COMBINATION SOCIAL PROTECTION LOWERS UNPROTECTED SEX IN HIV-POSITIVE ADOLESCENTS


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?

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).

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.

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).

![Figure 1](image1.png)

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

- GIRLS
  - NO ADOLESCENT-SENSITIVE CLINIC CARE: 28%
  - ADOLESCENT-SENSITIVE CLINIC CARE: 14%

- BOYS
  - NO ADOLESCENT-SENSITIVE CLINIC CARE: 6%
  - ADOLESCENT-SENSITIVE CLINIC CARE: 2%

![Figure 2](image2.png)

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

- NONE: 49%
- PARENTAL SUPERVISION: 38%
- SCHOOL ACCESS: 33%
- SENSITIVE CLINIC CARE: 23%
- SCHOOL ACCESS + PARENTAL SUPERVISION: 24%
- PARENTAL SUPERVISION + SENSITIVE CLINIC CARE: 16%
- SCHOOL ACCESS + SENSITIVE CLINIC CARE: 13%
- ALL THREE: 9%

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