



A WOMAN'S GUIDE:

Taking Care of Our Sexual Reproductive
Health & Rights



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The inclusion of URL (universal resource locator) to expand research on each topic is intended to increase research capabilities, while learning and applying the information to decision making and helping others to do the same.

Most importantly, we say special thanks to the women living with HIV who, through their willing participation and frank discussions, have informed the Community EmpowHer Mentors Project.

List of Acronyms

4M	My Health, My Choice, My Child, My Life
ARV	Antiretroviral Viral (medication)
CDC	Centres for Disease Control
CEM	Community EmpowHer Mentors
GBV	Gender-based Violence
HIV	Human Immunodeficiency Virus
IPV	Intimate Partner Violence
IUD	Intrauterine Device
JCW+	Jamaica Community of Positive Women
JN+	Jamaican Network of Seropositives
MOHW	Ministry of Health and Wellness
NFPB	National Family Planning Board
PHDP	Positive Health Dignity and Prevention

PrEP	Pre-Exposure Prophylaxis
SRHR	Sexual Reproductive Health and Rights
STI	Sexually Transmitted Infections
U=U	Undetectable equals Untransmittable
UNFPA	United Nations Population Fund
URL-	universal resource locator- <i>web page address</i> .
VL	Viral Load
WHO	World Health Organization

*A HOW TO USE URL FOR RESEARCH
A GUIDE FOR COMMUNITY EMPOWER
MENTORS (CEMS)*

Introduction

Community EmpowHer Mentors (CEMs) Project is a Jamaica Community of Positive Women (JCW+) intervention implemented in collaboration with the Ministry of Health and Wellness (MOHW), United Nations Population Fund (UNFPA) and UNAIDS. Its main aim is to contribute to the elimination of mother-to-child transmission of HIV through gender-sensitive, rights-based, peer and community-led responses.

The Community EmpowHer Mentor is a woman living with HIV who uses her knowledge and skills on HIV, Sexual Reproductive Health and Rights to provide peer education to other women living with HIV regarding issues along the continuum of sexual and reproductive health. The information she shares is garnered from current, accurate and reliable sources of information and is in keeping with local and international best practices.

For the purpose of this research guide the reliable sources will include, but are not limited to, guidance documents from recognised entities such as the Ministry of Health and Wellness (MOHW), The National Family Planning Board (NFPB), UNAIDS, the United Nations Population Fund

(UNFPA), The World Health Organization (WHO) and Salamander Trust. We can rely on them to update information as new data becomes available.

In this booklet we also draw on 2 main resources developed by community led organization the 4M Training Manual Volumes 1 and 2 and the Positive Health Dignity and Prevention (PHDP) Curriculum.

The 4M Manual was developed by women living with HIV to be used by other women living with HIV. Its aim is to train mentor mothers (more experienced women) to train other less experienced women living with HIV particularly as it relates to the pregnancy journey for women who are pregnant, want to become pregnant or recently had a baby. We also draw on the Positive, Health Dignity and Prevention (PHDP) Curriculum which was developed by persons living with HIV in Jamaica. The PHDP Curriculum is aimed at promoting leadership among persons living with HIV by strengthening their capacity to lead. It takes into account dignity and well-being of the whole person.

Every woman has the right to a healthy and satisfying sex life and enjoy safe motherhood if she so chooses. And if she chooses to have a baby, she should also be able to

access the best support services to help achieve the best outcome for herself and her baby.

This research guide will assist Community EmpowHer Mentors (CEMs) to improve their understanding of issues related to women's sexual and reproductive health and sexual reproductive health rights. The guide points users to reliable sources of sexual reproductive health and rights information on topics including linkage and retention into the elimination of vertical transmission cascade – testing, counselling, retention in care, adherence to HIV treatment, viral suppression, STI testing and treatment; uptake of early and regular safe maternity services (antenatal care, delivery care including emergency obstetric and new-born care, postnatal care, and post-partum family planning); integrated family planning services; condom use; and gender-based violence (GBV) and the GBV referral pathway.

Having been trained, the CEM in turn, provides easy to understand, accurate and current information to other women living with HIV who would like to become pregnant, avoid pregnancy, are currently pregnant, or had a baby in the past 12 months.

1. The Power to Inspire

As a Mentor, you have the power to inspire! When speaking with your mentee every effort should be made to use supportive and encouraging language. Some quick tips to remember:

- ✓ Use positive and affirming words
- ✓ Do not be judgemental about her choices or circumstances
- ✓ Always ensure that the information you share is based on accurate and current information from reliable sources regardless of your personal views on the matter. Examples of reliable sources include, but are not limited to, the Ministry of Health and Wellness, the National family Planning Board, the World Health Organization, UNAIDS and UNFPA.
- ✓ Be sure to avoid words that are stigmatising
- ✓ Match your body language and tone with the words you say.
- ✓ Take the time to listen to both the spoken and unspoken clues your mentee provides so you will know how best to support her on her journey

The following documents provide more in-depth guidance

The [Language Matters](#) publication of the Canadian Public Health Association provides guiding principles for respectful language. It shows how to be thoughtful and respectful and inclusive in how we speak so that people are not turned off or hurt by the words we use. It encourages us to recognise that what is considered acceptable language changes over time and as such we must constantly be updating ourselves as the language changes.

Always focus first on the person not their circumstance or diagnosis. For example, rather than saying HIV positive woman, recognise that she is first a woman who also happens to have been diagnosed with HIV. Therefore, her needs as a woman are still valid and are to be respected and facilitated regardless of her HIV diagnosis. The document goes on to give several examples of commonly used words and phrases that are best to avoid and why to avoid them along with recommendations for alternatives.

The [Salamander Trust's Power of Language](#) explains that the words we choose to use can affect the mind and body. Some words can have a negative effect while others motivate and inspire. The article encourages the use of language that is "positive, affirming, solution-focused,

forward- thinking and which builds on the active agency of those involved¹". It also provides links to a wealth of other resources which can help you learn and use preferred language for more empowering conversations.

[Module 9 of the PHDP Curriculum](#) helps us to understand stigma and discrimination. [Pages 228-229](#) along with the accompanying power point presentation [Breaking the Cycle of Stigma and Discrimination](#) explain what are stigma, internal stigma and discrimination and how they can affect people. Stigma is the negative belief or thought we assign to a person or group of persons based on some pre-conceived ideas about a particular attribute we associate with them. It shows how the words we use can be stigmatising and negatively affect how people feel about themselves and how such feelings can prevent persons from feeling safe enough to access necessary services.

The sooner we change the narrative and build greater self-acceptance, the easier it becomes to live our best life!

¹ Power of Language, Salamander Trust 2019

2. Sharing One's HIV Status – Who Needs to Know

As social beings, humans need healthy, trusting relationships through which they can form strong support systems. A strong support system has many benefits. These include higher levels of well-being, better coping skills, reduced stress and anxiety as well as reduced likelihood of depression.

Informing one's sexual partner, supportive and trusted family member(s), and/or personal friends about one's HIV status is strongly encouraged if it is safe to do so. In the case of pregnancy, it is recommended to have the full involvement of the father, if possible. However, a woman's decision to share her HIV status is a highly personal one which she must carefully consider. She must realize that it is a part of her personal power to be the one who shares this information with those who she feels need to know. She should not feel forced or pressured into sharing with anyone. She can be supported to evaluate her relationships and freely decide when and with whom she can safely share her status.

[Module 7](#) of the PHDP Curriculum provides an in-depth discussion about sharing one's HIV status under different circumstances and to different audiences including sexual

partners, family members, children and others. It also provides a range of tools and activities that can be used in peer conversations. The Module encourages that in sharing you ask yourself the 5 W's - Who What Where When and Why.

- Who: Who do you need to tell?
- What: What do you want to tell the person about your HIV status, and what are you expecting from the person(s) with whom you are sharing your HIV status?
- When: When should you tell them?
- Where: Where is the best place to have this conversation?
- Why: Why are you telling them?

Although Module 7 does not mention this, also consider how you will raise the topic, have the conversation and the possible outcomes. Make a list of the pros and cons of sharing and the impact of the possible outcomes.

The World Health Organization Consolidated Guidelines on Sexual Reproductive Health and Rights recommends that healthcare providers who are supporting women to share their status with their partner recognise the fear that many women have of intimate partner violence (IPV) that

may be associated with sharing their status with their partner. It also recommends that IPV screening and the necessary support services are provided including referral if IPV is already occurring or threatened.

While it also suggests that HIV status be shared with school aged children (their own and or parents') it recommends that this be done gradually based on the child's maturity and level of understanding.

If you are having difficulties with sharing HIV status in your own life this process of helping others may be difficult. Please ask for additional assistance. Support can be sought from the social worker at the treatment site or another member of the care team you feel comfortable asking for support. You may also seek support from a trained and empowered peer from JCW+ or the Jamaican Network of Seropositives (JN+) who can assist you. Understanding gender-based violence (GBV) and intimate partner violence (IPV) may be necessary at this stage. Information on this can be found in the next chapter.

3. Gender-based and Intimate Partner Violence

Violence in any form can be disruptive, expensive and destructive. One form of violence that has a significant impact on women is gender-based violence (GBV). Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty.”² In Jamaica, most violence towards women is done by an intimate partner or ex-partner. This is referred to as intimate partner violence (IPV).

Much of IPV is rooted in an unequal balance of power in the relationship where the abuser feels entitled to exert power over his or her partner. IPV has devastating effects on women and can take many forms such as physical

² Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action. Accessed at https://interagencystandingcommittee.org/system/files/2015-iasc-gender-based-violence-guidelines_lo-res.pdf

abuse (hitting, slapping, punching, shoving, etc) and assault, sexual abuse, emotional and verbal abuse, psychological abuse and isolation, economic or financial abuse as well as controlling behaviours. In addition, women living with HIV may face violence related to sharing of their HIV status, their desire to use contraceptives, or desire to exit a relationship, and a range of other issues.

IPV can impact her on many levels including physical and emotional harm, broken self-esteem and confidence, exposure to sexually transmitted infections (STI), miscarriages to name a few. It also impacts her children who must often hear and see the violence and often experience it as well.

The World Health Organization's Consolidated Guidelines on Sexual Reproductive Health and Rights strongly recommend that GBV and IPV screening be integrated into all HIV services so that women who report any form of violence can receive the necessary support interventions inclusive of counselling and referral services.

The Ministry of Health and Wellness (MOHW) does routinely offer screening services and through the care team- psychologist, social worker and others – and

provides interventions for women at risk for IPV. Based on need, such interventions may include medical care, counselling, empowerment training, referral for investigation and legal support, child protection services, social protection services as well as community care services. In addition, there are [several other agencies](#) that will provide safe spaces, legal, medical, and counselling services. The Jamaica Constabulary Force has ten (10) [Domestic Violence Intervention Centres](#) specially equipped to offer private, supportive spaces for individuals to seek help before situations escalate into violence.

You can learn more about GBV in Jamaica in the [National Strategic Action Plan to Eliminate Gender-Based Violence in Jamaica](#).

The World Health Organization's [Understanding and Addressing Violence Against Women](#) also gives further details about IPV.

4. Sexual and Reproductive Health, Family Planning and Rights.

A good understanding of human rights is necessary for persons who intend to help others understand their personal rights and responsibilities. Rights are for everyone and are not determined by any special virtue that anyone has. The Facilitators Notes of Module 13 in the PHDP Curriculum explains HIV and Human Rights in greater detail.

Every woman has the right to enjoy good sexual and reproductive health regardless of her HIV status. UNFPA believes in the importance of bodily autonomy. Bodily autonomy means that we have the power and ability to make choices over our bodies and futures, without violence or pressure. This includes when, whether or with whom to have sex. It includes when, whether or with whom you want to become pregnant. It means the freedom to go to a doctor whenever you need one.

A woman has the right to control and decide freely on all matters related to her sexuality, reproduction, and gender. She has the right to:

- ✓ control her own body,

- ✓ decide if and with whom she will have sex
- ✓ negotiate safe sex
- ✓ decide whether she will have children, and if she does decide to have children, how many she will have, and how far apart
- ✓ choose the most optimal contraceptive methods
- ✓ freedom from gender based and intimate partner violence.
- ✓ A safe and satisfying sexual life

She must be empowered to make wise choices for her life. This can be achieved by having access to accurate information and support services to help her make the best choices **for her**.

The [World Health Organization's Consolidated Guidelines on Sexual and Reproductive Health for Women Living with HIV](#) provides a range of recommendations geared towards creating an enabling environment to help women access these rights. These recommendations cover adolescence through to the golden years.

The MOHW policies currently recognises and implements the recommendation regarding the integration of

sexual reproductive health services with HIV services. This should include adolescent friendly services, provision of antiretroviral therapy for women living with HIV who are pregnant, plan to be pregnant or recently had a baby as well as babies born to women living with HIV. It also includes protection from violence and promoting safety as discussed in the previous chapter.

At an individual level [Module 3](#) of the PHDP curriculum on Sexual Health is very useful particularly pages 73-75 on Circles of Sexuality and 76 – 79 on Negotiating Safe Sex.

The Salamander Trust's publication, [Building a Safe House on Firm Ground](#) provides key findings from a global survey on SRH and human rights of women living with HIV. This global survey identifies the issues that must be addressed to ensure the SRHR of women living with HIV. These issues include respect for women's sexual and reproductive health and rights, protection from violence and abuse, access to social justice and protective laws, among others. The image below illustrates the pillars of the "safe house."



Figure 1: Safehouse for achieving sexual reproductive health for women living with HIV, [Building a Safehouse on Firm Ground Salamander Trust \(2014\)](#).

Taking care of your reproductive health includes regular gynaecological care. More information on what to expect during a [gynaecological visit is available here](#).

5. Promoting Good Maternal and Child Health

Every woman has a right to good maternal health and well-being. This includes every aspect of her reproductive journey from pre-conception, through pregnancy, childbirth, and childcare. When women enjoy good maternal health, it reduces the likelihood of maternal illness and death and improves outcomes for her and her baby.

Many incidences of maternal and infant illnesses and deaths are preventable with timely management by a skilled health professional working in a supportive environment. Therefore, accessing the services of a qualified health professional before, during and after pregnancy is essential. This can be for pre and post pregnancy family planning interventions, basic and emergency antenatal care, delivery, and new-born care. Good health of a mother increases the chances of a healthy baby. There are many factors that may influence the health of the mother during pregnancy such as:

- The state of her health before pregnancy
- Financial resources
- Her age
- Nutrition

In addition, being virologically suppressed contributes to the health of both her and her baby. See discussion in Chapter 6. Other things that can affect mother and baby are outlined in the MOHW **Guidelines for Mothers in preventing the Transmission of HIV and Syphilis**. This document also briefly describes breastfeeding options and medications given to babies for the prevention of vertical transmission of HIV.

It is important to note that tubal ligation (tie-off) is not the only option available to women living with HIV who have had children. In fact, the World Health Organization's Consolidated Guidance on Sexual Reproductive Health and Rights does not support the routine offering of tubal ligation to women living with HIV. It recommends that women be counselled to using a dual protection method (i.e. condom along with an intrauterine device, injectable or pills) after pregnancy to prevent unplanned pregnancies and STIs. The World Health Organization's Reproductive Choices and Family Planning for People Living with HIV provides guidance to women on pages 11-14 on key things to consider before she becomes pregnant, whether she is sexually active or not. Also see page 35 for information regarding contraception after pregnancy.

[The Jamaica Family Planning Association](#) offers a wealth of information, counselling services and family planning services including easy access to contraceptive methods. [Visit their website](#) to access a range of simple brochures, videos and other resources addressing every aspect of the reproductive journey. Counselling services are also available at 876-948-9168.

Helpful and trustworthy pregnancy and parenting information for every stage of pregnancy and child development can also be gained from keeping your appointments and asking questions and voicing any concerns you may have to your health care providers.

In the unfortunate event that you or a woman you know has suffered the loss of a baby, help can be accessed from the social worker or a psychologist at your clinic. [This presentation](#) from the PHDP Curriculum provides some general information coping with grief. However, [page 25 of the 4M Training Manual Volume 1](#) provides links to websites and resource dedicated to supporting women living with HIV who have had a miscarriage.

6. Safe Pregnancy, Safe Delivery, Healthy Baby

A woman living with HIV can enjoy planning for a baby and have a safe pregnancy. It is her right to choose if she wishes to have a child. She can also protect her baby from HIV. There are services she can access before, during and after pregnancy to help ensure that her journey to motherhood is safe and healthy for both her, her partner and her baby.

Before getting pregnant the World Health Organization's [Reproductive Choices and Family Planning for People Living with HIV](#) recommends that a woman living with HIV plans her pregnancy. Planning helps to ensure that timing of the pregnancy is ideal for her and her partner. They can also seek counselling from the psycho-social team during this phase.

Issues to consider in planning the timing of her pregnancy include age, health, availability of a support system for taking care of the baby, financial resources, impact on other activities such as work or school.

Once she decides with her partner that the timing is ideal, she should also discuss with her doctor the best methods for reducing the risk of HIV transmission while trying to conceive. This might include encouraging her partner to take pre-exposure prophylaxis (PrEP) if she is in a sero-different relationship. She should also ensure her viral load is low. Take a look at this [U=U presentation](#) from the Jamaican Network of Seropositives to understand how taking ARVS as prescribed can help a person living with HIV have an undetectable viral load, which in turn virtually eliminates the risk of HIV transmission.

It can be useful to access psycho-social support during this planning phase.

If you or your mentee is considering getting pregnant, or are already pregnant, talk to a doctor about planning a safe pregnancy. Accessing the services and following the advice of a qualified health care provider before, during and after pregnancy provide both mother and baby with the best outcome.

Even if the pregnancy is unplanned, attending all antenatal and well-baby clinic appointments is best for both parents and baby. Remember every pregnancy is unique and so early access to antenatal care (as soon as she knows she is pregnant, usually at about six weeks) is essential even if it is not a first-time pregnancy. Another important reason to attend antenatal care is to monitor for potential risks and complications that may arise during pregnancy, which a doctor can help identify and manage early. For example, conditions like [gestational diabetes](#) can develop but can often be controlled with timely medical guidance. The [WHO has recommendations](#) on care for women who develop gestational diabetes. Here is a short video on [managing gestational diabetes](#) you can also watch to learn more.

Another very important step is getting on and staying on antiretroviral medications (ARVs) as this will reduce the amount of virus in the body. The lower the viral load the better, as this helps ensure the baby is born HIV free. The MOHW, in keeping with the World Health Organization's Consolidated Guidelines on Sexual reproductive Health and Rights offers HIV and Syphilis screening to all pregnant women. If a pregnant woman, has acquired HIV, the MOHW's [Guidelines for Mothers in preventing](#)

the Transmission of HIV and Syphilis is that she is prescribed ARVs for the duration of the pregnancy to lower her viral load. Now that Jamaica is implementing test and treat, she will be supported to continue taking ARVs even after she has the baby. The baby will also need to take ARVS as prescribed after birth.

If the woman is new to taking ARVs or is having difficulty with the medication, there are Adherence Counsellors and Community Facilitators at all public treatment sites who can assist with that process. If the woman screens positive for syphilis she will be placed on medication for that condition as well. It is strongly recommended that if a woman tests positive for HIV or Syphilis that her partner should also be screened and if necessary, be placed on medication as well. This can be an uncomfortable conversation if the diagnosis is unexpected. It is therefore recommended that psycho-social support is accessed.

When it comes to feeding the baby, it is best for a woman living with HIV to formula feed as there is no risk of acquiring HIV in this way. However, the WHO Guidelines recommend that if the woman chooses to breast feed, she should be supported to do so. It also recommends that she remains on ARVS and that the baby also takes ARVS at least for the first year to reduce the risk of the baby

also acquiring HIV. It is a woman's right to choose what is best for her. If she would prefer to [who](#), she and her partner **must first discuss this with their health care provider** to determine if this is a safe option for them and their baby.

Offer support to your mentee based on her specific needs. Discuss any challenges she may be facing, and explore ways to help her stay in care, adhere to her medication regimen, and establish a dependable support network, which may include involving baby's father if possible.

You may use the following resources to improve your knowledge and help with your discussions.

If you or your mentee is pregnant or considering getting pregnant [pages 23-28](#) of The Salamander Trust's [4M Volume 2](#) Mentor Mother Trainers' Guide, created by women living with HIV for women living with HIV, is another excellent and user friendly resource for discussing what to expect before, during and after pregnancy.

For additional information, Modules 4, 5, and 6 of the PHDP Curriculum address [Treatment Literacy](#), [The Continuum of Care](#) and [Self Care](#) respectively. The modules will assist in discussion regarding the importance of [starting and staying on treatment](#), maintaining good health and managing risks associated with HIV and other STIs [Page 166](#) and [Page 177](#) provide good summaries.

Remember, continuing the use of a male or female latex condom is important during pregnancy as it helps to prevent STI transmission during pregnancy. After giving birth, speak with your doctor about a suitable contraceptive method to be used in conjunction with a latex condom. Returning to dual protection is essential to preventing an unplanned pregnancy as well as providing protection from STI transmission.

7. Promoting Safer and Satisfying Sex

Sexual intimacy is a part of the wholistic human experience. A woman living with HIV can still enjoy sexual intimacy. When she chooses to have sex, there are many ways to safeguard her health and that of her partner.

Understand that once you engage in sex there is a risk of pregnancy and STIs. While some sexual activities are safer than others, correct and consistent use of [dual protection](#) (i.e. approved contraceptive pill, intrauterine device (IUD) or injectable along with a latex male or female condom) in any sex act is still the best way to prevent STIs and pregnancy.

An undetectable viral load means a healthier you and it also means that you cannot transmit HIV to a sex partner i.e. undetectable equals untransmittable or [U=U](#). When involved in a sero-different relationship (one partner has HIV and the other does not) encourage the partner who is not HIV positive to use Pre-Exposure Prophylaxis (PrEP) to significantly reduce the likelihood of acquiring HIV.

Remember:

- Never assume a sexual partner has no STIs

- Practice negotiating safer sex regardless of the length of the relationship
- Use a dual method of protection (contraceptive pill, IUD or injectable) along with a latex male or female condom for every sex act, even if both partners are HIV positive
- Always have enough condoms on hand
- If involved in a sero-different relationship, learn about PrEP and encourage the partner who is not HIV positive to use it
- Still use a condom during pregnancy to prevent STIs and return to using dual protection after the baby is born.

Learn about PrEP from the [CDC Website](#) as well as by watching [this video](#). Work with a care provider, Community Facilitator or other empowered peer to learn how to negotiate safer sex. Also read [Module 3 of the PHDP Curriculum](#) as well as [this PowerPoint](#). Also learn about Combination Prevention from [Module 10](#).

Visit the Ministry of Health and Wellness' website for more on [Safer Sex](#) and the [WHO, Reproductive Choices and Family Planning for People Living with HIV](#) contraceptive choices.

8. Disaster Preparedness and Emergency Readiness

The COVID-19 pandemic and other crises remind us that being prepared for the unexpected is vital, as emphasised by the [WHO Pandemic Prevention, Preparedness and Response Agreement](#). Disasters – example, hurricanes, flooding, landslides, drought and fires - can severely disrupt access to essential healthcare, including SRHR services and HIV treatment. For women and adolescent girls living with HIV, being prepared is essential. Preparedness helps you stay healthy, protect your rights, maintain treatment, and keep yourself and your family safe.

[Disasters](#) can increase stress, fear, and uncertainty. This chapter helps you prepare for any emergency to ensure you can maintain your physical health, protect your rights, secure your treatment, and support your mental well-being no matter what happens. Your ability to plan ahead is a powerful step in taking care of your total self.

In addition to [these steps](#) to help you prepare for a disaster, here are some strategies you can use to help maintain your and your family's safety and dignity.

Before a Disaster:

- Build a personal health emergency kit in a small waterproof bag. This should include 2 to 3 months of ARVs if available (ask your provider), all medications you take, a list of important phone numbers (doctor, peer mentor, social worker, for example), and sanitary supplies.
- Pack a two-week supply of essential SRHR items including contraceptives (pills, patches, condoms, etc.) and pads/tampons.
- Protect medication and confidentiality by keeping ARVs in original containers but cover labels if privacy is a concern and ask your provider about alternatives if your medication needs refrigeration.
- Have a family safety plan with agreements on a safe meeting point, who will care for children if you get separated and identify a trusted neighbour or friend that can check on you.
- Disasters can increase stress, economic hardships and also the risk of GBV and IPV. As a means to protect yourself, identify a shelter, trusted friend or family member's home you can go to if you need to leave your home quickly. Also store the numbers for the

GBV hotlines and how you can report abuse. You may contact (876) 553-0372 and (876) 929-2997 for a government shelter.

During a Disaster:

- Protect your safety first by following the instructions of ODPEM and the MOHW. Carry your emergency kit with you if you have to evacuate.
- If you have to go to a shelter, to protect your confidentiality, you can keep medication in a small pouch, take doses discreetly (such as in a restroom) or take them when others are sleeping. You do not need to announce to anyone what you are taking. Share information only with necessary health personnel. You have a right to dignity and respectful treatment.
- If your medication is lost or damaged, get in contact with the nearest health centre, your psychosocial support team at the clinic or health workers in a shelter.
- Pregnant women and adolescent girls should inform health staff so they can receive maternal care, safe delivery guidance, contraception, and psychosocial support.

After a Disaster:

- Return to your clinic once safe, replace lost ARVs or documents and discuss any missed doses and monitor your viral load.
- Reach out to mentor mothers, peer groups, and community services for SRHR, mental health, and GBV support. You do not have to recover alone.

Disasters can bring fear, grief, trauma, and emotional strain. Women living with HIV may worry about confidentiality, children's safety, or stigma. These feelings are normal. If you feel unable to cope, call the MOHW Mental Health and Suicide Prevention Hotline or reach out to a healthcare worker. Be aware of signs of distress in yourself and others: difficulty sleeping, loss of appetite, persistent sadness, or increased fear. Know when to ask for professional help and practice simple techniques to ground yourself. This can include mindful breathing, taking short breaks, and prioritizing sufficient rest when possible.

References

The following are the recommended resources referenced in the guide.

Publications and Articles

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Canadian Public Health Association (2019): Language Matters: Using respectful language in relation to sexual health, substance use, STBBIs and intersecting sources of stigma Ottawa, Canada

Centres for Disease Control (2024): Pre-Exposure Prophylaxis Washington, DC

Health Policy Plus (2017): Positive Health, Dignity, and Prevention: Training Modules for Promoting Leadership among Persons Living with HIV, Second Edition Washington, DC: Palladium

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[https://icaso.org/wp-content/uploads/2018/09/Understanding-UU-for-Women.pdf](#)

Jamaican Network of Seropositives (2021):
[Undetectable = Untransmittable](#) Kingston, Jamaica

Ministry of Health and Wellness: [Guidelines for Mothers in preventing the Transmission of HIV and Syphilis](#)
Kingston, Jamaica

4M Mentor Mothers Network CIC (June 2020) Advocacy
Brief: [From Elimination of MTCT to ensuring SRHR Summary](#). Salamander Trust: London, UK

Namiba A. 4M: My Health, My Choice, My Child, My
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World Health Organization (2017): Consolidated Guidelines on Sexual and Reproductive Health for Women Living with HIV
WHO/RHR/17.03: Geneva, Switzerland

World Health Organization (2012): Understanding and addressing Violence against Women
WHO/RHR/12.36: Geneva, Switzerland

Websites

Center for Disease Control: HIV & Breastfeeding
<https://shorturl.at/9Sqwq>

Disaster Preparedness: Your Ultimate Survival Guide
<https://www.youtube.com/watch?v=klaLRHN98-M>

Domestic Violence Intervention Centres
<https://jcf.gov.jm/domestic-violence-intervention-centers/>

Gestational Diabetes

<https://www.youtube.com/watch?v=VCM9jwZBRNM>

Get in Touch to Woman Inc.

<https://womanincja.org/contact-us/>

HIV/STI Treatment Sites and Locations

<https://hstu.moh.gov.jm/treatment-sites-and-locations/>

How Does PrEP prevent HIV?

https://www.youtube.com/watch?v=iyDHRJ_zwQ4

Jamaica Family Planning Association

<https://famplanjamaica.org/services/>

Managing Diabetes During Pregnancy

<https://www.youtube.com/watch?v=mn86qwkbT20>

Mindfulness Exercise for Stress and Anxiety Relief

<https://www.youtube.com/watch?v=tiy7IIFOBZw>

Ministry of Health and Wellness Mental Health Support

<https://www.moh.gov.jm/mental-health-wellness/>

Office of Disaster Preparedness and Emergency Management

<https://www.odpem.org.jm/>

The Well Project: Gynaecological Care and HIV

<https://tinyurl.com/h5ns7n8p>

UNFPA: Family Planning

<https://caribbean.unfpa.org/en/topics/family-planning-17>

United Nations Office for Disaster Risk Reduction

<https://www.undrr.org/terminology/disaster>

WHO Infant feeding for the prevention of mother-to-child transmission of HIV <https://www.who.int/news-room/questions-and-answers/item/hiv-aids-infant-feeding-and-nutrition>

WHO Recommendations on Care For Women With Diabetes During Pregnancy

<https://www.who.int/publications/i/item/9789240117044>