

THE SHARE INTERVENTION

AN INTIMATE PARTNER VIOLENCE AND HIV PREVENTION INTERVENTION IN RAKAI, UGANDA

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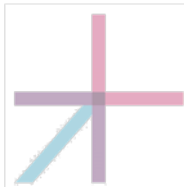
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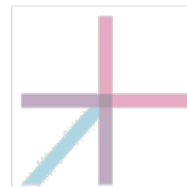
SHARE Intervention Overview



Rakai District, Uganda



- Where first AIDS cases identified in East Africa¹
- Est. population 518,000²
- ~95% rural / >85% relies on subsistence agriculture
- Past year IPV - 30%⁵
- Prevalence of HIV
 - In Rakai: 12%³
 - In Uganda: 7%⁴



Rakai Health Sciences Program



- Established in 1988
- Research on and services for HIV/AIDS and reproductive health
- Primary funding: NIH, Gates Foundation, PEPFAR, Fogarty International



The SHARE Project 2005-2009

The Safe Homes And Respect for Everyone (SHARE) Project

- **Community-based mobilization** to reduce IPV and offer integrated violence and HIV prevention programming
- **Enhanced HIV procedures to address violence**, including screening and brief intervention to address IPV in the context of HIV testing and counseling



Intended outcomes and impact of SHARE

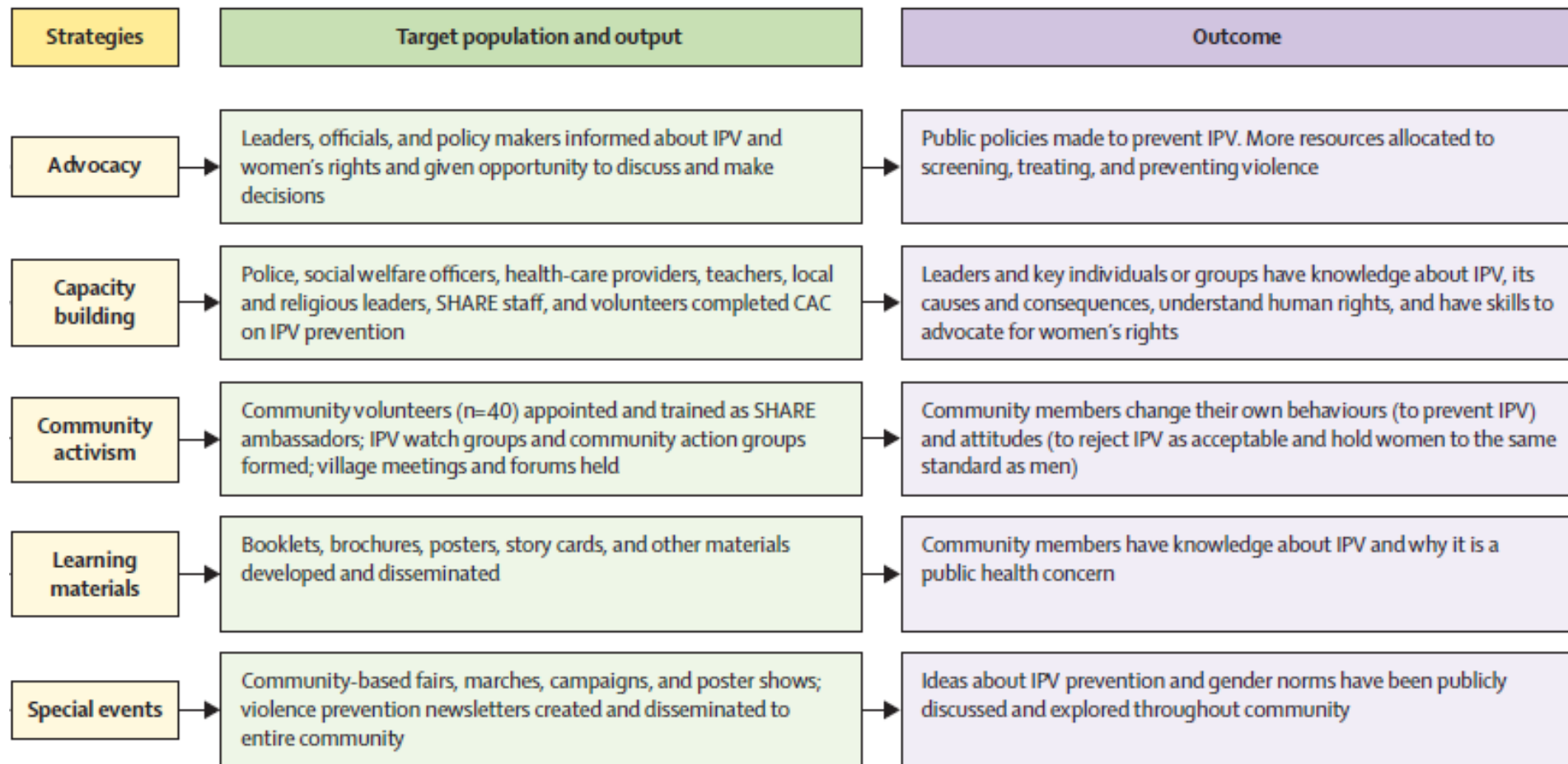
Intermediate outcomes

- **Empower women to protect themselves**
 - Increase condom use
 - Increase HIV disclosure
- **Change attitudes that support IPV**
- **Reduce risky sex practices**
 - Reduce # partners
 - Reduce alcohol use
- **HIV prevention, testing, treatment**
 - Raise awareness about link between IPV and HIV
 - Train HIV counselors to screen for/respond to IPV
 - Integrate IPV screening/treatment into RHSP services

Long-term impact

- Reduce IPV
- Reduce HIV incidence

Community mobilization based on 5 core IPV prevention strategies



Targeted community work

- **Youth Program**

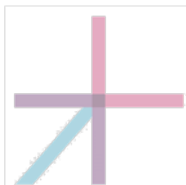
12 peer groups for married, in and out of school young people of both sexes. Ten sessions held on communication, sex, love, HIV, safe sex, gender equality, and non-violent conflict resolution

- **Men's and Boys' Program**

Male leaders (n=48) trained on IPV, women's right, HIV and health. Community-based groups for men and boys. Offered ten lessons on IPV, HIV and alcohol reduction, healthy relationships

- **Community Counseling Aides (CCA)**

12 CCAs appointed and trained to offer basic psychosocial support and make referrals



Enhanced RHSP's existing HIV services

RHSP's HIV/ART Services

Added SHARE Activities

HIV counseling and testing



Trained HCT counselors to:

1. Screen/handle IPV
2. Use 2 screening and brief intervention tools to address IPV

Health education



Trained RHSP health educators to incorporate messages about IPV in HIV education

ART services



Trained ART counselors to screen for / handle cases of IPV

ART adherence support services

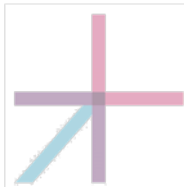


Support groups for HIV+ women experiencing and/or at risk for IPV





SHARE Trial Evaluation Findings



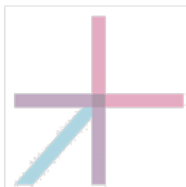


Design and Evaluation Aims

Design: Cluster randomized trial

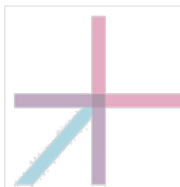
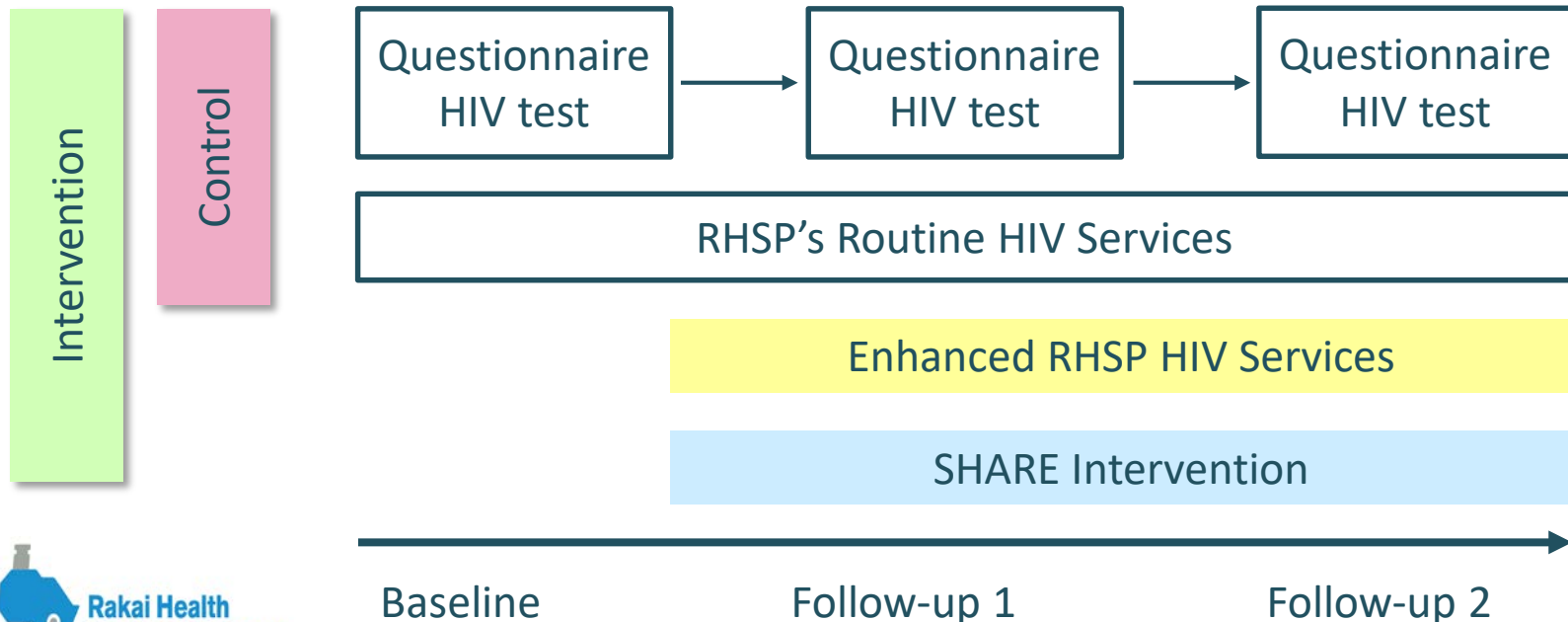
Research Aims: To assess impact of intervention on:

1. **Past year IPV** (emotional, physical and sexual)
2. **Direct and indirect risk behaviors** in the pathway between IPV and HIV infection (IP rape, number of non-marital sex partners, condom use, alcohol use before sex, discussion of condom use and HIV results disclosure)
3. **HIV incidence**



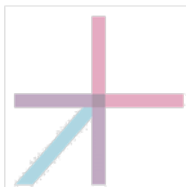
Data (from Rakai Community Cohort Study)

- Open cohort of 13,000 resident men and women (15-49 years)
- Participants randomized into two arms:
 - Intervention arm (4 clusters)
 - Control arm (7 clusters)
- Evaluation data collected from baseline and 2 follow-ups of RCCS



Summary of Main Findings

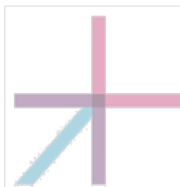
- Exposure to SHARE was associated with significant:
 - Reductions in past year sexual IPV, physical IPV and forced sex as reported by women
 - Decline in HIV incidence
 - Increases in disclosure of HIV results to main partner by both men and women
- Exposure to SHARE was NOT associated with:
 - Reductions in men's reports of perpetrating IPV
 - Changes in reports of alcohol use at sex, number of sex partners, condom use





Facilitation of Intervention Activity

Screening and brief intervention

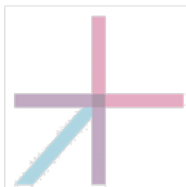


Screening and brief interventions (SBI)

Incorporated into standard RHSP HIV counseling and testing

SBI #1: Safe HIV disclosure for HIV+ women : Guided counselors through process of asking 5 screening questions and based on responses through a tailored plan for immediate, delayed, mediated, or non-disclosure

SBI #2: Risk reduction counseling for women in/at risk for violent relationships : Counselors used role play scenarios with female clients to facilitate discussion about negotiating condom use and preventing sexual coercion

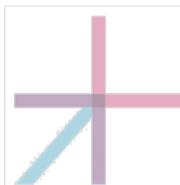


Safe HIV disclosure for HIV+ women

Disclosure Assessment: Counselors were trained to ask female clients the following questions:

1. Is your partner aware that you will be tested for HIV and will be receiving your test results? (Yes/No)
2. If you told your partner you tested positive for HIV do you think he would react supportively? (Yes/No)
3. Are you afraid of how your partner will react if you share your HIV test results with him? (Yes/No)
4. Has your partner ever physically hurt you? (Yes/No)
5. Do you think that your partner may physically hurt you if you tell him that you have tested for HIV and your HIV test results are positive? (Yes/No)

HIV disclosure recommended: Counselors were trained to encourage women to disclose their HIV status if they answered: (1) “Yes” or “No” to question 1, and (2) “Yes” to question 2, and (3) “No” to questions 3-5.



Risk reduction counseling for women in/at risk for violent relationships

ROLE-PLAY SCENARIOS TO ADDRESS THE RISK OF VIOLENCE

(For women in relationships)

If her partner says...

“If you don’t have sex with me without a condom, I will force you.”

“I have a right to have sex with you without a condom. “

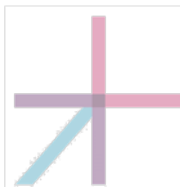
“I paid a bride price for you. You have to have sex with me.”

She can say...

“A respectable man cannot force his partner into sex. I respect you and you ought to respect me. Let’s talk about this calmly.”

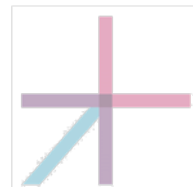
“I will have sex with you but I would prefer to use a condom, until we get tested. We need to protect our health.”

“Yes, you did pay a bride price. Don’t you want to keep me healthy and alive so I can take care of our children?”





Thank you!



For more information:

Visit the RHSP website: <http://rhsp.org>

Visit the GEH website: <http://gph.ucsd.edu/cgeh/Pages/default.aspx>

Follow us on Twitter: @GEH_UCSD and Instagram: UCSDGEH

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