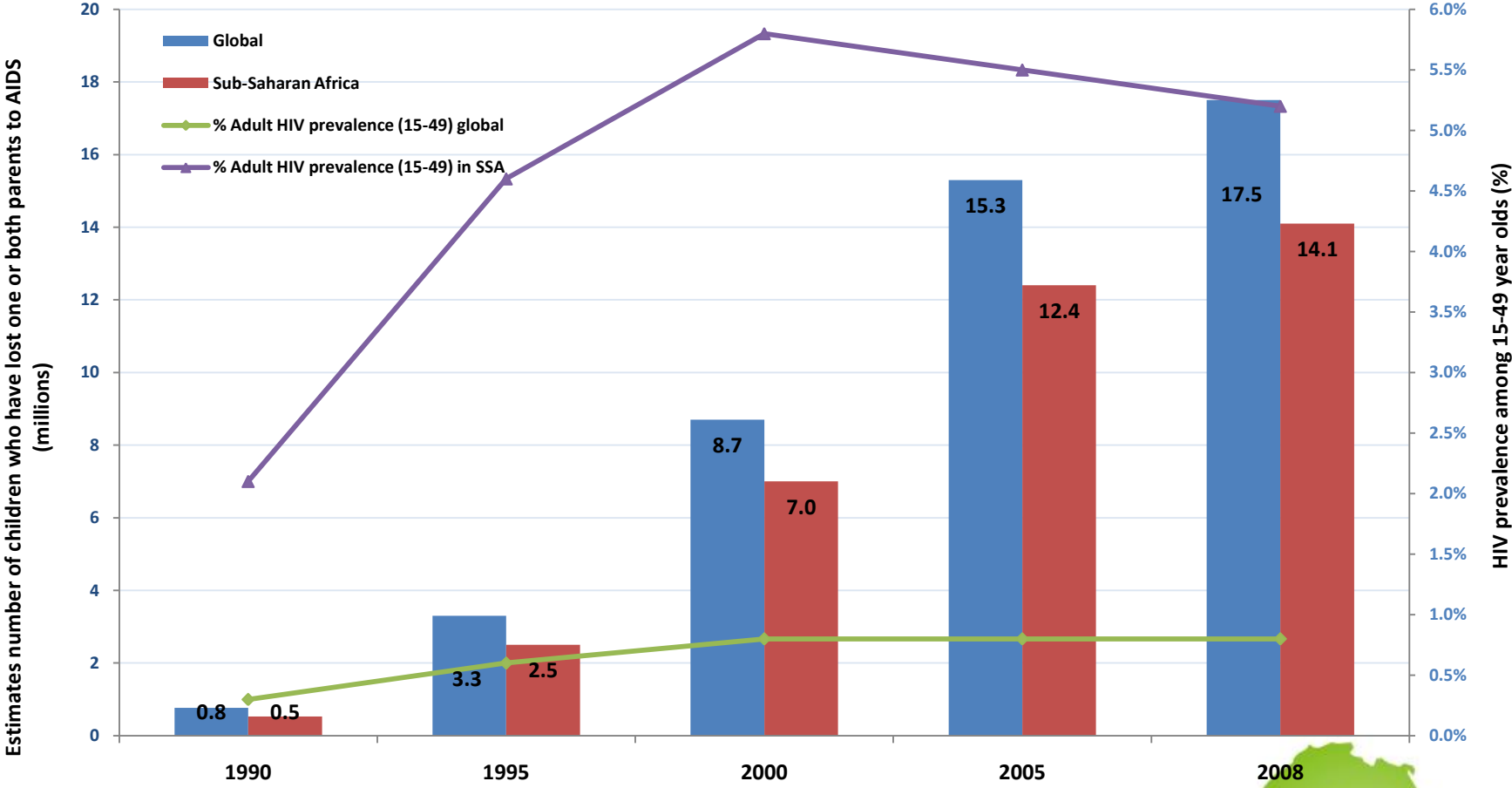


SCTs and HIV Prevention: A conceptual framework



Estimated number of children (0-17) who have lost one or both parents due to AIDS globally, 1990-2008



Source: UNAIDS/WHO, 2009 AIDS epidemic update



HIV risk factors are economic, social and psychological

- Among young people, HIV prevalence 2-5 times higher among females
- Poverty drives transactional sex, risky sex, 'sugar daddies' and multiple partners (Halperin & Epstein 2004)
- Social structures imply low bargaining power over condom use, abstinence (Rau 2003; Ruud et al. 2003)
- Low self-esteem and search for affection, particularly among OVC (Cluver & Gardner 2007; Jukes 2008)



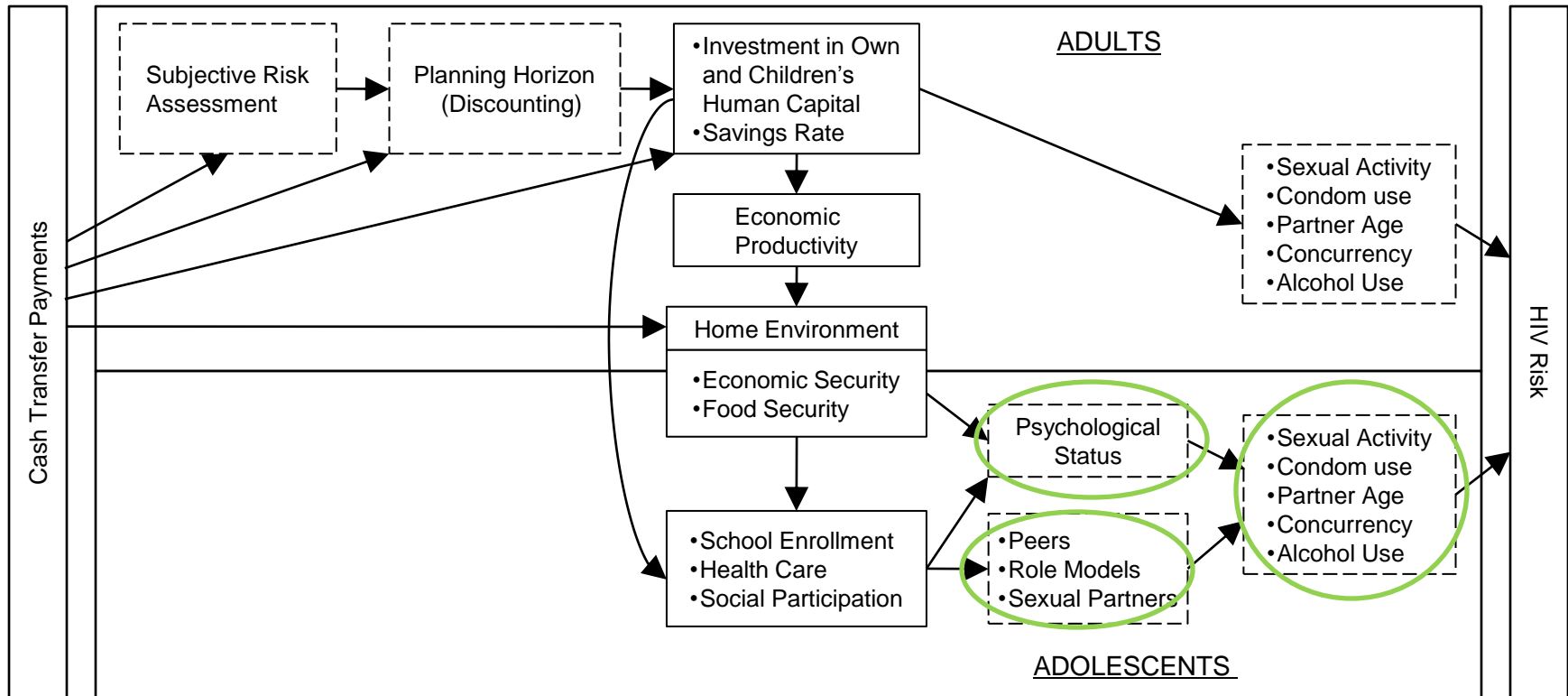
Schooling is a protective factor for HIV risk

(de Walque et al. 2005, Michelo 2006)

- Changes peer group and transmission of values (social, psychological) (Campbell et al. 2005)
- Changes potential partner pool (social) (Hargreaves et al. 2008)
- Increases earnings potential (economic) future aspirations or hope (psychological) (Barnett & Weston 2008)(Pettifor et al. 2004)
- Increases self-efficacy (Kalichman et al. 2008)



Conceptual Framework for SCTs and HIV Prevention



Early experimental evidence

- Zomba Cash Transfer Experiment for Adolescent Girls
 - Significant improvements in school attendance, early marriage, pregnancy
 - Reduction in risky sexual activity and partner age
 - Amongst beneficiaries who were enrolled in school at baseline, HIV prevalence 60% lower than control group – BUT HIV data not collected at baseline Baird et al., 2009, World Bank, 2009/10; Ozler 2010
- Cash transfers as incentives for VCT
 - Even small incentive – 1/10 of daily wage – increased returns for results by 50%. Thornton R. (2006)
- Tanzania: CCT reduced incidence of STDs Yang (2010)
- Recent media focus on the potential for SCTs to reduce HIV in Africa (Lancet, New York Times, Financial Times)

