COMBINATION SOCIAL PROTECTION REDUCES HIV-RISK IN ADOLESCENTS

Citation: Cluver, L, Orkin, M, Yakubovich, A & Sherr, L. (2016) 'Combination Social Protection for Reducing HIV-Risk Behavior Among Adolescents in South Africa'. JAIDS 72(1): 96 -104

Social protection programs which aim to reduce HIV-risk behaviours often focus on unconditional cash transfer programs. However, recent research suggests that a combination of financial/ in-kind "cash", psychosocial "care", and school-based "classroom" social protection provisions might be more effective for HIV prevention in adolescents.

RESEARCH QUESTIONS

Which specific types of social protection interventions are effective in adolescent HIV-risk reduction?

Are there cumulative prevention benefits from accessing combination social protection?

THE RESEARCH

- Prospective longitudinal study of 3516 adolescents aged 10–18 conducted in 2009 (baseline) and 2012 (follow-up).
- Social protection: Sustained receipt of 14 social protection interventions at baseline and follow-up.
- Outcomes: Rates of new HIV-risk behaviours between baseline and follow-up (past-year incidence).

KEY MESSAGES

Reducing HIV-risk behaviours is key to reducing new HIV infections among adolescents.

Specific social protection provisions (cash, care, and classroom) could reduce new HIV infections in adolescents.

Combinations of social protection provisions may have a cumulative effect in reducing new HIV infections in adolescents: the more provisions accessed by the adolescent, the greater the reduction.

FINDINGS

COMBINATION SOCIAL PROTECTION WERE STRONGLY ASSOCIATED WITH GREATER REDUCTIONS IN HIV-RISK BEHAVIOURS. For example, girls' predicted past-year incidence of economically-driven sex dropped from 10.5 % with no interventions to 2.1 % among those with a child grant, free school, and good parental monitoring (Figure 1).

CHILD-FOCUSED GRANTS, FREE SCHOOLING, SCHOOL FEEDING, TEACHER SUPPORT, AND PARENTAL MONITORING WERE INDEPENDENTLY ASSOCIATED WITH REDUCED HIV-RISK BEHAVIOUR INCIDENCE.

EXISTING INTERVENTIONS THAT ARE CURRENTLY PROVIDED BY GOVERNMENTAL AND NONGOVERNMENTAL ORGANIZATIONS, OR FAMILIES DELIVERED IN REAL-LIFE SETTING IMPROVE ADOLESCENT HEALTH BY REDUCING HIV-RISK BEHAVIOUR (Figure 2 and 3).

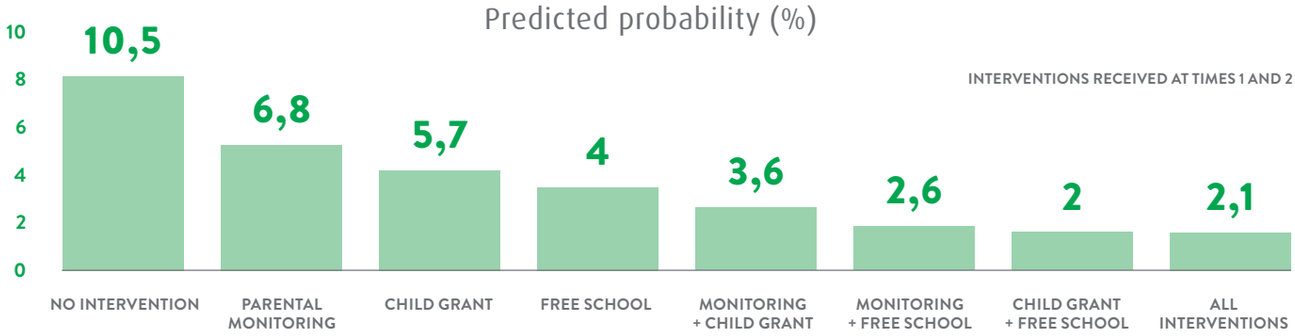
COMBINATION SOCIAL PROTECTION REDUCES HIV-RISK IN ADOLESCENTS

FINDINGS

FIGURE 1

PAST-YEAR INCIDENCE OF ECONOMIC SEX* AMONG GIRLS (%)

Predicted probability (%)



* economic sex includes age-disparate or transactional sex

FIGURE 2

PAST-YEAR INCIDENCE OF CARELESS SEX** AMONG GIRLS (%)

Predicted probability (%)

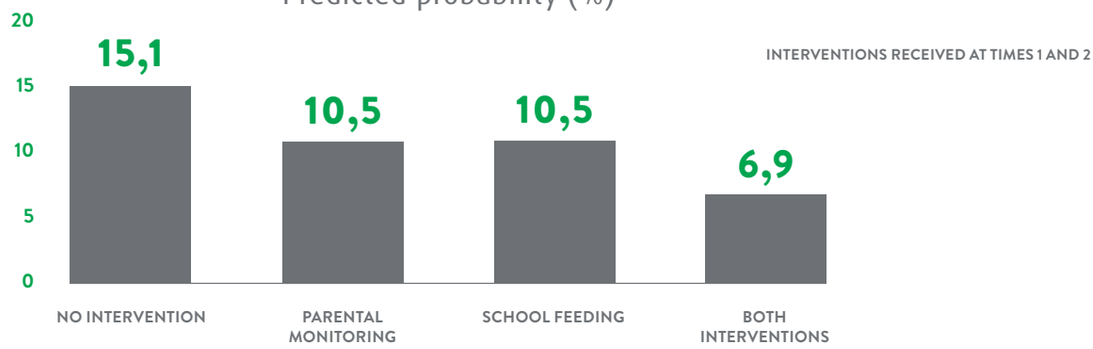
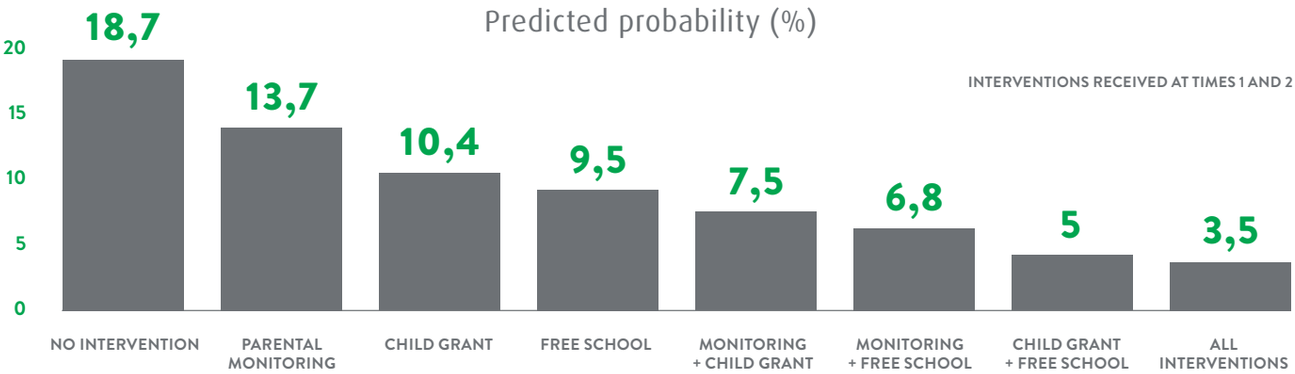


FIGURE 3

PAST-YEAR INCIDENCE OF CARELESS SEX** AMONG BOYS (%)

Predicted probability (%)



** careless sex includes casual sex, sex whilst using substances, multiple partners

This Research was generously funded by: Economic and Social Research Council (UK), the Claude Leon Foundation, HEARD at UKZN, The John Fell Fund, the National Research Foundation (SA), the Nuffield Foundation, the Leverhulme Foundation, the European Research Council and UNICEF.