

# COMBINATION SOCIAL PROTECTION LOWERS UNPROTECTED SEX IN HIV-POSITIVE ADOLESCENTS

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## RESEARCH QUESTIONS

Which 'cash/cash-in-kind' and 'care' social protection interventions are associated with reduced unprotected sex in HIV-positive adolescents?

Are these effects different for adolescent girls and boys?

Do combination social protection have cumulative effects on reduced unprotected sex?



## METHODOLOGY

- 1060 ART-eligible HIV+ adolescents (10-19 y/o) recruited in a health district of the Eastern Cape, South Africa.
- Adolescents recruited from 53 health facilities and traced into their home communities to reduce bias.
- Interviews measured rates of unprotected sex at last sexual intercourse, socio-demographic characteristics, HIV-related factors, and social protection provisions.



## FINDINGS

**THREE SOCIAL PROTECTION PROVISIONS WERE ASSOCIATED WITH LESS UNPROTECTED SEX.**

Accessing school (attending a no-fee school or able to afford school costs: cash-in-kind), good parental supervision (care), and adolescent-sensitive clinic services (care) were associated with less unprotected sex.

**CLINIC CARE REDUCES UNPROTECTED SEX MORE SIGNIFICANTLY IN GIRLS THAN BOYS.**

The effect of adolescent-sensitive clinic care on reducing unprotected sex was significantly greater among HIV+ adolescent girls than boys (Figure 1).



## SOCIAL PROTECTION PROVISIONS

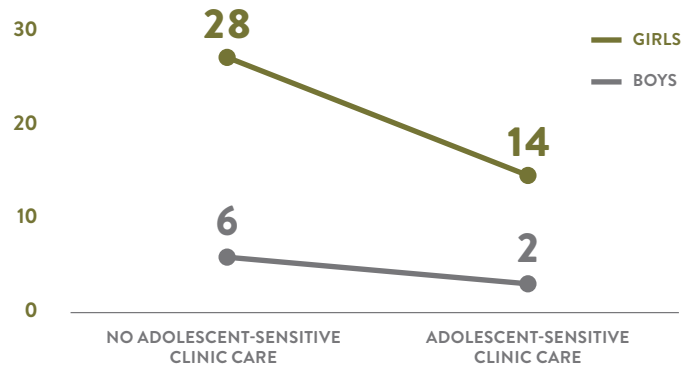
- **CASH/ CASH-IN-KIND:** Social cash transfers, Past-week food security, access to school, school feeding.
- **CARE/ PSYCHOSOCIAL SUPPORT:** Positive parenting, good parental supervision, adolescent-sensitive clinic care.

**FINDINGS**

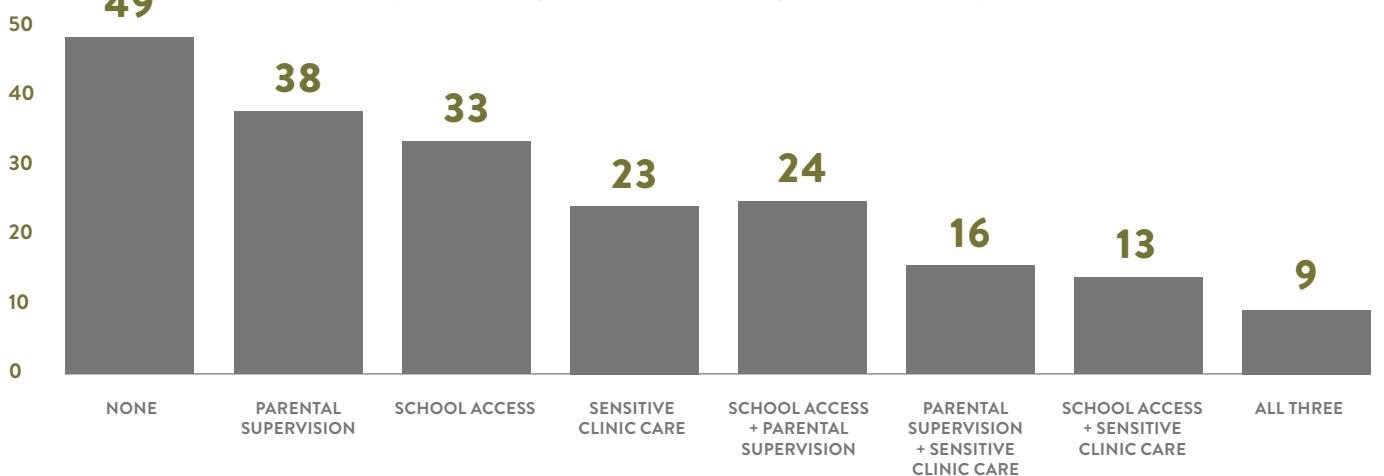
**ADDITIVE EFFECTS OF SOCIAL PROTECTION PROVISIONS ON REDUCED UNPROTECTED SEX**

- Combination social protection had strong additive effects on unprotected sex: those receiving three provisions were likely to report the lowest rates of unprotected sex.
- These effects were even stronger for HIV-positive adolescent girls (Figure 2).

**PREDICTED PROBABILITY OF UNPROTECTED SEX (%)** (controlling for socio-demographics) FIGURE 1



**PREDICTED PROBABILITY OF UNPROTECTED SEX (%)** (controlling for socio-demographic factors) FIGURE 2



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