



## STUDY SUMMARY

# INTEGRATING IPV AND HIV PREVENTION: IMPACTS OF THE SHARE INTERVENTION IN UGANDA

### STUDY FINDINGS AT A GLANCE

This study evaluated the Safe Homes and Respect for Everyone (SHARE) intervention, a multi-component IPV and HIV prevention programme integrated into the Rakai Health Sciences Program (RHSP), an established HIV research and service organization in rural Uganda.

The study found that between 2005 and 2009, SHARE reduced the prevalence of women reporting past year physical IPV by 4 % percentage points in intervention communities - a risk reduction of 21% - and reduced past year sexual IPV by 3 percentage points, a risk reduction of 20%. SHARE had no effect on emotional IPV or on men's reports of IPV perpetration.

The SHARE intervention was also associated with a 33% reduction in HIV incidence during the intervention period (at 35 months), and increased levels of HIV disclosure among both women and men. Declines in new HIV infections were not maintained after SHARE ended, suggesting that continued community activities and effort might be needed to sustain the effect.



### BACKGROUND

Intimate Partner Violence (IPV) increases women's risk of HIV and limits their access to prevention, treatment and care. Evidence confirms that women who experience IPV are at enhanced risk of acquiring HIV, at least in some Sub-Saharan African settings.<sup>1</sup>

Previous programmes have integrated IPV and HIV prevention and response interventions. However, none demonstrated statistically significant decrease in both IPV and HIV:

- Stepping Stones demonstrated a 33% reduction in of herpes simplex virus type 2 incidence and reduced violence perpetration but had no effect on HIV incidence.<sup>1</sup>
- The IMAGE study reduced IPV incidence by 55%, increased HIV testing uptake, and reduced HIV risk behaviours in young women, but did not affect HIV incidence.<sup>3</sup>
- SASA! in Uganda demonstrated significant reductions in social acceptability of IPV in women and sexual concurrency in men. No HIV effect was reported.<sup>4</sup>

In Rakai, Uganda, the setting of the SHARE trial, women who experienced physical, sexual or verbal violence had a 55% higher likelihood of becoming HIV positive than similarly positioned women who had not experienced violence. This translated into a population attributable risk of 22%, meaning that on average, 1 in 5 new cases of HIV among women could be avoided in Rakai if partner violence were eliminated.<sup>5</sup>

As a result, in 2005 the Rakai Health Sciences Program (RHSP), decided to try to integrate prevention of violence into their on-going HIV prevention and treatment services.

### LINKS BETWEEN IPV AND HIV INFECTION

- Gender inequalities are key drivers of both IPV and HIV transmission.
- Social norms giving men power over women increase IPV risks and decrease women's ability to negotiate safe sex.
- Women who experience lifetime IPV are more likely to report concurrent sex partners, problematic alcohol and substance use, transactional sex and low or inconsistent condom use.
- Men who perpetrate IPV are more likely to have HIV or STIs, to engage services of female sex workers, perpetrate non-partner sexual violence (NPSV), report concurrent sex partners, problematic alcohol & substance use, transactional sex and low or inconsistent condom use
- HIV+ status and disclosure can increase the risks of IPV.
- Fear of violence can prevent women getting tested, disclosing HIV status and seeking treatment.

## CONTEXT

Rakai is a traditionally patriarchal society situated in southwestern Uganda. HIV prevalence in the district at the time of the study (12%) was higher than the national average (7.2%). IPV levels were lower than the national average, with 30% of women reporting lifetime physical IPV and 24% lifetime

sexual IPV in 2003. The Rakai District serves as a research and surveillance site for HIV. Every 12-18 months, researchers take a census to identify who currently lives in each community, interview them, and take blood samples to test for HIV.

## PROGRAMME DESCRIPTION

SHARE was modelled after a community mobilisation approach for preventing IPV popularized in East-Africa by Raising Voices. It adapted methodologies and materials from *The Resource Guide for Mobilizing Communities to Prevent Domestic Violence* - including the Community Activism Course of three workshops - and the *Stepping Stones* curriculum. SHARE aimed to shift norms around HIV and IPV and was combined with pre-existing HIV support offered by the Rakai Health Sciences Program. SHARE core staff included 3 women and 2 men with post-secondary education, who received 4 intensive weeks of training on IPV prevention, gender, program ethics, and supporting survivors.

### RAKAI HEALTH SCIENCES PROGRAMME'S ROUTINE HIV PREVENTION AND TREATMENT SERVICES

- Provision of free condoms
- Syndromic STI treatment
- General medical care
- Prevention of mother-to-child HIV transmission
- HIV prevention and general health education
- HIV monitoring and treatment: HIV+ people who accept voluntary counselling and testing referred for HIV care.
- HAART: Individuals started on standard first-line ART when they reach WHO stage IV disease or have a low CD4 cell count.

## COMPONENTS OF THE SHARE PROGRAM: VIOLENCE PREVENTION

ADVOCACY:	CAPACITY BUILDING:	COMMUNITY ACTIVISM:	LEARNING MATERIALS:	SPECIAL EVENTS:
Leaders, officials, and policy makers were informed about IPV and women's rights and given the opportunity to discuss and make decisions in light of what they learned.	Police, social welfare officers, health-care providers, teachers, local and religious leaders, SHARE staff, and volunteers completed the Community Activism Course (CAC) on IPV prevention.	40 community volunteers were appointed and trained as SHARE ambassadors. IPV watch groups and community action groups were formed. Village meetings and forums also took place.	Booklets, brochures, posters, story cards, and other materials were developed and disseminated.	Community-based fairs, marches, campaigns, and poster shows held; violence prevention newsletters created and disseminated to entire community.

## COMPONENTS OF THE SHARE PROGRAM: COMBINED HIV AND IPV PREVENTION ACTIVITIES

<b>YOUTH PROGRAMME:</b> 12 peer groups were formed for married, in and out of school young people of both sexes. Ten participatory sessions were held on communication, sex, love, HIV, safe sex, gender equality, and non-violent conflict resolution, drawing on the Stepping Stones Curriculum. Activities were facilitated by SHARE staff members.	<b>MEN'S AND BOY'S PROGRAMME:</b> 48 male leaders were trained using a ten-lesson curriculum adapted from the Family Violence Fund's on-line "Toolkit for Women with Men and Boys to Prevent GBV, and the core Community Activism Course. These men in turn worked with other men and boys through a programme known as Kojja (maternal uncle who offer pre-marriage guidance) on conflict resolution, alcohol reduction, IPV, and HIV risk.	<b>COMMUNITY COUNSELLING AIDES:</b> 12 Counselling Aides were appointed to assist the RHSP's paid counsellors, all of whom completed the 3-part CAC and were trained to offer basic psychosocial support and make referrals.
<b>HIV COUNSELLING PROTOCOLS MODIFIED TO ADDRESS IPV:</b> HIV Counselling and Testing (HCT) counsellors were trained to screen women for IPV and handle or refer IPV case, help HIV-positive women develop safe HIV disclosure plans, and help abused women develop safe sex negotiation skills.	<b>HCT AND ART COUNSELLOR TRAINING:</b> Testing and antiretroviral treatment (ART) counsellors completed the CAC, and were trained to screen for and handle IPV, and perform disclosure and risk assessments.	<b>SUPPORT GROUPS FOR HIV POSITIVE WOMEN:</b> 14 HIV-positive women were trained to facilitate support group meetings. Support groups were conducted on clinic days for HIV-infected women experiencing violence.

## STUDY DESCRIPTION: IMPACT EVALUATION

WHAT?	HOW?	WHO	WHEN?
IPV and HIV risk among individuals who lived in communities randomized to receive the SHARE intervention compared to communities that received the standard package of HIV prevention and care offered by the Rakai Health Sciences Programme	The evaluation was nested into the Rakai Community Cohort Study (RCCS), an open, community, based cohort that collected survey information and the HIV status of men and women living in Rakai, every 12- 18 months. It used existing cluster communities that had been randomised as part of a previous family planning trial (4 intervention clusters and 7 control).	11,448 people aged 15-49 already enrolled in the RCCS were included in the study. 5,337 people received SHARE plus HIV services and 6,111 individuals in seven control clusters, received HIV services only	The study took place between 2005 and 2009 and lasted 4 years and 7 months. Data were collected at 3 time points: baseline, 16 months, and 35 months.

### OUTCOMES

Self-reported experience and perpetration of past year IPV (physical, emotional, sexual), and laboratory-based diagnosis of HIV incidence in the total study population.

Poisson multivariable regression was used to estimate adjusted prevalence risk ratios of IPV, and adjusted incidence rate ratios of HIV acquisition.

## KEY FINDINGS

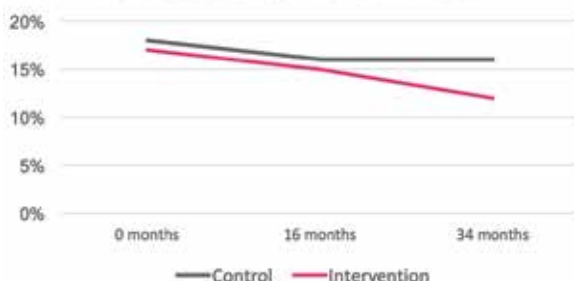
### EXPERIENCE AND PERPETRATION OF IPV

- 12% of SHARE group participants reported physical IPV in the past year compared with 16% in control groups, representing a risk reduction of 21% (aPRR 0.79).
- The rate for sexual IPV was 10% and 13% respectively, representing a risk reduction of 20% (aPRR 0.80).
- In control groups, 12% of women reported forced sex within the past year; This dropped to 8% in the intervention cohort.
- But the intervention did not affect male-reported perpetration of IPV and had no significant effect on women's experiences of emotional IPV.

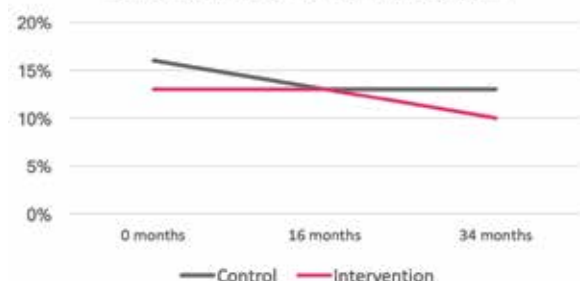
### HIV INCIDENCE AND DISCLOSURE

- HIV rates also dropped: in the control group, incidence was 1.15 cases per 100 person-years, compared to 0.87 among SHARE participants.
- HIV self-disclosure to a partner increased among SHARE participants relative to the control. In the control group, 37% of women and 32% of men self-disclosed. In intervention, that rose to 42% and 37% respectively.

WOMEN'S EXPERIENCE OF PAST YEAR PHYSICAL IPV



WOMEN'S EXPERIENCE OF PAST YEAR SEXUAL IPV



## EXPOSURE TO SHARE

- 77% of community members surveyed had heard of SHARE; of these:
  - 70% had read SHARE materials
  - 73% had participated in a SHARE activity
  - 87% knew a SHARE volunteer
- 25.8% had sought advice from a volunteer
- Drama events were the most popular of all activities as they depicted realistic scenarios about complicated taboo aspects of relationships, in a public space.

## IMPLICATIONS FOR POLICY, PROGRAMMING AND RESEARCH

- SHARE's exposure data suggest that deep engagement and intensive activities are required to effect change when using community mobilisation approaches. Those interested in such programmes should not underestimate the level of effort required to catalyze positive change.
- SHARE achieved reductions in IPV and HIV at a community level not just among a subset of individuals participating in a small group process. This makes its impact especially noteworthy.
- Such programmes require dedicated, highly trained staff to support and sustain volunteer effort. Recruiting and training the right staff before initiating violence prevention work is essential to program success.
- SHARE undoubtedly benefitted from being integrated into a pre-existing service infrastructure: precisely how essential a pre-existing program is to SHARE's success would need to be assessed in further.
- Men's reports of IPV were lower than women's and SHARE did not significantly impact male perpetration of IPV overtime. Further work is needed to understand how to improve measurement of abusive behaviour and effectively engage men.
- The study did not obtain data for the frequency or severity of IPV and therefore could not distinguish repeated abuse from isolated events, and severe and moderate forms of violence from minor abuse. Future research should assess the severity and frequency of violence
- Additional research is required on how to sustain low HIV incidence after the intervention end.

For more insights on lessons learned for programming from the SHARE study, see the Prevention Collaborative's Programme Brief on the SHARE intervention

## SOURCE DOCUMENTS

Wagman, J. A., Gray, R. H., Campbell, J., Thoma, M., Ndyababo, A., Ssekasanvu, J., Brahmabhatt, H. (2015). Effectiveness of an integrated intimate partner violence and HIV prevention intervention in Rakai, Uganda: Analysis of an intervention in an existing cluster randomised cohort. *Lancet Global Health*, 3(1), e23–33.

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## ENDNOTES

- <sup>1</sup> Heise L, McGrory E. (2016) "Violence against women and girls and HIV: Report on a high level consultation on the evidence and its implications, 12–14 May, 2015" Greentree Estate.
- <sup>2</sup> Jewkes R, Nduna M, Levin J, et al. (2008) "Impact of stepping stones on incidence of HIV and HSV-2 and sexual behavior in rural South Africa: a cluster randomised controlled trial." *BMJ* 2008; 337: a506.
- <sup>3</sup> Pronyk PM, Kim JC, Abramsky T, et al. (2008) "A combined microfinance and training intervention can reduce HIV risk behaviour in young female participants." *AIDS*; 22: pp1659–65; Pronyk PM, Hargreaves JR, Kim JC, et al. (2006) "Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: a cluster randomised trial." *Lancet* 368: pp1973–83.
- <sup>4</sup> Abramsky T, Devries K, Kiss L, et al. (2014) "Findings from the SASA! Study: a cluster randomized controlled trial to assess the impact of a community mobilization intervention to prevent violence against women and reduce HIV risk in Kampala, Uganda." *BMC Med* 2014; 12: 122.
- <sup>5</sup> Kouyoumdjian FG, Calzavara LM, Bondy SJ, et al. (2013) "Intimate partner violence is associated with incident HIV infection in women in Uganda." *AIDS* 27: 1331–8.
- <sup>6</sup> Koenig MA, Lutalo T, Zhao F, et al. (2003) "Domestic violence in rural Uganda: evidence from a community-based study." *Bulletin World Health Organisation* 81: pp53–60.



The Prevention Collaborative works to strengthen the ability of key actors to deliver cutting edge violence prevention interventions informed by research-based evidence, practice-based learning and feminist principles. For more information go to [www.prevention-collaborative.org](http://www.prevention-collaborative.org)

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