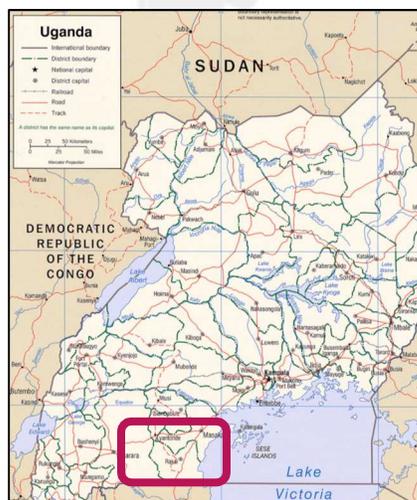


The SHARE Intervention Trial: An effective approach to preventing intimate partner violence and HIV infection

Background

*The Safe Homes and Respect for Everyone (SHARE) Project is an intervention designed to reduce intimate partner violence (IPV). SHARE was integrated into an HIV service provider and research organization in rural Uganda. **SHARE is the first study of behavioral interventions to show significant decreases in both IPV and HIV incidence.** Findings hold great potential for HIV programs and should inform future work toward universal targets for violence and HIV prevention, treatment, and care.*



Setting

Rakai District, Southwest Uganda

Rakai is a district in southwestern Uganda bordering Lake Victoria and Tanzania. In 2014, the estimated population was 518,000, with 95% of those people living in a rural setting. More than 85% of inhabitants survive on subsistence agriculture. The first AIDS cases in East Africa were identified in Rakai. Since then, HIV prevalence has remained higher in Rakai than national averages (12% vs. 7.2%, respectively). In addition, Rakai sees relatively high rates of IPV, with 29% of women claiming IPV in the past year and 50% in their lifetime. IPV has also been associated with HIV, with 22.2% of HIV infections in the area determined to be attributable to IPV.

SHARE Intervention Model

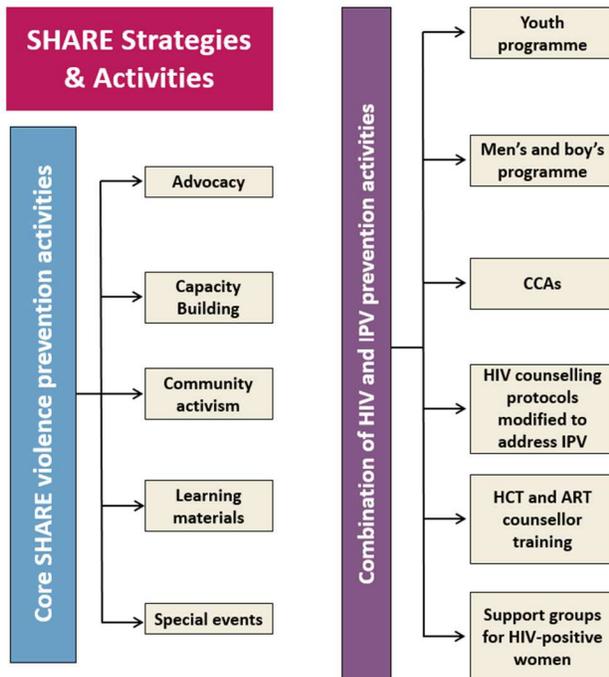
The SHARE intervention model was based on the Transtheoretical Model (TTM) of Behavior Change, using 5 phases that correspond with the TTM’s “Stages of Change:”

1. *Community Assessment (pre-contemplation)*
2. *Raising Awareness (contemplation)*
3. *Building Networks (preparation for action)*
4. *Integrating Action (action)*
5. *Consolidating Efforts (maintenance)*

SHARE used two main approaches to reduce IPV and HIV incidence:

- *Community-based mobilization to reduce IPV and offer integrated violence and HIV prevention programming;*
- *A screening and brief intervention to reduce HIV-disclosure-related violence and sexual risk in women seeking HIV counselling and testing.*

SHARE used multiple IPV and HIV prevention strategies and activities to reach groups and individuals in all sectors of the population (see chart at right for more information on strategies and activities).



Methods

The SHARE intervention was evaluated by the Rakai Health Sciences Program from June 2005 - December 2009 through an existing cluster randomized trial. During this time, SHARE was implemented in 4 Rakai District regions or “clusters” and was evaluated by comparing outcomes in the 4 SHARE “intervention clusters” to outcomes in 7 “control clusters” (with no SHARE exposure).

At baseline (February 2005 - June 2006) the evaluation enrolled 11,448 men and women (15–49 years). Of those, 5,337 (4 intervention clusters) were allocated into SHARE + HIV services group and 6,111 (7 control clusters) were allocated into HIV services only group. Two follow-up surveys were planned between August, 2006, and April, 2008, and June, 2008, and December, 2009. Primary endpoints were self-reported experience and perpetration of past year IPV (emotional, physical, and sexual) and laboratory-based diagnosis of HIV incidence in the study population.



Participants from men’s group for preventing violence against women (Rakai, 2009)

Impact

Exposure to SHARE was significantly associated with reductions in past year sexual IPV, physical IPV and forced sex, as reported by women. Compared with control groups, individuals in SHARE intervention groups had fewer self-reports of past year physical and sexual IPV. Incidence of emotional IPV did not differ between groups. SHARE had no effect of male-reported IPV perpetration. In addition, at the 35-month follow-up, the evaluation found declines in HIV incidence (more pronounced in men) and increases in disclosure of HIV results among those exposed to SHARE.

Conclusion

SHARE could reduce some forms of IPV toward women, as well as overall HIV incidence.

Recommendations

1. Findings from this study should inform future work toward HIV prevention, treatment, and care.
2. SHARE’s approach could be adopted, at least partly, as a standard of care for other HIV programs in sub-Saharan Africa.
3. The SHARE approach should be replicated and tested for effectiveness in other settings.
4. Donor funds are needed to scale-up SHARE throughout Rakai and populations characterized by the same IPV and HIV prevalence and risk factors.

FOR MORE INFORMATION:

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Publications

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