COMBINATION SOCIAL PROTECTION LOWERS UNPROTECTED SEX IN HIV-POSITIVE ADOLESCENTS

Citation: Toska, E., Cluver, L.D., Boyes, M.E., Isaacsohn, M., Hodes, R., Sherr, L., (2016) School, supervision and adolescent-sensitive clinic care: combination social protection and reduced unprotected sex among HIV-positive adolescents in South Africa, AIDS and Behaviour, 2016. DOI: 10.1007/s10461-016-1539-y

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?



- 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.



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.



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.

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).

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 HIVpositive adolescent girls (Figure 2).

PREDICTED PROBABILITY -OF UNPROTECTED SEX (%)

(controlling for socio-demographics)

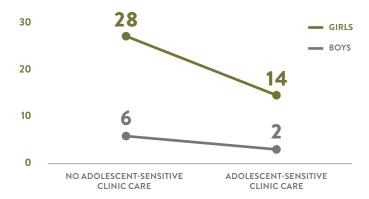
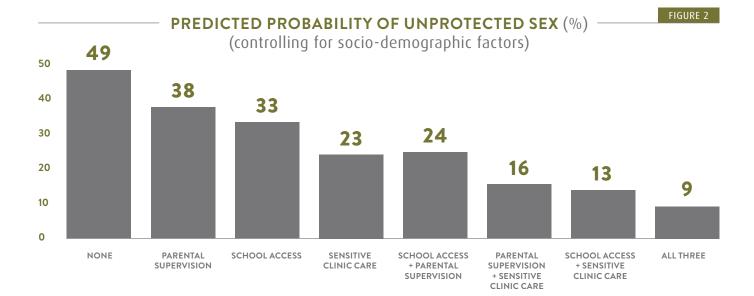


FIGURE 1



This Research was generously funded by: Economic and Social Research Council (UK), the Nuffield Foundation, the Evidence for HIV Prevention in Southern African (EHPSA), a DFID programme implemented by Mott Macdonald, the Leverhulme Foundation, the European Research Council and UNICEF.















