Preventing HIV in young women: tackling education, poverty and gender inequality

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Estimated number of **new HIV infections per week** among young women aged 15–24 years in East and Southern Africa, 2012.
I am a young woman.
I face these issues.
Determinants of susceptibility in young women

• Behavioral
  – Male Partners
    • Older male partners
    • Transactional sex

• Community/Contextual
  – Gender power inequities and Gender based violence
    • Less able to negotiate condom use (Unprotected sex)
    • Less able to refuse unwanted sex (Forced sex)

• Structural
  • Education
  • Poverty
Cash Transfers

HIV Risk
Swa Koteka (Yes, we can!)
HPTN 068: Effects of cash transfer and community mobilization for prevention of HIV in young South African women

- Randomized Controlled Trial
- **Intervention**: Cash transfer conditional on school attendance to young woman and parent/guardian
- **Population**: ~2,500 South African young women in grades 8-11, ages 13-20 yrs (Agincourt, South Africa)
- **Primary endpoint**: HIV incidence in young women
- Monthly payment conditioned on 80% school attendance: R100 girl/ R200 guardian
Study Site: Agincourt Health and Socio-Demographic Surveillance Site (AHDSS)

- Ehlanzeni District, Mpumalanga Province
- 28 villages, 115,000 people, 420 km²
- HIV Prevalence 46% and 45% among women and men 35-39 years.
A monthly cash transfer conditional on school attendance did not reduce new HIV infections.

Young women receiving the CCT reported fewer sex partners, less unprotected sex and experienced less IPV.

School attendance was high in both arms.

Staying in school and greater attendance significantly reduced HIV risk for young women.

HIV incidence was 1.8% and risk behaviors were relatively low.
Community Mobilization

- Target men 18-35 years of age
- Randomize 22 villages - half get community mobilization and half do not
- Conducted outreach activities to mobilize communities, particularly young men, around changing gender norms and sexual behaviors that place young women and men at risk of HIV infection.
- Intervention ran from March 2012-April 2014

## CM and CCT Combination impact on IPV

<table>
<thead>
<tr>
<th>Groups</th>
<th>% IPV</th>
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<tbody>
<tr>
<td>YW exposed CCT and CM intervention</td>
<td>21.3%</td>
</tr>
<tr>
<td>YW exposed to CCT only</td>
<td>23.4%</td>
</tr>
<tr>
<td>YW exposed to CM only</td>
<td>27.7%</td>
</tr>
<tr>
<td>YW in both control conditions</td>
<td>33.8%</td>
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</tbody>
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Key components to prevention

• Keeping girls in School is important
• Young women in school are relatively low risk
• Need to focus on those out of school and the 18-24 age group
• Men are the other key part of the equation
• Poverty and lack of financial independence are essential
• Need to address GBV
Combination Prevention

Individual Behavior + PREP + CCT + CM with Men = HIV Risk