

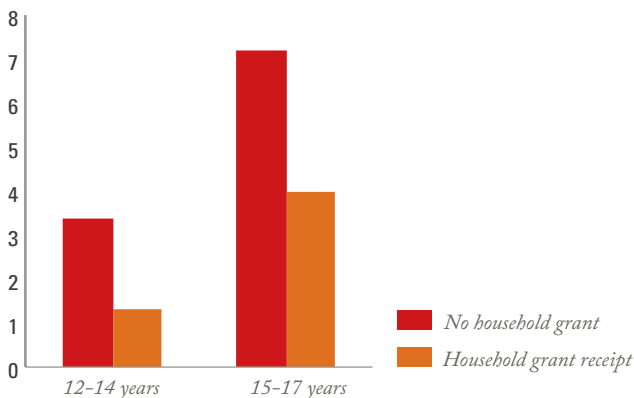


Policy Brief

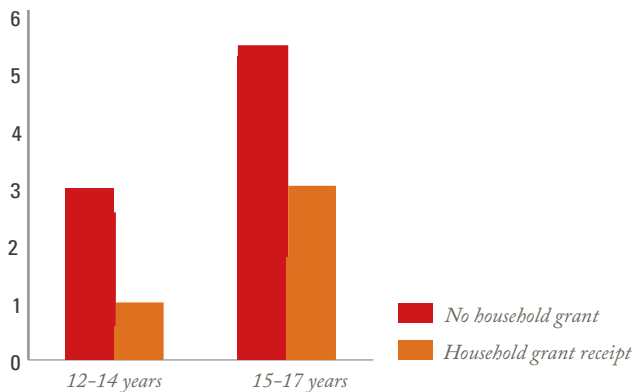
Child cash transfers halve HIV risk behaviours for adolescent girls

The question: Do government-provided, national child-focused cash transfers reduce teenage HIV-infection risks?

Percentage of girls starting to have transactional sex in the past year



Percentage of girls starting to have age-disparate sex in the past year



Citation: Cluver, L, Boyes, M, Orkin, M, Pantelic, M, Molwena, T, Sherr, L. Child-focused state cash transfers and adolescent HIV-infection risks: A prospective multi-site study in South Africa. *The Lancet Global Health*, December 2013. 1:e362–70

Why is this important?

- A million youths in sub-Saharan Africa are infected with HIV annually. Girls are at up to three times the risk of boys.
- Transactional and age-disparate sex ('sugar daddies') are a key cause of HIV-infection.
- Systematic reviews show limited effectiveness of behavioural HIV-prevention programmes. Cash transfers to alleviate poverty may be helpful.

The research:

- Longitudinal survey, 3,515 children aged 10–18 (<2.5% refusal, 96.8% retention rate), 2009–12.
- Stratified random sampling of entire census enumeration areas in rural and urban sites in two South African provinces (Western Cape and Mpumalanga).
- Propensity score matching to replicate randomised controlled trial conditions, additional check in multivariate logistic regression.

POLICY MESSAGES:

- Cash transfers to poor households allow teenage girls to make safer sexual choices. They reduce reliance on 'sugar daddies' to provide basic needs.
- Currently, child support and foster child grants reach around 70% of eligible children. Full scale-up could prevent 77,000 new cases of transactional sex in South African girls each year.
- Cash transfers do not reduce all HIV-infection risks, and must be part of combination prevention approaches.



 @riattesa

www.riatt-esa.org

Finding 1: Child-focused cash transfers reduce by half the risk of incidence and prevalence of transactional sex for teenaged girls (sex in return for money, school fees, food or shelter).

Finding 2: Child-focused cash transfers reduce by two-thirds the risk of incidence and prevalence of age-disparate sex for teenaged girls (having a sexual partner more than five years older).

Finding 3: Cash transfers did not reduce multiple partners, unprotected sex or sex whilst drunk or using drugs. No consistent effects were seen for adolescent boys.

Psychological, educational and HIV-infection risks are linked with each other, causing multiple risks for AIDS-affected children.

In all models, living with an AIDS-unwell parent had stronger links to negative outcomes than AIDS-orphanhood, but both predicted negative child outcomes. Girls and older children were worst affected overall.

This research is a collaboration between the South African government, the National Action Committee for Children Affected by AIDS (NACCA) and the Universities of Oxford, KwaZulu-Natal, Cape Town and Witwatersrand.

This research was generously funded and supported by:

