COMBINATION SOCIAL PROTECTION LOWERS UNPROTECTED SEX IN HIV-POSITIVE ADOLESCENTS

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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 adolescentsensitive 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).

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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 PROBABILITYFIGURE 1OF UNPROTECTED SEX (%)
(controlling for socio-demographics)





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