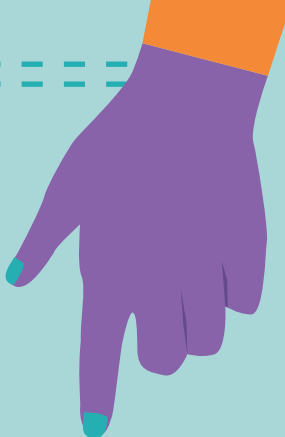


If you are **interested in peer leadership or capacity building opportunities**, scan the QR code for free leadership training.



Positive
Leadership
Development
Institute

You have reached the end of the pocketbook!



You can use the prompts on the next few pages to reflect on your care experiences and goals for the future.

**How can you advocate for yourself and communicate your needs more effectively during medical appointments?
What might you still need to be able to do this?**

Are there any aspects of your health or health care that you feel more confident about now compared to when you started this journey? What contributed to this increased confidence?

*Celebrate your
achievements, no
matter how small they
may seem.*

What are you most proud of when it comes to your health care journey?

In what ways do you envision your relationship with your care provider(s) improving in the future? What steps can you take to make this vision a reality?

What are some health goals you would like to achieve in the next six months? What steps can you take with and/or without your care provider(s) to achieve them?



We hope this pocketbook has been helpful to you!

If you are **interested in getting involved in future work** with the team that developed the pocketbook, please scan the QR code to contact our team at the WCHC Hub.



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