

# Cash Transfers and Adolescent Research in South Africa

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# Origins of cash transfers for HIV prevention

- ① Development field – use of social protection as mechanism for poverty alleviation
- ① Psychology – contingency management, particularly substance abuse & weight management

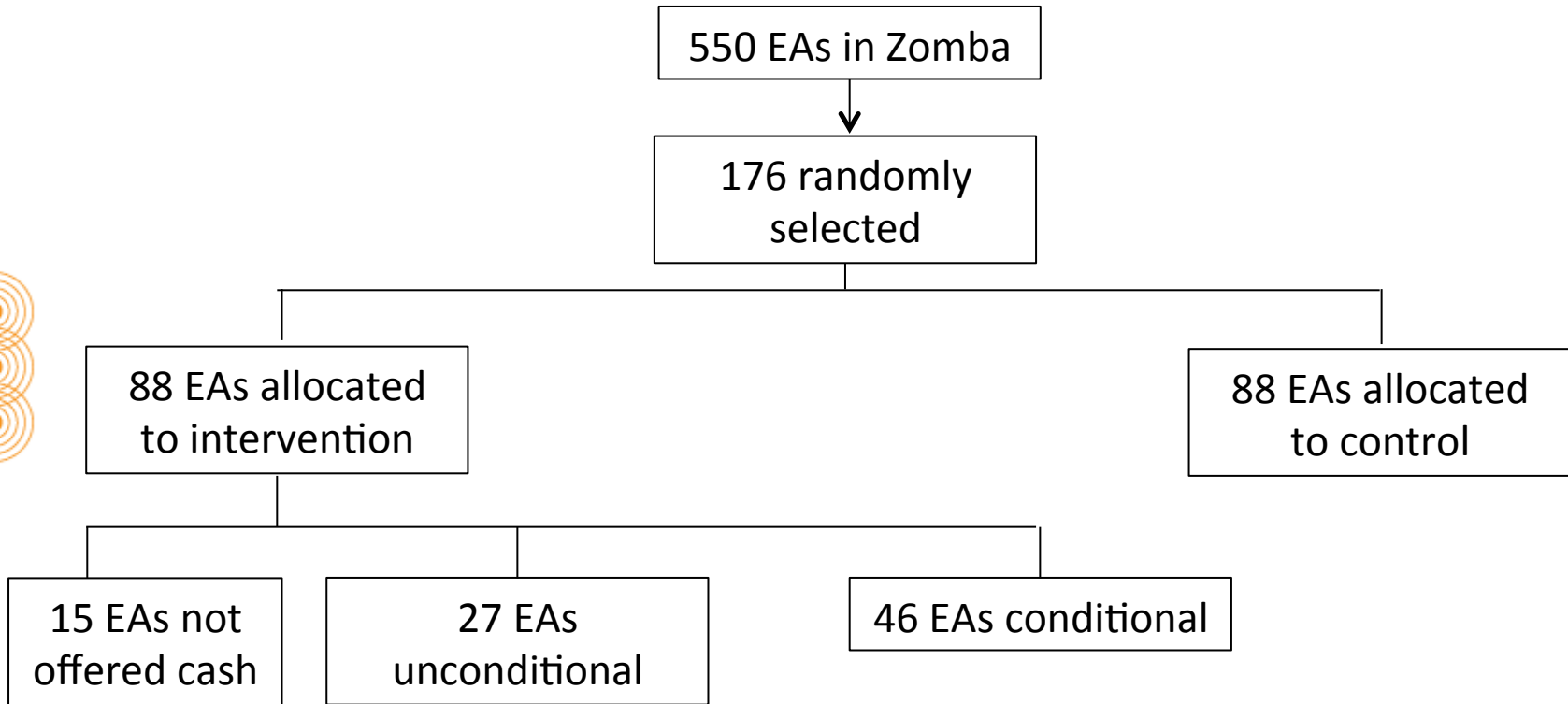
# Cash Transfer experience for HIV prevention

- ◎ Review shows 14 such studies
- ◎ Many focus on education & adolescents
- ◎ Majority are RCT – 4/14 have HIV endpoint
- ◎ 2 RCTs in South Africa (HPTN068 & CAPRISA 005)

# Cash Transfer big debates

- ① Can this work for HIV prevention?
- ① What is the role of (&support for) conditioning?
  - Traditionally conditioning used in Latin America but less support in Africa
  - Changing as many African countries look at conditioning
    - Recent changes to the South African Child Support Grant – soft conditioning & gap between policy & implementation
  - Few studies designed to perform comparison

# Malawi cash transfer study



Adapted from Baird et al. 2012

Targeted 13-22 year old never-married girls

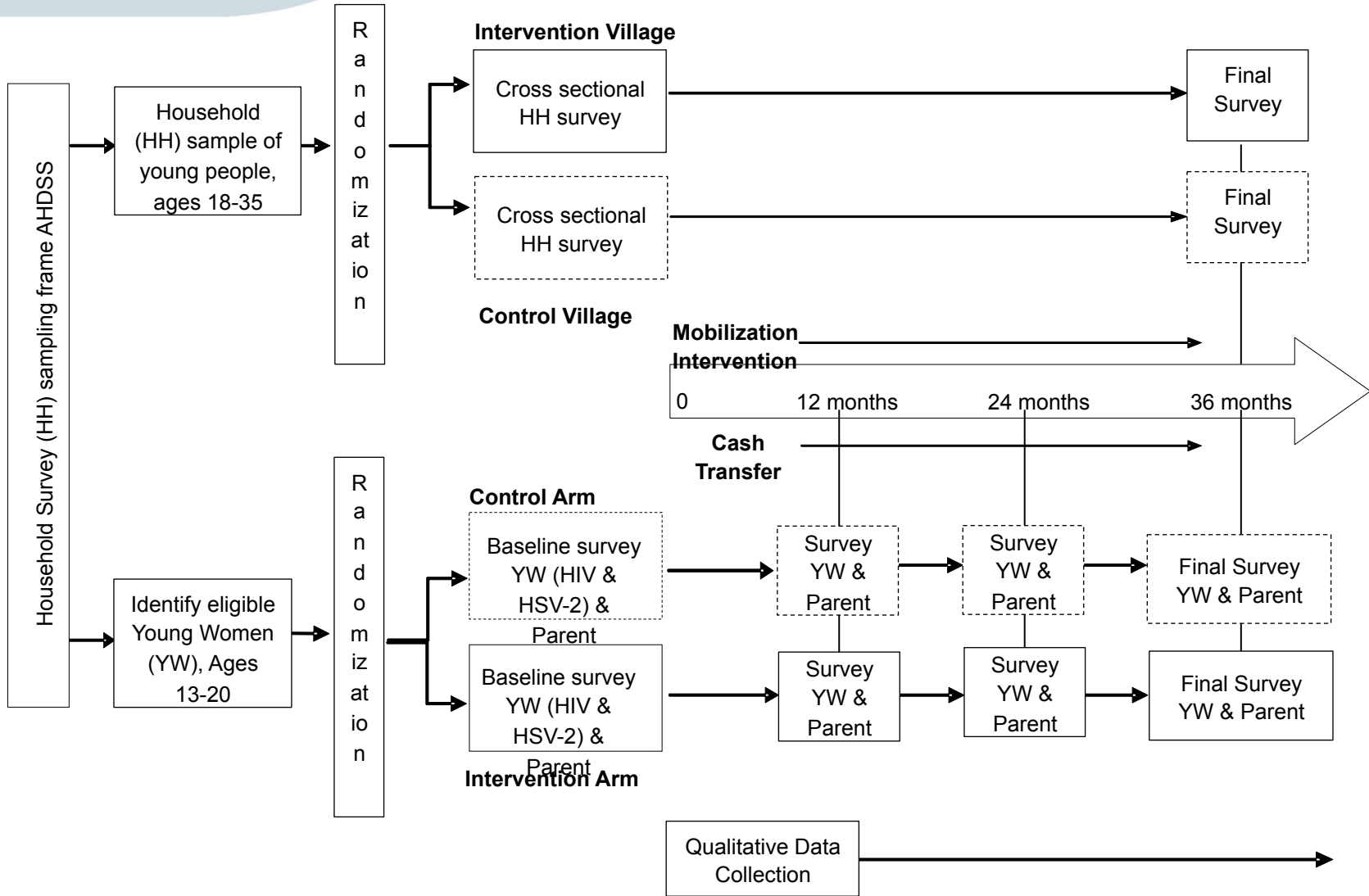
# Zomba important findings

- ◎ Impact on frequency of intercourse, partner age & school enrolment at 12mo
- ◎ Impact on HIV & HSV-2 prevalence at 18mo
- ◎ No biological impact for drop out girls
- ◎ No difference between conditional & unconditional arms (except pregnancy)
  - Implications for feasibility
- ◎ No difference by transfer amount
- ◎ High baseline prevalence of transactional sex (25%)

# HPTN068



**swa koteka**







# Primary Objective

- To determine whether young women who are randomized to receive cash transfers conditional on school attendance have a lower incidence of HIV infection over time compared to young women who are not randomized to receive cash transfers.

# Secondary Objectives

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- 1) To determine whether young people ages 18-35 living in villages that are randomized to a mobilization intervention focused on young men demonstrate positive changes in gender norms compared to young people living in villages that are not randomized to mobilization.
  - 2) To determine whether young women who are randomized to receive CCTs conditional on school attendance have a lower incidence of herpes simplex virus type 2 (HSV-2) infections over time compared to young women who are not randomized to receive cash transfers.

# Secondary Objectives

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- 3) To determine whether young women who are randomized to receive CCTs and who live in villages that are receiving the mobilization intervention targeting young men to change gender norms have a lower incidence of HIV and HSV-2 over time compared to young women who receive the cash transfer alone.
  - 4) To determine whether young women who receive the CCTs report less unprotected sex, younger male partners, an older age of coital debut, a lower incidence of self-reported pregnancy and greater school attendance compared to young women who do not receive the cash transfers.

# Preparation Work

- ◎ 2009 (RNE funded)
  - 2 workshops to meet with Cash Transfer intervention & evaluation experts
  - Formative work in Agincourt exploring schooling, pregnancy & HIV among young women
- ◎ Early 2010
  - 2mo pilot of evaluation and intervention activities – manuscript ready for submission
    - In general found that the intervention was feasible & acceptable in this community
- ◎ Late 2010
  - Formative work for development of Hope Scale & Community Mobilization measures
    - Defined domains to be included in measures
    - Developed scales to measure domains

# Study Procedures

- ① Using the AHDSS as the sampling frame, identify girls ages 13-20 in school
- ② During the week visit home- conduct parental consent, HH questionnaire (CAPI) and YW assent
- ③ Make appointment for girl to come to weekend camp







# Study Procedures (2)

- ◎ Girls attend weekend camps on Sat/Sun
  - 1) Welcome Station (check-in)
  - 2) ACASI Questionnaire
  - 3) Group Pre-Test Counseling
  - 4) Blood Draw/HIV rapid test
  - 5) Individual Post-Test Counseling
  - 6) Randomization Station









**Conditional Cash Transfer (CCT) Study  
Young Women's Questionnaire  
February 2010**

*Thank you for participating in our study. We would like to ask you questions about many aspects of your life. At any time, you may refuse to answer a question if you are not comfortable with the question.*

*Your complete honesty is appreciated. We will start by getting some basic information about you and your household.*



Previous  
Question

Next  
Question

Repeat the  
Question

What was your overall mark for the 2008 school year?

If in 2008 you failed the grade, why was your overall mark for the last school year 80% or greater? Please correct.

OK

Refuse to Answer

80% or greater

40-49%

70-79%

30-39%

60-69%

20-29%

50-59%

less than 20%

Previous Question

Next Question

Repeat the Question

# Sexual/Physical Abuse in Minors

- ⊙ Legally required by South African law to report all physical or sexual abuse of minors to authorities
- ⊙ Parents and YW informed of this in the consent/assent
- ⊙ We remind YW in the abuse ACASI section if she answers “Yes” to any of the violence questions we must report
- ⊙ At end of survey flag if YW reports abuse so counselor can offer help— support services and information provided to all girls
- ⊙ SOP on abuse and report forms available
- ⊙ Burden on inadequate local resources – triage of cases
- ⊙ In-depth training on abuse counseling/handling conducted with counselors and local social workers
- ⊙ Arranged for joint quarterly training and debriefing for counselors, social workers and local VEP staff

# School Attendance/Payment

- ① Attendance sheets collected from school first week of the month, payment made on 15<sup>th</sup> of month
- ① Currently send fieldworker to post-office on set days of the week to collect post-office account information
- ① First payment made May 15<sup>th</sup> for girls enrolled in March


## Challenges

- ① School attendance registers variable quality & availability
- ① Poor understanding of account information
- ① Processing of large number of payments monthly
  - Looking at new solutions but challenging in such a rural setting

# Progress -- Enrolments

- ◎ Ethics approvals, lab accreditation, staff hiring, site initiation
- ◎ Completed week 33 (22/23 Oct) of HPTN 068 enrolment
- ◎ YW enrolled: 1932
- ◎ HIV positive: 61 (3%)
- ◎ HSV-2 positive: 92 (5%)
- ◎ Number/Percentage of 2660 HIV negative young women enrolled: 1871/70%

# Gaps

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- ◎ Cash transfer studies predominately in rural areas
    - What of urban areas where we expect greatest population growth?
    - Significant urban poverty
    - Challenges of migration & lower social stability
    - Conditioning on health services rather than education
      - integration with public health care system
    - Need to better understand adolescent urban context
  - ◎ What of young men?
    - Cash prone to anti-social use?





# WAVE: the Well-being of Adolescents in Vulnerable Environments

## Experiences from Johannesburg



# Well-being of Adolescents in Vulnerable Environments





# Aims of study

- ① To learn more about young people's health in vulnerable environments
- ① To explore existing interventions for working with young people
- ① To design an intervention to improve young people's health
- ① To consider the use of mobile technologies in research and intervention design

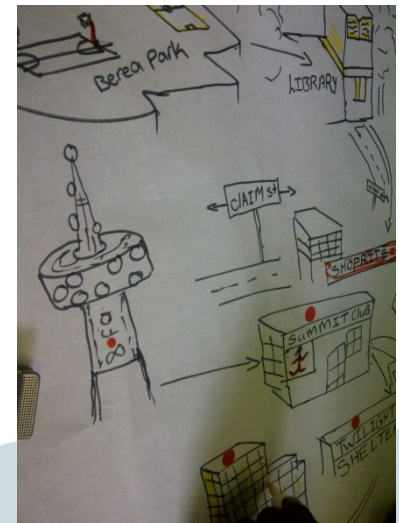
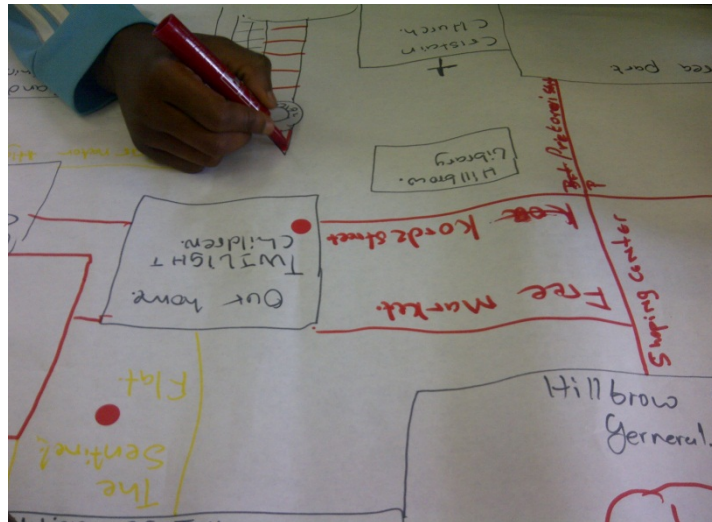
# Experiences of working with youth

- Challenges of obtaining informed consent from parents/guardians
- Young people already have many commitments and don't have time to participate in research
- Working in a challenging environment can restrict opportunities for engagement
- Word of mouth was successful and young people recruited their friends




# Methodological approach

- Creative methodologies are powerful and successful way of engaging youth
- Use of qualitative methods: community mapping, focus groups, photography and interviews



# Case study 1: Sylvie\*, 15

- Congolese migrant living in inner-city shelter
- Education focussed
- Optimistic about future



You get into the adolescent stage and you don't know who to trust, who to go to give you advice then the things people do here you don't know if this is good or this is bad

I wouldn't go to school sometimes because I would be late and I was bunking a lot during that year. I had to clean the house, wash her clothes, her son's clothes, her daughter's clothes and her husband's clothes and I had to cook and everything, and sometimes she would not give me food but I would cook the food and she would give her children and not me...

I actually thank God for the school he has given us because it's actually a school whereby a lot of people are from shelters...

## Siya, 17: “My situation at home is a bit rough”

- His mother died in 2008. Now lives with his father after staying with his grandmother for several years
- Sells flowers on a Sunday to earn R50.00 (approx \$6)
- Aims to study Environmental Science at university
- Hopeful for the future

I like to see myself staying at some suburb having a car and a wife and also knowing that my family is taken good care of

I save some of it and take some to buy food at school because I only get transport fare so I have to sort myself out when it comes to food.

- Discriminated against because of where he lives

People have a mentality that the Hillbrow-Berea area is dirty and they associate it with prostitutes and also the fact that it's rough... [S]ome of my school mates, especially those who are from Soweto, like commenting about how I am staying in a dirty place and I also like prostitutes because this place is full of them

“ I am worried about failing in life and in school”  
17 year old boy

# Adolescent Priorities

“As a young person I am worried about my future if I continue staying in this place”

16 year old girl

- ⦿ Adolescent priorities are not about health
- ⦿ Overall concern with the safety of their community
- ⦿ Worries about home environment
- ⦿ Education and employment are their main concerns

A challenge for me is that this place is boring and there isn't much to do except playing soccer or go to parties  
17 year old boy

“We should also have youth support groups where we will talk about health and any other problems we are faced with as young people in Hillbrow”  
19 year old female



# What makes young people vulnerable?

- ◎ Poverty
- ◎ Food insecurity
- ◎ Crime and violence
- ◎ Poor housing conditions
- ◎ Lack of positive adult role models
- ◎ Daily discrimination because of environment they live in
- ◎ Lack of support
- ◎ Lack of assistance with education & employment



# Summary of findings to date

- Urban poverty is linked to food insecurity, absence of positive adult role models, and drives crime and substance (mis)use & transactional sex
- Poverty is a strong underlying structural driver of young people's poor health and living conditions
- Strong desire to do more work with young people in Hillbrow and develop interventions that target young people AND care-givers, teachers and service-providers





# Flexibility

- Initially wanted to answer questions about access to health care to assist with designing a health intervention for young people

BUT

Living in a context of urban poverty means that young people's main concern is not their health

# USAID urban CCT feasibility

- Based on SANAC recommendations – understand the extent to which poverty & income inequalities facilitate HIV risk behaviour
- Whether economic vulnerability acts as a barrier to access health services in young people
- Can HIV risk behaviours such as transactional sex be substituted

# Specific Aims

1. To determine whether & how poverty & other economic vulnerabilities influence HIV-related sexual risk and protective behaviours among sexually active youth aged 16-24 years living in Hillbrow, Johannesburg.
2. Develop and implement a pilot intervention using direct cash incentives to promote HIV risk reduction & use of health care services over a period of 6 months, to determine appropriate delivery mechanisms
3. Evaluate the feasibility & acceptability of the pilot cash transfer intervention in this setting, especially with respect to potential unintended or negative consequences of the programme

# Study Design

- Phase I: cross-sectional survey of 600 school-based and 400 out-of-school youth aged 16-24 years
- Phase II: RC pilot of intervention with 40 youth
- Phase III: qualitative and quantitative evaluation of acceptability & feasibility with pilot participants, parents, educators & health care providers

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