cash, care and HIV-risk

for adolescents in southern africa

Cluver, Lucie; Orkin, Mark; Boyes, Mark; Sherr, Lorraine
South Africa national longitudinal study of adolescents
6850 adolescents, 2500 adult caregivers, 2008-2012

• N=6000 (age: 10-18)
• 3 provinces South Africa; 6 sites >30% HIV-prevalence
• Stratified random sampling of census areas, urban/rural
• Every household with a child aged 10-17
• 1 year follow-up in 2 provinces: 97% follow-up
Effects of abuse, poverty & parental AIDS on female adolescent risk of transactional sex

Cuver, Orkin, Boyes, Meinck, Makhasi (2011). JAIDS

- Healthy family: 1%
- AIDS-sick parent: 7%
- Abused & hungry: 13%
- AIDS-sick parent, abused, hungry: 57%
unconditional government cash transfers
National cash transfers reduce incidence & prevalence of *transactional sex* and *age-disparate sex* for girls

cash plus care?
Can CASH + CARE reduce HIV risk behavior?

**Incidence rates:**
- Transactional sex
- Age-disparate sex
- Sex using substances
- Multiple partners
- Unprotected sex
% girls with incidence of 1+ HIV risk behavior:

Cash plus care = halved risk

Cash alone: OR .63
Cash plus care: OR .55

Controlling for: family HIV/AIDS, informal/formal housing, age of child, poverty levels, number of moves of home, baseline HIV risk behaviour

Cluver, Orkin, Boyes, Sherr (in press). AIDS.
% boys with incidence of 1+ HIV risk behavior:
Cash plus care = halved risk

- Cash alone: no significant effect
- Cash plus care: OR .50

Controlling for: family HIV/AIDS, informal/formal housing, age of child, poverty levels, number of moves of home, baseline HIV risk behaviour

Cluver, Orkin, Boyes, Sherr (in press). AIDS.
how does social protection work?
Poverty & family AIDS predict adolescent HIV-risks: how?

2011 Structural deprivation
- Hunger
- Community violence
- Parental HIV/AIDS
- Informal settlement

2012 HIV-risk behavior incidence
- Transactional sex
- Age-disparate sex
- Sex using substances
- Multiple partners
- Unprotected sex

controlling for: baseline HIV-risk, age, gender
Structural deprivation increases HIV-risk by increasing psychosocial problems

- school dropout
- child abuse
- conduct problems
- psychological distress
- drug/alcohol use

Psychosocial problems

HIV-risk behavior incidence

All p = .05-.001

controlling for: baseline HIV-risk, age, gender
Cash and care: greatest effects for highest-risk adolescents

Controlling for: baseline HIV-risk, age, gender
New analyses – social protection and ART adherence
HIV+ adolescents: ART adherence, cash and care

- Indicative percentages only, n=250
- Random sampling 32 state clinics, South Africa

Past week ART adherent (%)
Cash plus care: OR 2.42
Unconditional, government cash transfers reduce adolescent HIV risks

Cash plus care gives greater effects

Cash and care mitigate risk pathways

Effective in real-world sub-Saharan Africa
Funders: thank you.
Noxolo Nitricia Myeketsi

My personal experience of social protection and HIV
South Africa
Crossroads where I live
My grandmother
Outside my grandmother’s house
Now I am at the University of the Western Cape