The SHARE Intervention Trial

To assess whether provision of a combination of IPV prevention and HIV services would reduce IPV and HIV incidence in individuals enrolled in the Rakai Community Cohort Study (RCCS), Uganda.

RESEARCH METHODS
We used pre-existing clusters of communities randomized as part of a previous family planning trial in this cohort. Four intervention group clusters from previous trial were provided standard of care HIV services plus SHARE. Seven control group clusters (including two intervention groups from the original trial) received only standard of care HIV services. RCCS investigators did a baseline survey between February, 2005, and June, 2006, and two follow-up surveys between August, 2006, and April, 2008, and June, 2008, and December, 2009. Our 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.

SHARE Trial
- Conducted by Rakai Health Sciences Program
- Intervention time: June 2005 - December 2009
- SHARE was implemented in 4 Rakai District regions or “clusters”
- Evaluated via Rakai Community Cohort Study by comparing outcomes in 4 SHARE “intervention clusters” to outcomes in 7 “control clusters” (with no SHARE exposure)

SHARE Intervention Model
- Borrowed methodologies from Raising Voices and Stepping Stones.
- Was based on the Transtheoretical Model (TTM) of Behavior Change.
- Used 5 phases that corresponded with the TTM’s “Stages of Change.”

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RESEARCH FINDINGS
Compared with control groups, individuals in SHARE intervention groups had fewer self-reports of past-year physical IPV and sexual IPV. Incidence of emotional IPV did not differ. SHARE had no effect on male-reported IPV perpetration. At follow-up 2 (after ~35 months) the intervention was associated with a reduction in HIV incidence.

The Safe Homes and Respect for Everyone (SHARE) Project is a multicomponent intimate partner violence (IPV) reduction intervention that was integrated into an HIV research and service provision organization in rural Uganda. SHARE was evaluated through an existing cluster randomized trial and found to reduce physical and sexual IPV against women and overall HIV incidence. SHARE is the first study of behavioral interventions to show significant decreases in both IPV and HIV incidence. These 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 where the first AIDS cases were identified in East Africa
- Estimated 2014 population=518,000
  - ~95% rural setting
  - >85% relies on subsistence agriculture
- HIV prevalence higher in Rakai (12%) than national averages (7.2%)
- Relatively high rates of IPV in Rakai
  - 29% in past year
  - 50% in lifetime
- IPV has been associated with HIV incidence
  - Adjusted population fraction of HIV attributable to IPV is 22.2%
SHARE used two main approaches to reduce IPV and HIV incidence:

1. Community-based mobilization to reduce IPV and offer integrated violence and HIV prevention programming;
2. 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.

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

SHARE TRIAL PARTICIPANTS
At baseline (February 2005 - June 2006) we enrolled 11,448 men and women (15–49 years): 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.

SHARE TRIAL FINDINGS
Exposure to SHARE was associated with:
- Reductions in past year sexual IPV, physical IPV and forced sex as reported by women
- Declines in HIV incidence (more pronounced in men)
- Increases in disclosure of HIV results

CONCLUSION
SHARE could reduce some forms of IPV towards women and 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.

REFERENCES
All information presented in this brief has either been originally published or cited in the following manuscripts.


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