







Policy Brief: Combination social protection lowers unprotected sex in HIV-positive adolescents

<u>Citation:</u> 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. DOI: 10.1007/s10461-016-1539-y

Research Questions:

- Which 'cash/cash-in-kind' and 'care' social protections 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.

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.

Finding 1: 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.

Finding 2: Clinic care reduces unprotected sex more significantly in girls than boys

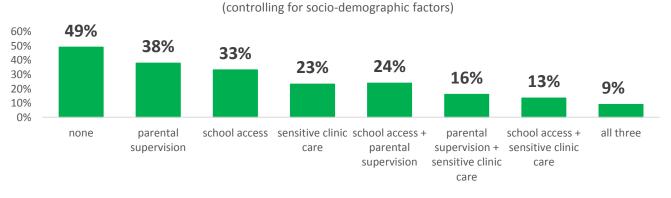
The effect of adolescent-sensitive clinic care on reducing unprotected sex was significantly greater among HIV+ adolescent girls than boys (Figure 1).

Finding 3: 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. % predicted probability of unprotected sex (controlling for socio-demographics) 35% 28% 25% 14% 15% 6% 5% -5% no adolescentadolescent-sensitive sensitive clinic care clinic care Boys Girls

Figure 2. Percent predicted probability of unprotected sex



■ HIV+ girls

