

# L**BQ** WOMEN HEALTH



***A guide on HIV prevention, PEP & PrEP,  
and Gender Based Violence***



“Be Knowledgeable”

# LBQ WOMEN HEALTH

A guide on HIV prevention,  
PEP & PrEP and Gender  
Based Violence

September 2020

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Freedom and Roam Uganda (FARUG)

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**Contributors:** The entire FARUG team  
working on the KPIF project

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# ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-retroviral Therapy
ARV	Anti retroviral medicine
CDC	Centre for Disease Control
DIC	Drop In Centre
FARUG	Freedom and Roam Uganda
GBV	Gender Based Violence
IDI	Infectious Disease Syndrome
LBQ	Lesbian, Bisexual, Queer
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Queer
MTCT	Mother to Child Transmission
PEP	Post Exposure Prophylaxis
PrEP	Pre Exposure Prophylaxis
SMC	Safe Male Circumcision
SRHR	Sexual Reproductive Health Rights
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
TB	Tuberculosis
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation



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# FOREWORD



**STRENGTHENING HIV RESPONSE, CARE AND MANAGEMENT AMONG LBQ WOMEN IN UGANDA**, is one of the strong initiatives under the Sexual reproductive health Rights (SRHR) project of Freedom and Roam Uganda (FARUG). This project was funded by Center for Disease Control (CDC) through Infectious Disease Institute (IDI) under the Key populations Investment fund (KPIF). The project advocates for HIV programing inclusive of LBQ women at community, national and international level.

This project is crucial to LBQ women and beneficiaries through ensuring access to SRHR , providing support, care and treatment to LBQ women living with and affected by HIV through referrals and link-



ages.

Our Drop In Centre (DIC) is delighted to share this informative handy guide on HIV, PrEP, PEP, and Gender Based Violence (GBV). It has been designed to be a day to day informative read for LBQ community at large. It targets not only LBQ women living with HIV but the LGBTI community. And FARUG'S involvement in realizing the Global fund 95-95-95 target as a strategy for fighting HIV, we ensure that no one is left out regardless of their sexual orientation, gender identity or gender expression.

We hope this booklet will be a very useful and practical reference point as we continue our fight against HIV and GBV.



**Ssenfuka J Warry**  
**EXECUTIVE DIRECTOR**



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# INTRODUCTION

## **Objectives and structure of the book**

**T**his book is part of the several publications of FARUG that are aimed at disseminating information about HIV, PrEP, PEP, and GBV for LBQ women.

This book will broaden the understanding and strengthen the ways through which LBQ women prevent getting infected with HIV, address gender based issues and fight for meaningful involvement in decision making .

LBQ women have always been considered to be of less risk of being infected with HIV and other STIs, however from the different interventions and projects implemented under HIV, eg the Elton John AIDS Foundation, many LBQ women have tested positive and are living with HIV.

LBQ women have sex with men (as bisexuals, sex workers, or being closeted) and use drugs. They also encounter intimate partner violence a vice that has caused a lot of mental health issues to the community. Some of the factors that contribute to LBQ women's risk of being infected with HIV are; intimate partner violence, GBV not only from their marriages but work places, families, places of worship and social



spaces. This affects their confidence or social well being. This book provides information on how and where they can get help, in order to work on their psychosocial wellbeing.

This book will be distributed to different organisations that work with LBQ women in order to share information and keep them informed on how they can change their lives in terms of HIV, PrEP, PEP and GBV. This will not only keep them informed but will create a platform where they can demand for equal rights and better health care services.





# BACKGROUND

FARUG is an NGO that advocates for the rights of LBQ women and addresses issues affecting them in Uganda.

Being the first LBQ organisation, FARUG prioritises LBQ women to challenge male dominance. From the several thematic areas of advocacy, research and documentation, institutional development, SRHR is one of the key areas that we implemented. We prioritise the health of LBQ women because they face discrimination on the basis of both their gender identity and their sexual orientation.

From the SRHR research report launched by FARUG in 2011-2012 called “Bridging the Gaps”, 60% of LBQ women reported experiences of discrimination and denial of services in several health centers and clinics. When opting for HIV testing, many of them would be asked to present their male partners.

In an effort to create a conducive and healthy environment for LBQ women, FARUG has therefore conducted trainings and dialogue meetings with health service providers in districts of Kampala, Jinja, Busia, Lira, Gulu, Arua, Mbarara, Mukono, Butambala, Gomba and Kayunga to raise their awareness and skills to provide health services for LBQ women in a non-discriminatory manner.

***This book targets LBQ women as a reminder and easily accessible information.***



# KEY ISSUES

LBQ women have always been left out in the national programming towards the fight against HIV/AIDS among key populations.

There is a general misconception that LBQ women are less exposed to HIV and other STIs, because they are women who have sex with women. There are however a number of ways in which LBQ women are exposed and vulnerable to HIV and STI infections.

Forced marriages is the order of the day for most LBQ women as they are expected to have male partners and forced to reproduce. This has sprouted quite a number of GBV cases that not only impedes physical but also mental wellbeing.

This has hindered a lot of work aimed to interface HIV/AIDS and SRHR.

WHAT IS  
**HIV**



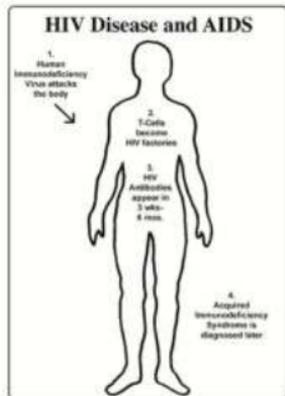
**AIDS?**

# HIV stands for Human Immunodeficiency Virus and it is the virus that can cause the Acquired immunodeficiency syndrome, also known as AIDS

HIV attacks the body's immune system and thereby destroys the body's natural defence against infections. It practically attacks a type of white blood cells in the immune system called CD4 cells. Over time HIV can destroy so many of these cells that the body cannot fight off infections and diseases. HIV infection can lead to AIDS.

## HIV Effects and Symptoms

- HIV enters and destroys white blood cells (T-cells)
- Eventually, the body is no longer able to fight off infections. (This is known as AIDS.)





# FAST FACTS



Antiretroviral treatment (ART) reduces the level of HIV in your blood so that it cannot damage your immune system.



If you do not take your medication correctly (at the right time every day), the level of HIV in your blood may increase and the treatment may stop working. This is known as developing drug resistance.



Regular blood tests will show if your treatment is working by measuring the level of HIV in your blood (viral load) and the strength of your immune system (CD4 count).



If you have side effects that do not go away or your treatment stops working, your healthcare professional can advise you to change to a different combination of antiretroviral (ARV) drugs.





## HOW IS **HIV** TRANSMITTED?

You can get HIV if you are exposed to body fluids like blood, semen and pre-seminal fluid (pre-cum), vaginal fluids, rectal fluids/anal mucous and breast milk from someone who is HIV-positive and who is not virally undetectable. This is when the virus is not seen or detected in your blood.

For HIV to transmit, these bodily fluids need to get into your blood through a mucous membrane like vagina, mouth, eyes and nose and open and bleeding sores.

If someone who is HIV- positive is on treatment and is undetectable, then the risk of acquiring HIV from this person is practically zero.

Being exposed to HIV can occur through unprotected sex and/or through sharing a needle, mother to child transmission(MTCT), blood transfusion and organ transplants

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## How Would I Know, If I Have HIV?

**People with HIV can live for many years without falling sick.**

The only way of knowing whether you have HIV is through a “HIV blood test”



What if the results show I am HIV -ve?

If the results come back negative, you may need to be tested again. It can take three months from the time of the infection for the results to be accurate. A person is most infectious during the window period. The window period for detecting the infection is three months from the time of testing. Therefore test again for confirmation.

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# How do I prevent HIV?

***There are a number of ways you can protect yourself from HIV including:***

Using a male or female condom consistently and correctly every time you have vaginal, anal or oral sex- and change the condom every time you change style of sex e.g. from oral to vaginal sex.

Taking PrEP consistently as advised by your health care professional.

PEP, regular testing, avoiding STIs (as they increase the risk of contracting HIV)

Consider changing your behaviour like reducing the number of people you have unprotected sex with





## What if the results show I am HIV positive?

Being HIV positive means you have the HIV virus in your blood.

When you get the results, you may feel scared and confused .

Talking with a HIV counsellor can help.

LBQ women with HIV can live and stay healthy for many years.

Knowing that you are HIV positive can help you make the decisions and choices to take care of your self.

Freedom And Roam Uganda



## WHAT ARE **ARVs**?

ARVs is Antiretroviral treatment. It is also known as antiretroviral therapy (ART). ART is recommended for all people living with HIV, regardless of CD4 cell count, to consistently suppress viral load, maintain high CD4 cell counts, prevent AIDS, prolong survival, and reduce risk of transmitting HIV to others.

### **What is ARV adherence?**

Adherence is taking medication as prescribed, follow instructions regarding food but also going for check ups (CD4 count and viral Load).

When you do not adhere to treatment, your body becomes susceptible to opportunistic infections, weak, and leads to the stage of AIDS.

### **What barriers do people face in adhering to ART?**

Barriers to ART adherence may arise from a personal or cultural beliefs, cognitive abilities, or health status. A person's capacity for treatment competence or regimen-specific barriers also may impact adherence, as well as psychosocial or structural issues such as poor mental health, drug use, or even lack of housing or health insurance. Stigma is also a barrier to adherence



## BARRIERS TO ART ADHERENCE

BARRIERS	EXAMPLES
PATIENT FACTORS	Cost of care, Patient income, Lack of knowledge and information, Side effects, Pill burden
SOCIAL – ECONOMIC AND CULTURAL FACTORS	Beliefs and patient's preference to traditional medicines and alternative therapy, Perception of causes and transmission of HIV, Age, Sex, Literacy level of patient Poor social support Stigma Lack of employer support, occupation, mobility
SERVICE FACTORS	<b>Poor support services</b> e.g. long waiting time, inadequate trained health workers, treatment guidelines not available, poor drug supply, insufficient infrastructure. <b>Poor quality of services provided</b> e.g. poor staffs motivation, inadequate counselling, inadequate follow up of patients Low accessibility of services Long distance to health facility

### How can HIV health care providers help people address barriers to ART adherence?

Brief conversations with patients can help HIV care providers identify and utilize teachable moments. Below are some suggestions for how HIV care providers may address barriers to ART adherence as they arise;

#### **When discussing patient beliefs and behaviors:**

Explain the importance of consistent ART adherence even when viral load is undetectable.

#### **When addressing cognitive barriers:**

Offer advice about and tools for adherence, such as weekly pill boxes, linking dosing to daily events/activities, and dose reminder alarms.



Use a feedback strategy (such as “tell me what you just heard”) to help patients avoid confusion about new medicines and/or changed regimen.

**To assist with competence issues:**

Involve patients in decision making, including selection of the ART regimen if options exist.

Ensure patients understand the treatment plan, including drug regimen, dosing schedule, and dietary restrictions. Prepare patients for situations or changes in routine that could trigger non adherence or short-term interruption, such as side effects, substance use, or running out of HIV medicines. Remind patients to contact their HIV care provider or pharmacist immediately if they are experiencing side effects or need to refill medication prescriptions. Encourage patients to discuss their challenges with substance use and offer information or referrals for treatment options and support services.

**When addressing comorbid conditions:**

Regularly review total treatment plan, and simplify regimen, if possible, with consideration for patients’ lifestyles and comorbidities.

Anticipate (and plan to manage) possible drug-drug interactions.

**When discussing regimen-related barriers:**

Offer ART regimens that are highly effective; prescribe once daily or other simple regimens that reduce pill burden, dosing frequency, and dietary restrictions as much as possible.

Explain that treatment is well tolerated.





Prepare patients for the possibility of ART side effects and regularly evaluate and manage side effects should they arise.

Encourage patients to recruit friends and/or family members to help with adherence.

**To assist with psychosocial barriers:**

Offer referrals to and/or information about mental health, substance use, and other support resources (e.g., psychologists, addiction specialists, support groups, adherence counselors, and case managers).

Remind patients not to share their ART with anyone.

**To help mitigate structural barriers:**

When possible, refer patients to case management and wraparound services for help with issues such as lack of transportation, housing, child care, and access to insurance.

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**The following are the frequently asked questions.**

**Why is it so important to take my medication every day?**

- ARV drugs keep HIV under control, but they don't stay in your body for a long time, so you have to keep topping them up.
- If you stop taking your HIV drugs, then your viral load will go up. This means HIV can damage your



immune system, and that you are more likely to pass HIV on.

- If you regularly miss doses of your HIV treatment, there is a risk that the HIV in your body will become resistant to the medication and the drugs will no longer work even when you do take them.
- So, it is important to take your treatment correctly – the right dose, at the right time, with or without food. There are many ways you can get help to remember to take your treatment every day (this is known as adherence).
- If you know there will be a change to your normal routine – for example if you are going to be staying away from home – then plan what you can do to keep taking your treatment on time. For example, you may find it helpful to set an alarm on your phone and carry extra ARVs in case you are delayed.
- Most people forget to take their treatment once in a while. However, if you find you often forget, then talk to your healthcare professional honestly about it. If they know you are having problems, they can offer support and advice before your treatment stops working.



## How can I tell if my treatment is working?

- Regular blood tests will show how well your treatment is working. The main blood test used to monitor how your body is responding to treatment measures the viral load (how much of the HIV virus is in your blood).
- The aim of HIV treatment is to lower your viral load and then to keep it as low as possible. When your viral load is very low, it is not possible for tests to measure it. This is a really good result, your viral load is called undetectable. You still have HIV, but it is being kept under control by the HIV treatment. Not only should you feel healthy, but if your viral load is undetectable, you cannot transmit HIV.
- WHO recommends that you have a viral load test at 6 and 12 months after you start taking treatment, and then once every year. If treatment is begun early enough and followed correctly, your viral load can become undetectable within 6 months.
- The other main blood test is a CD4 count, which shows the strength of your immune system. CD4 cells, an important part of your immune system, are attacked by the HIV virus. When you start taking treatment the numbers of CD4 cells you

- 
- have (your CD4 count) will go up and if you were feeling ill because of HIV, you should start to feel better.
  - In some countries, viral load testing is not available. If this is the case where you are, your healthcare professional will monitor your health and your CD4 count in other ways.

## My HIV treatment has side-effects. what can I do?

- Many people experience some mild side-effects, particularly in the first few days and weeks of starting treatment. For example, you might feel sick or have a headache. Although unpleasant, most side-effects should improve and go away altogether as your body gets used to taking the drug.
- Some side-effects may be less obvious to you. For example, the commonly used drug TDF (Tenofovir) can cause problems with the kidneys. Your healthcare professional will check a sample of your urine to look out for early signs of kidney problems.
- If you think you are experiencing a side-effect, the best thing you can do is talk to a healthcare



professional about it. They can advise you what to do and may prescribe something for you to take for a short period, such as an anti-nausea drug. If a side-effect doesn't go away and is affecting your quality of life, you should be able to change to a different drug.

## Could my treatment stop working?

- For many people, the treatment they start taking will continue to work for as long as they take it.
- If your viral load is not being kept under control by the treatment you are taking, your healthcare professional will want to find out why. It may be that you are having problems taking the drugs correctly, that they do not interact well with other drugs that you are taking or that your virus has become resistant to them.
- Your healthcare professional may be able to help you resolve the problem and stay on the same treatment. However, if your treatment has stopped working, perhaps because of drug resistance, then you will be advised to change treatment. There are a number of HIV drugs, so your healthcare provider should be able to find a combination of drugs that is effective for you.

## Where to seek help

You can go to the following health facilities/ organisations for help.

Facility	Day and time of working	Services offered at a free cost	Contact number
Kawala H/C III	Monday – Friday 8:00am – 4:00pm	VCT, SMC, PEP & PrEP services, TB screening and management, general treatment	0706423729, 0771343978, 0703817341
Kiswa H/C II	Monday – Friday 8:00am – 4:00pm		
Kitebi H/C III	Monday – Friday 8:00am – 5:00pm	VCT, SMC, PEP & PrEP services, TB screening and management, STD and STI management	0772370165
Reach out Mbuya	Monday – Friday 8:00am – 4:00pm	HIV testing & counselling, STD screening and management, Outreaches	0703 449447, 0701483818
MARPI Mulago	Monday – Friday 8:00am – 4:00pm	VCT, SMC, PEP & PrEP services, TB screening and management, outreaches, Cervical and breast cancer screening, STD and STI screening and management, general health care	0702661583

Facility and Location	Day and time of working	Services offered at a free cost	Contact number
FARUG Mini clinic Ntinda Kigowa	Monday – Friday 9:00 am – 5:00 pm	HCT, Referrals, First aid care, STI management, Breast and cervical cancer screening, Legal aid services, GBV emergency response	0756805191
Komamboga H/C II (Komamboga central zone off gayaza road, Mperewe)	Monday – Friday 8:00am – 4:00pm	HIV testing & counselling, STD screening and management, Outreaches	0756805191
Ice breakers Uganda clinic (Salama road Makindye)	Monday – Friday 9:00 am – 5:00 pm	HIV Testing and Counselling, STDs and STI screening and management, general treatment and referrals, PEP and PrEP services	0756805191
Alive medical services	Monday – Friday 8:00am – 4:00pm	VCT, SMC, PEP & PrEP services, TB screening and management, outreaches, Cervical and breast cancer screening, STD and STI screening and management, general health care	0782643069



## WHAT IS **PrEP**?

PrEP is the use of anti-HIV medication that keeps HIV- negative people from getting HIV.

### **How well does PrEP work?**

HIV- negative people who take PrEP every day can lower their risk of acquiring HIV by more than 90%.



**PrEP is recommended for people with high risk of HIV exposure such as sex workers, rape victims e.t.c**

**How long does it take for PrEP to work?**

It takes up to 20 days to be fully protected but it also depends if it is to build up protection anally or vaginally.

PrEP must be taken daily!

**Can I get HIV from taking PrEP?**

No, you cannot get HIV from PrEP  
The medication in PrEP works to prevent HIV.

**What happen if I miss a pill?**

If you missed a pill, take it as soon as you remember, and continue to take daily as before.

**How often do I need to take PrEP?**

You need to take PrEP once a day at more or less the prequestioned time. You can take it within a few hours of your normal time as long as you only take on pill a day.



## Is PrEP safe?

PrEP has been shown to be very safe. PrEP is also safe with alcohol and drugs, as well as contraceptives and other medicine.

### What is the difference between PrEP, PEP, and ART

*All the three contain antiretroviral medicines in different combination for different purposes:*

- PrEP is a pill that has 2 anti- HIV medicines taken daily to prevent HIV for HIV-negative people
- PEP is taken within 72 hours after exposure to HIV (e.g after rape) for 28 days to prevent HIV
- ART is a 3-medicine treatment for HIV –positive people to reduce the levels of HIV in a person's body

### If I take PrEP, does this mean I have to take it for the rest of my life?

No. It is important that you take PrEP daily while at risk of getting HIV, but when you feel that you are no longer at risk you can talk to your health care provider about stopping PrEP.



## What if I want to stop PrEP?

If you decide PrEP is no longer useful, discuss stopping with a healthcare provider. You will get information for how long after you should continue to make sure you are properly protected.

## Can I take PrEP for one night only?

NO. You need to take the pill once a day for at least 20 days before you are fully protected.

However, it can be taken on demand- known as 2+1+1 model

## Does PrEP provide other protection?

NO. It only protects against HIV infection.

PrEP does not protect against pregnancy, sexually transmitted infections like chlamydia, gonorrhoea or COVID-19.

## Can I use PrEP and contraception together?

Yes, PrEP can be taken with any kind of contraception.

## Can I share PrEP with other people, my HIV- positive partner or use someone else's medication?

It is important not to share your PrEP pills. Using other people's PrEP pills can lead to side effects,

allergic reactions, make the medicine less effective, or result in not having enough medication.



Some people get mild side effects when they start PrEP. The most common side effects include nausea, headache, tiredness, diarrhoea, depression, abnormal dreams, vomiting, rash, problems sleeping and changes in appetite.

In most people, these side effects go away after a few weeks

## What happens if you take PrEP and you are HIV-positive?

- PrEP should not be used as HIV treatment.
- HIV positive people need a combination of three ARVs for treatment, given by the health care provider, according to their needs.

PrEP works when used together with other effective HIV prevention methods

***\*PrEP does not prevent STIs or pregnancy.***



## **If I take PrEP, can I stop using condoms when I have sex?**

PrEP is an extra HIV prevention option and where possible, should be used in combination with condoms. Using condoms is still the best way to prevent HIV infection.

Condoms protect against STIs and pregnancy when used correctly and consistently

### **Is PrEP for me?**

Taking a pill everyday for ongoing protection from HIV might not be for everybody, but it is an excellent option for people at high risk of getting HIV. Most people can safely use PrEP, but a healthcare provider will need to determine if there is any reason why you should not take it.

**IT HAPPENS  
TO US, TOO.**



*If you or someone you know is in an abusive relationship, **there is help.***

# **GENDER BASED VIOLENCE (GBV)**

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## What is **GBV**?

GBV is inflicted violence upon individuals and groups based on their gender.

## What is the relationship between GBV and HIV?

- GBV is associated with an increased risk of acquiring STIs a risk factor of HIV
- Violent sexual assault can cause trauma to the vaginal wall and this allows easier access to HIV
- Fear of violence prevent girls/women from negotiating safer sex
- Women who have been forced to have sex are almost six times more likely to use



condoms inconsistently than those who have not been coerced.

- Children who are sexually abused are more likely to be involved in behaviours known to be risky for HIV as adults

## What are the forms of GBV?

- Sexual violence
- Emotional violence e.g. Emotional abuse, silent treatment, Gas lighting etc.
- Psychological violence
- Female Genital Mutilation
- Spouse abuse
- Power control
- Physical abuse
- Verbal abuse
- Financial abuse





## Who is affected?

Both women and men are affected but the most vulnerable group are women and girls

## How do you overcome GBV?

- Through raising awareness of the dangers associated with GBV
- By encouraging women and girls to report cases of GBV to the concerned authorities

## How to handle GBV situations

- You can handle GBV situations by settling arguments between the victims and perpetrators
- Provide counselling to both the victim and perpetrator
- You can report to police for adverse cases that may incur a lot of damage and harm to the victims

## We can report GBV cases to;

- Local council leaders
- Police
- Organizations that fight for human rights
- Parents and family elders



## Effects of GBV

- Loss of self esteem
- Suicidal attempts and death
- Psychological and physical trauma
- Depression
- Anxiety Disorders
- Social withdrawal
- Poverty

IN MOST CASES IT IS HARD TO NOTICE YOU ARE GOING THROUGH DIFFERENT FORMS OF VIOLENCE. MOST TIMES WE DEFEND THE PERPETRATOR HOWEVER PUT THE FOLLOWING INTO PRACTICE AND CONSIDERATION.

- Always call out for support if this happens
- Communication is key in such incidences, you can involve a third party
- Learn how to handle emotions with your partner
- Do not work on assumptions
- In most cases we tend to get used to these abuses that we can't even speak them out. This is normalising violence and abuse. This should stop.

- 
- Always speak up. You need to speak out to stop violence
  - You should have a deep understanding of your worth
  - If you are unable to have a conversation with you partner, that is a wrong relationship
  - Stop feeling comfortable in violence due to favours offered
  - Try your best to know and understand each other.
  - Its normal to get angry but the way you control the anger matters
  - Take time to learn your partner's family patterns
  - Be willing to forgive yourself and heal

## Other resources

- Global information and education on HIV and AIDS
  - The Well Project
  - Ministry of Gender, Labour and Social development policy brief 2018
  - The HIV and AIDS Uganda country progress report 20214
  - Gender based violence prevention and
- 



response- Refworld

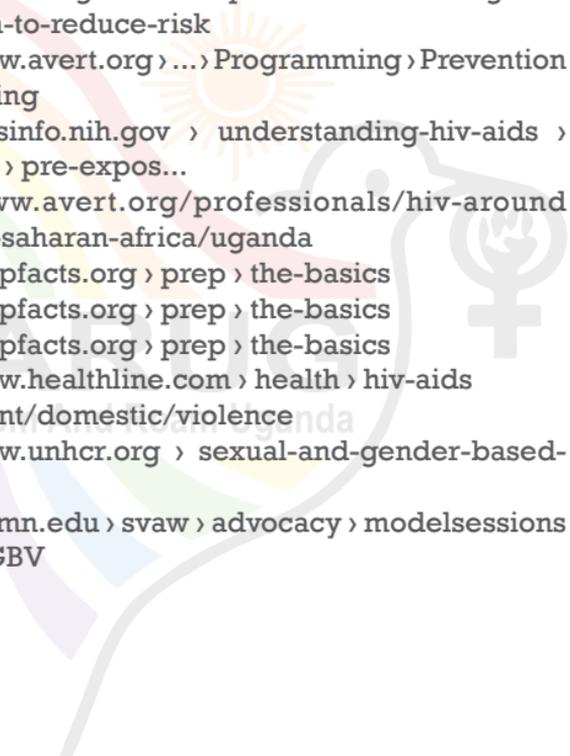
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