

More than money?: Are cash transfers a solution to addressing adolescent girl's vulnerability to HIV in sub-Saharan Africa?



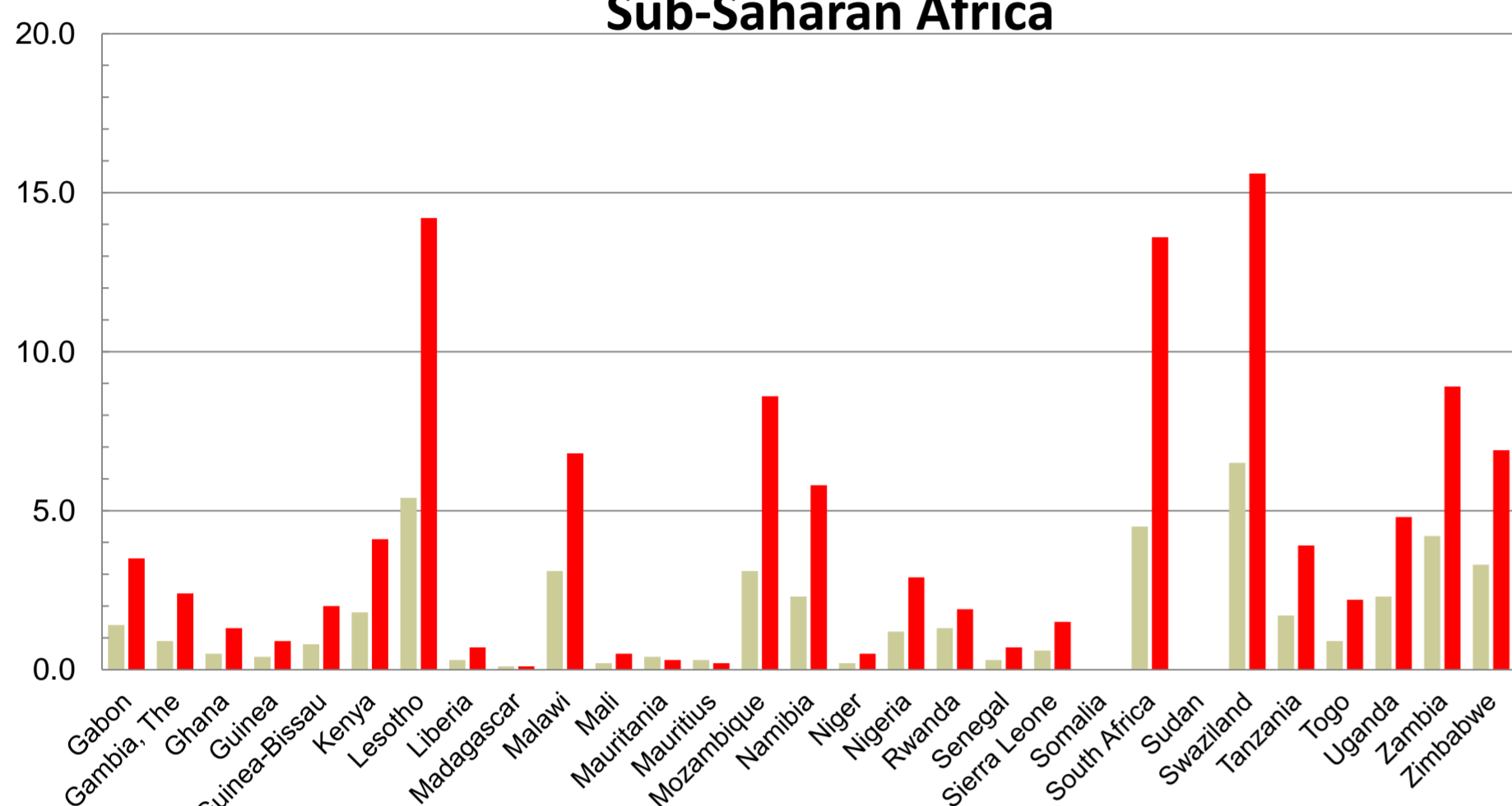
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Continuing gender disparities in rates of heterosexual HIV transmission among adolescents in Sub-Saharan Africa

HIV prevalence adolescents aged 15-24

Sub-Saharan Africa



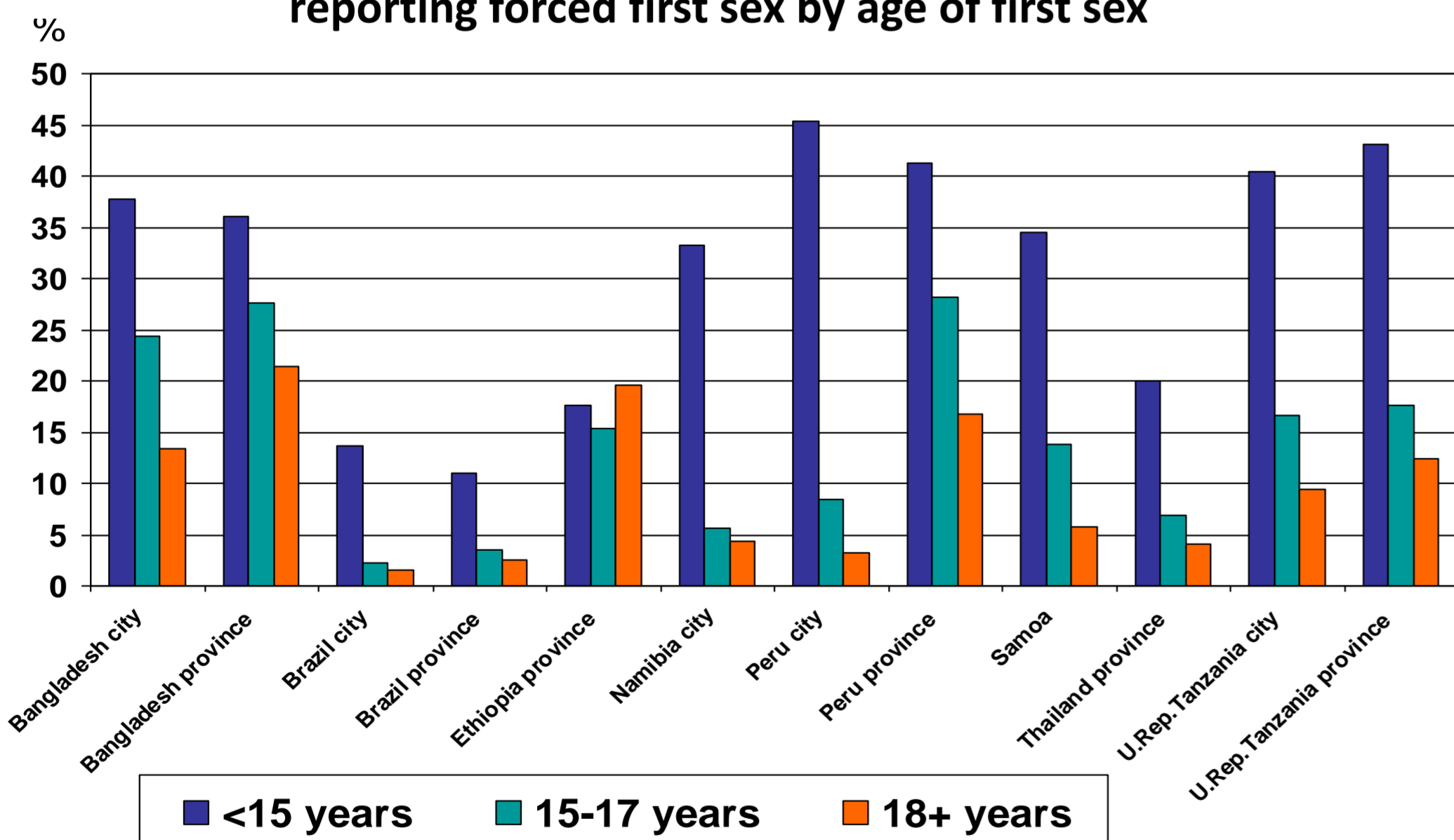
Source: UNAIDS 2009

Young girls' greatest HIV risk is through sex with higher risk men

- Girls are often not aware of the HIV risks associated with having sex with men of different ages
- Poverty & lack of access to resources for necessities such as food, school fees, and uniforms etc., lead to exchange of sex for resources
- Peer pressure & aspirations for status and/or consumer goods also may motivate exchange of sex for goods
- Power imbalances limit girls' options to negotiate condom use

Sexual coercion and violence a driver of early sex by girls

WHO study findings showing the percentage of women reporting forced first sex by age of first sex



Note: Japan city, Serbia and Montenegro city and Thailand city are not represented because of the very low percentages reporting first sex before age 15 years
Source: WHO multi-country study on women's health & domestic violence, 2008

Lessons from IMAGE intervention in South Africa

IMAGE Micro-finance & gender equity intervention in rural South Africa (participants aged 18+)

- RCT to assess the impact of a micro-finance & participatory gender, violence & HIV programme in rural South Africa
- 860 women enrolled, 1,750 loans disbursed, total value USD \$ 290 000

Significant impacts on levels of poverty, violence & communication achieved at low cost

- Past year experience of domestic violence reduced by 55%
- Significant reductions in hh poverty
- Improved HIV communication
- \$43 per client in trial / \$13 per client at scale up

Benefits among younger women receiving intervention (18 – 35)

- 64% higher uptake HIV testing
- 25% reduction in reported unprotected sex

Pronyk et al The Lancet 2004, Pronyk et al AIDS 2008

Where are we on the HIV prevention landscape for girls?

Growing expertise but mixed evidence on how to address adolescent girls' HIV vulnerability in sub-Saharan Africa

- MEMA kwa Vijana, a school-based adolescent intervention in Tanzania, showed no impact on HIV incidence
- In Kenya, provision of information to girls on HIV risk by partner's age led to a 28% decrease in teen pregnancy & substitution away from older (riskier) partners towards protected sex with same-age partners*.
- In Zimbabwe, micro-finance interventions with adolescent girls have had problems with repayments
- Growing programmatic expertise on the delivery of gender transformative interventions for adolescent girls and women in Sub-Saharan Africa
- On-going trials of promising interventions

Zomba CCT in Malawi showed significant impact on HIV and HSV-2, & illustrates the importance of access to cash for HIV prevention

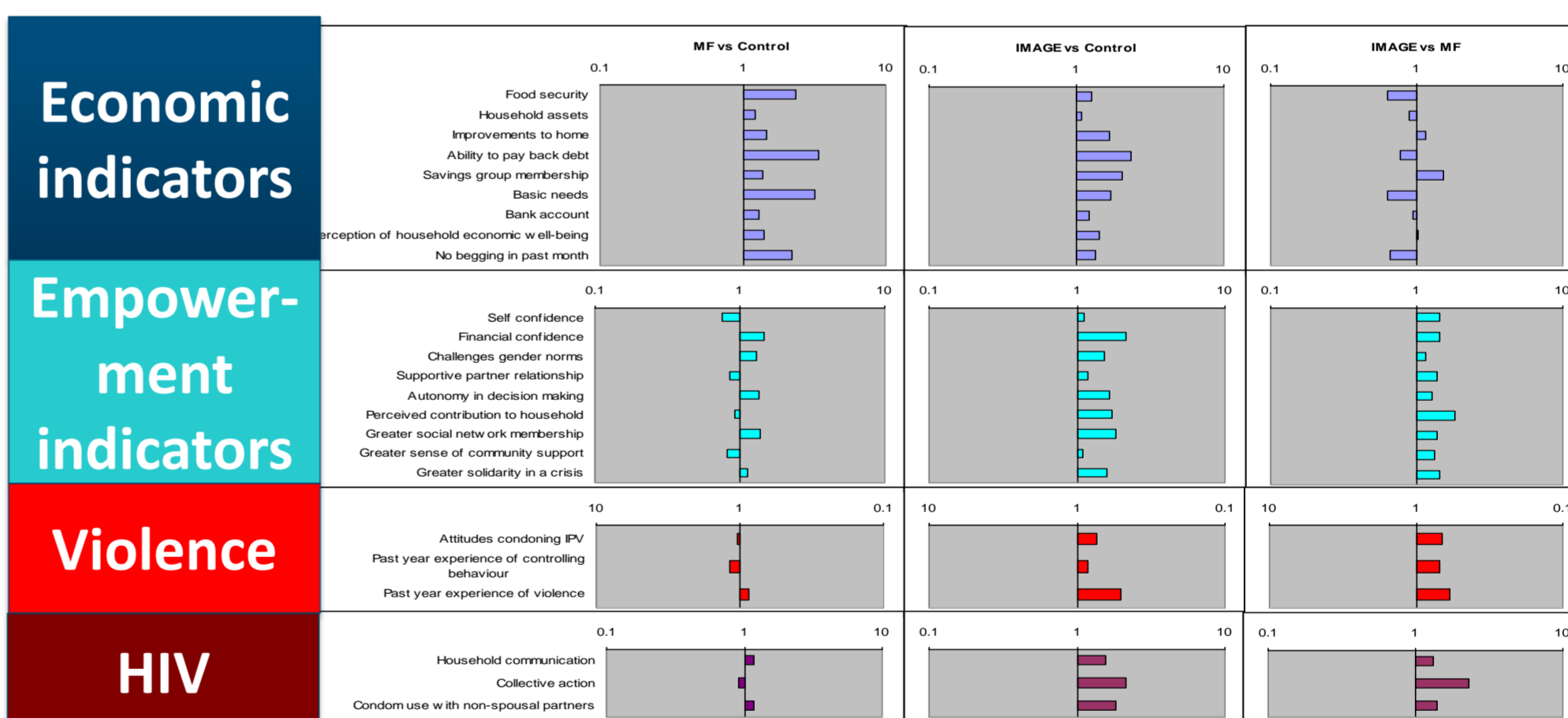
- No difference in HIV impact between conditional & unconditional intervention arms
- Main HIV impact through reductions in numbers and age difference in partners
- Likely that impacts linked to a reduction in transactional sex

Important questions:

- If there is no difference between conditional and unconditional payments, is the impact due to money alone?
- If the impact was a result of poverty reduction, could other poverty reduction and/or skills development approaches also be important?
- How can HIV impact be sustained? Is giving money to girls a temporary or transformative intervention?
- Could additional or longer term benefits be achieved by combining economic & empowerment project components?

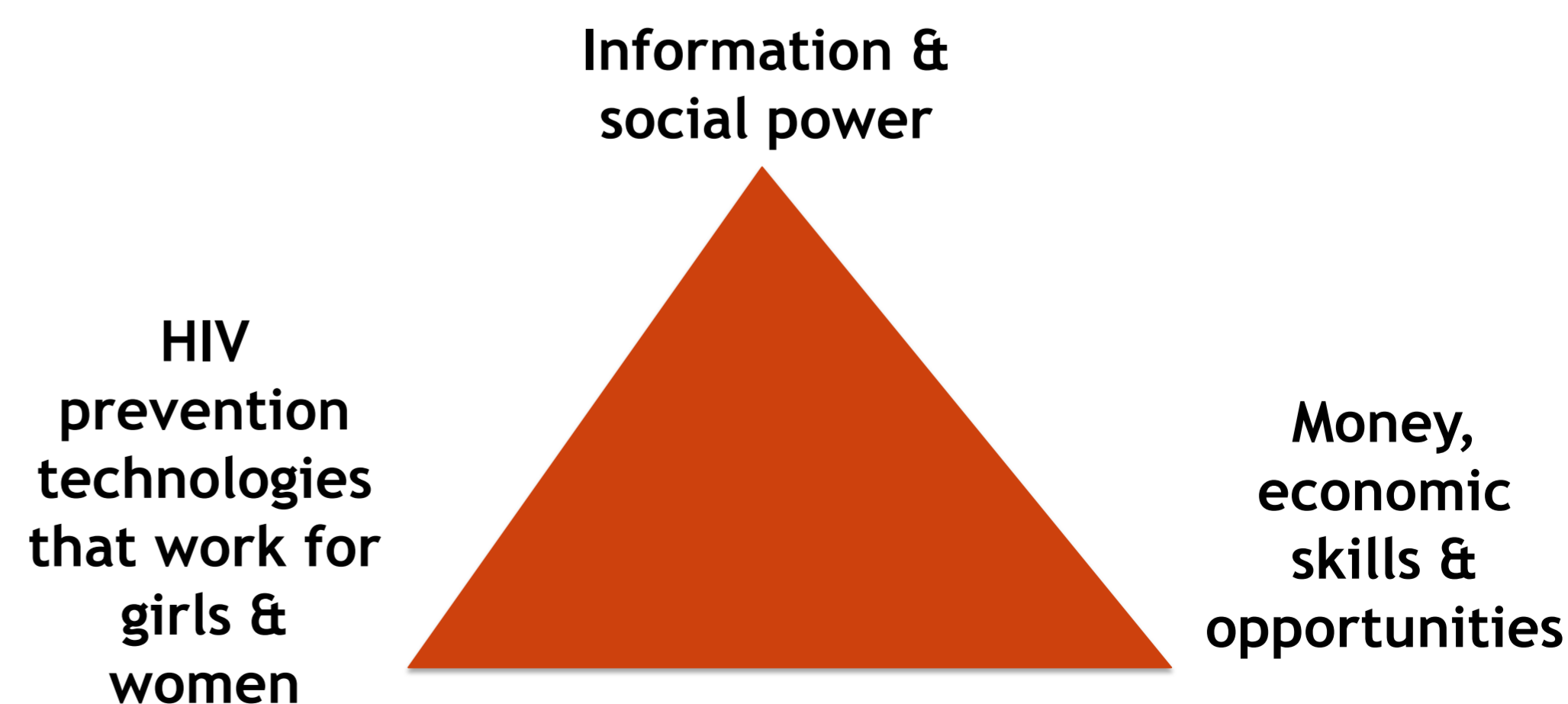
*Dupas 2009, **Baird et al 2012

Micro-finance alone reduced poverty but did not impact on empowerment, violence or HIV related indicators



* All ARR for indicators represented as bar graphs on a logarithmic scale Source: Kim et al 2008 WHO Bulletin

More than money likely to be needed to achieve a sustained impact on adolescent HIV risk



Adapted from: Brady, Martha. Population Council, 2005.