

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



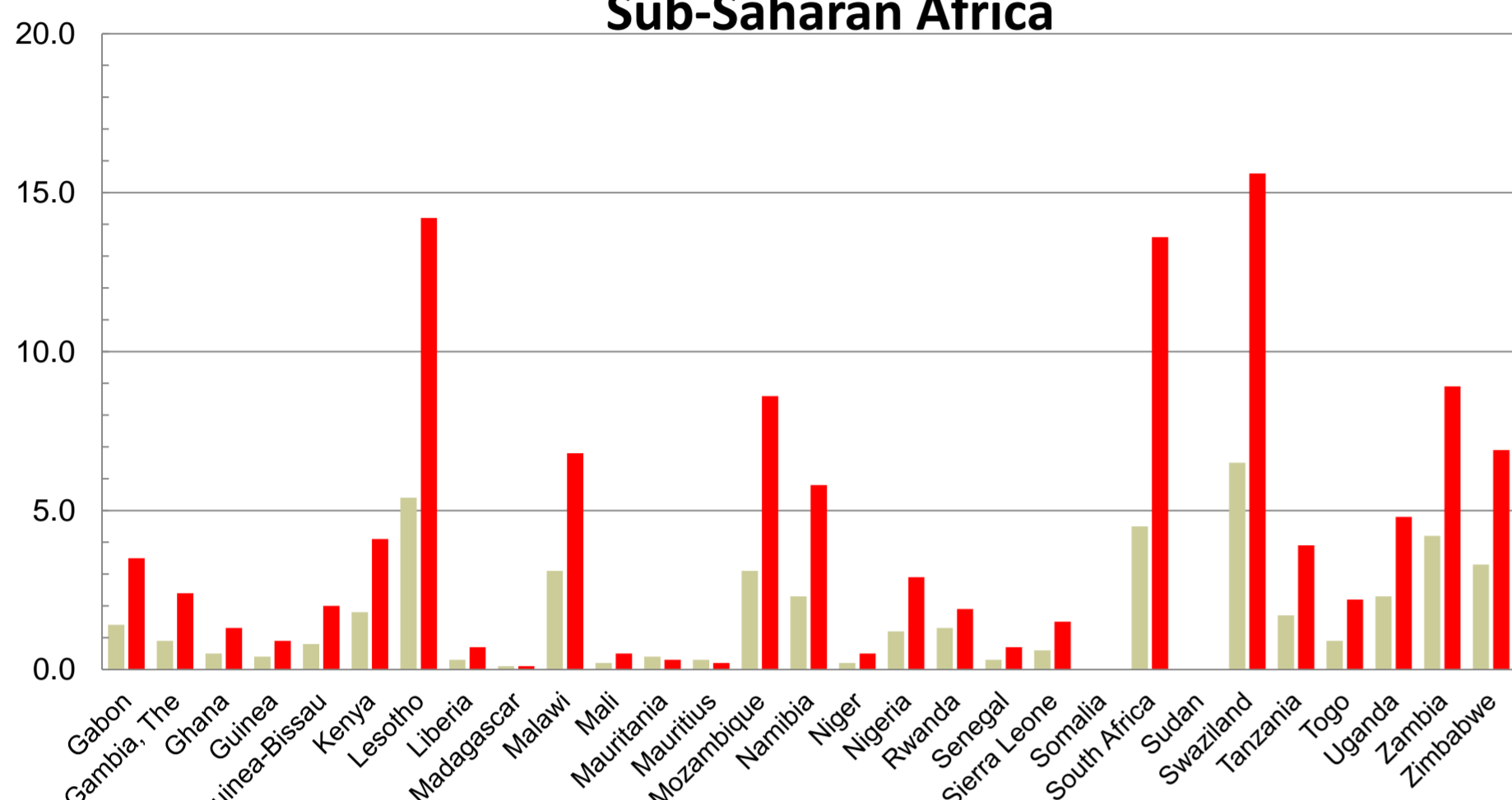
**Charlotte Watts PhD & Lori Heise PhD**

Social and Mathematical Epidemiology Group & STRIVE Research Consortium, Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine

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

### HIV prevalence adolescents aged 15-24

#### Sub-Saharan Africa



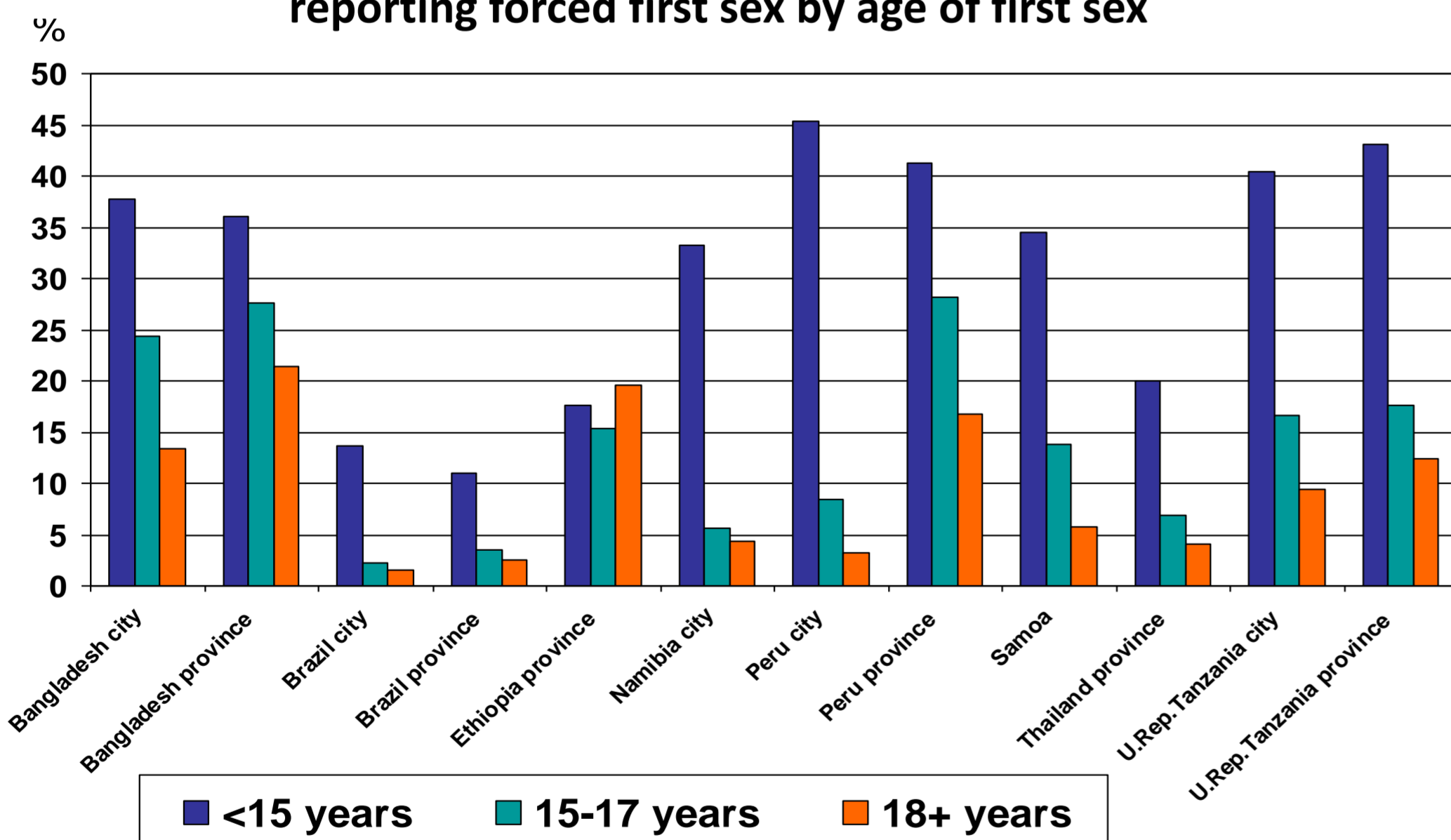
Source: UNAIDS 2009

## 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

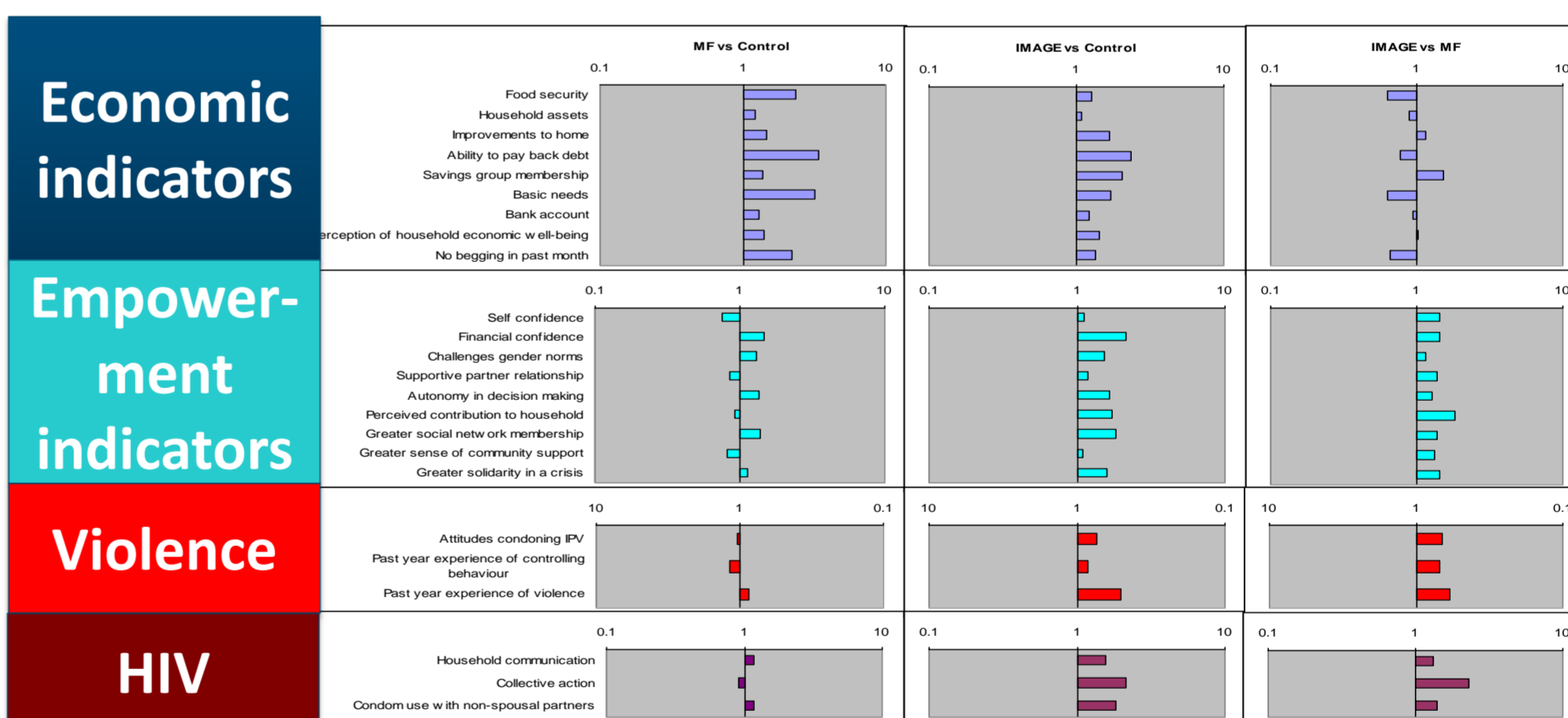
- No difference in HIV impact between conditional & unconditional intervention arms
- Main HIV impact through reductions in numbers and age difference in partners
- Likely that impacts linked to a reduction in transactional sex

### 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?

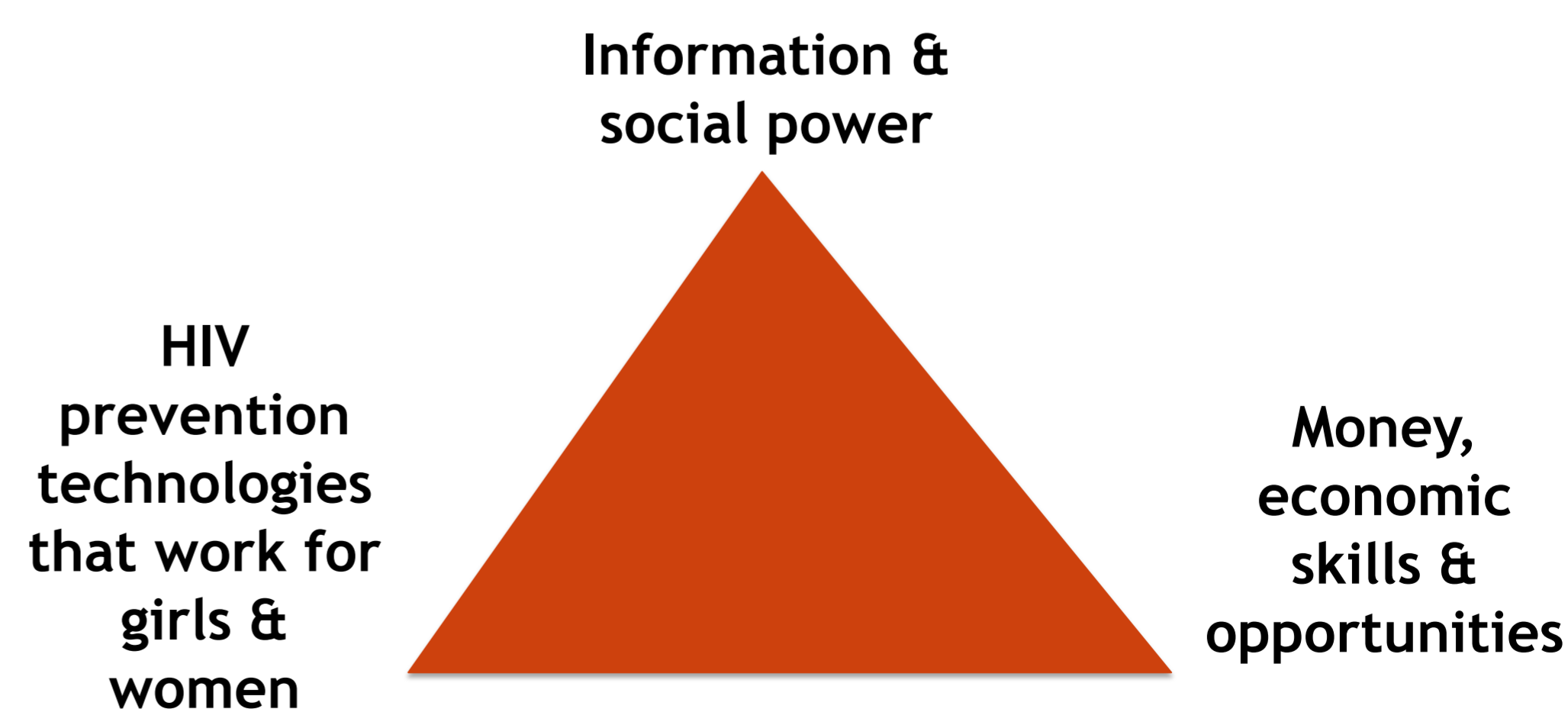
\*Dupas 2009, \*\*Baird et al 2012

## 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.