

## Policy Brief: 'Cash plus care' halves adolescent HIV-risk behaviours.

*Citation: Cluver, L, Boyes, M, Orkin, Sherr, L. Cash plus care: social protection cumulatively mitigates HIV-risk behaviour among adolescents in South Africa. AIDS. July 2014. .*

**The Questions:** 1) Does social protection provision of 'cash' or integrated 'cash plus care' reduce HIV-risk behaviour?  
2) Do highest-risk adolescents access more 'cash' and 'cash plus care'?

### Why is this important?

- In sub-Saharan Africa AIDS-deaths among adolescents have doubled since 2003.
- We know that unconditional cash transfers to poor households can reduce some adolescent HIV-risk behaviours.
- 'Cash plus care', providing care and support in addition to cash or food, may have increased effects than cash alone.

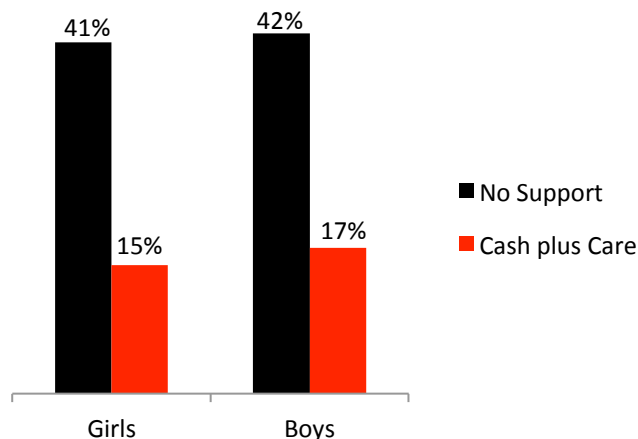
### The Research:

- Longitudinal survey, 3515 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 districts in two South African provinces (Western Cape, Mpumalanga)
- All homes with an adolescent 10-17 interviewed
- Multivariate logistic regression analysis

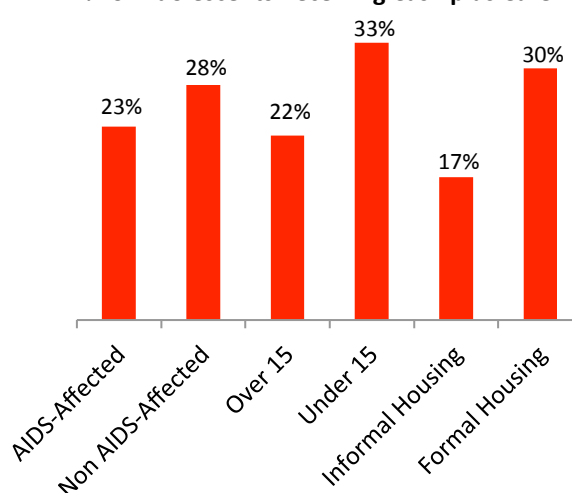
### The Results:

- **Finding 1: Cash alone reduces HIV-risk for by 40% for girls but does not reduce HIV-risk for boys.**
- **Finding 2: Integrated cash plus care halves incidence of male and female adolescent HIV-risk behaviour (controlling for environmental risk and baseline HIV-risk behaviour).**
- **Finding 3: When adolescents access cash plus care, 1-year follow-up HIV-risk behaviour was reduced from 41% to 15% for girls and from 42% to 17% for boys. 'Care' included positive parenting and teacher social support.**
- **Finding 4: Girls in AIDS-affected families and boys in informal-dwelling had higher HIV-risk behaviour. These high-risk groups were more likely to receive cash but were less likely to receive cash plus care.**

% of Adolescent HIV-Risk Behaviour at Follow-Up



% of Adolescents Receiving Cash plus Care



### Policy messages:

- For girls cash transfers reduce HIV-risk behaviour. But cash plus care has a 10-50% greater effect.
- For boys, cash alone is not enough, but cash plus care cuts HIV-risk behaviour in half (boys are a difficult to reach target group for HIV-prevention).
- Access to social protection remains varied. Some services, such as school counsellors and school transport reached less than 5% of adolescents.
- Highest-risk adolescents (AIDS-affected girls, older adolescents, shack dwellers) were less likely to get combined cash plus care. Providing this may reduce HIV-risk behaviour.

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

*This research was generously funded by:*