

SOCIAL PROTECTION: POTENTIAL FOR IMPROVING HIV OUTCOMES AMONG ADOLESCENTS

Citation: Cluver, L, Hodes, R, Sherr, L, Orkin, F M, Meinck, F, Lim Ah Ken, P, Winder-Rossi, N, Wolfe, J, & Vicari, M. (2015) Social protection: potential for improving HIV outcomes among adolescents. JIAS 18(6): 1 – 6. DOI:10.7448/IAS.18.7.20260

RESEARCH QUESTIONS

What is the evidence that social protection reduces HIV prevalence rates and facilitates treatment adherence among adolescents in Eastern and Southern Africa?

Is social protection accepted at the population level?

Are social protection programs affordable in Eastern and Southern Africa?

! WHY IS THIS IMPORTANT?

- High rates of HIV infection, morbidity, and mortality persist, particularly in Southern and Eastern Africa.
- **SOCIAL PROTECTION** is one potential way to improve HIV prevention and treatment outcomes in adolescents by ameliorating the **SOCIOECONOMIC DEPRIVATIONS** that increase risk.

FINDINGS

Randomized trials in Malawi, Kenya, and South Africa have shown that **NATIONAL UNCONDITIONAL AND EDUCATIONAL-CONDITIONED CASH TRANSFERS REDUCED HIV PREVALENCE AND REDUCED HIV-INFECTION RISKS** (e.g., transactional sex, age-disparate sex, and sexual debut) amongst adolescents, particularly amongst girls.

KEY MESSAGES

Social protection provisions are important to counteract the barriers experienced by most vulnerable adolescents that stop them from accessing and adhering to HIV prevention and treatment programs.

Evidence shows that combinations of different social protection provisions are more effective in reducing new HIV infections in adolescents than any single provisions. When three or more effective provisions were accessed by the adolescent, the greater the reduction in HIV-risk behaviour.

African countries can afford to expand their social protection programs. Studies show high acceptability of those programs at the population level.

The expansion of social protection programs is financially feasible and scalable in a real-world African context.

SOCIAL PROTECTION PROGRAMMES DO NOT ONLY INCLUDE CASH INCENTIVE PROGRAMS BUT INCLUDE A RANGE OF ECONOMIC, SOCIAL, AND PSYCHOSOCIAL PROVISIONS ADMINISTERED BY GOVERNMENTS, NGOS OR COMMUNITIES, OR COMBINATIONS OF THESE MODALITIES.

FINDINGS

A recent study from South Africa found that **SOCIAL PROTECTION INTERVENTIONS SUCH AS IMPROVED FOOD SECURITY, PARENTAL MONITORING, AND ACCESS TO HIV SUPPORT GROUPS IMPROVED ADHERENCE AND RETENTION TO ANTIRETROVIRAL THERAPY AND RETENTION IN CARE.**

COMBINATION SOCIAL PROTECTIONS (cash, care, and classroom) CUMULATIVELY REDUCES HIV-RISK BEHAVIOURS AMONG ADOLESCENTS (Figure 1).

Most countries in Southern and Eastern Africa have some kind of social protection program. **STUDIES SHOW THAT MOST AFRICAN COUNTRIES CAN AFFORD TO EXPAND THEIR SOCIAL PROTECTION FLOORS; that CASH TRANSFERS AND SCHOOL SUPPORT ARE COST EFFECTIVE; and that SOCIAL PROTECTION CAN BE PAID FOR BY MANAGEABLE BUDGETARY COMMITMENTS FROM DIFFERENT GOVERNMENT DEPARTMENTS SUCH AS HEALTH, EDUCATION AND SOCIAL WELFARE.**

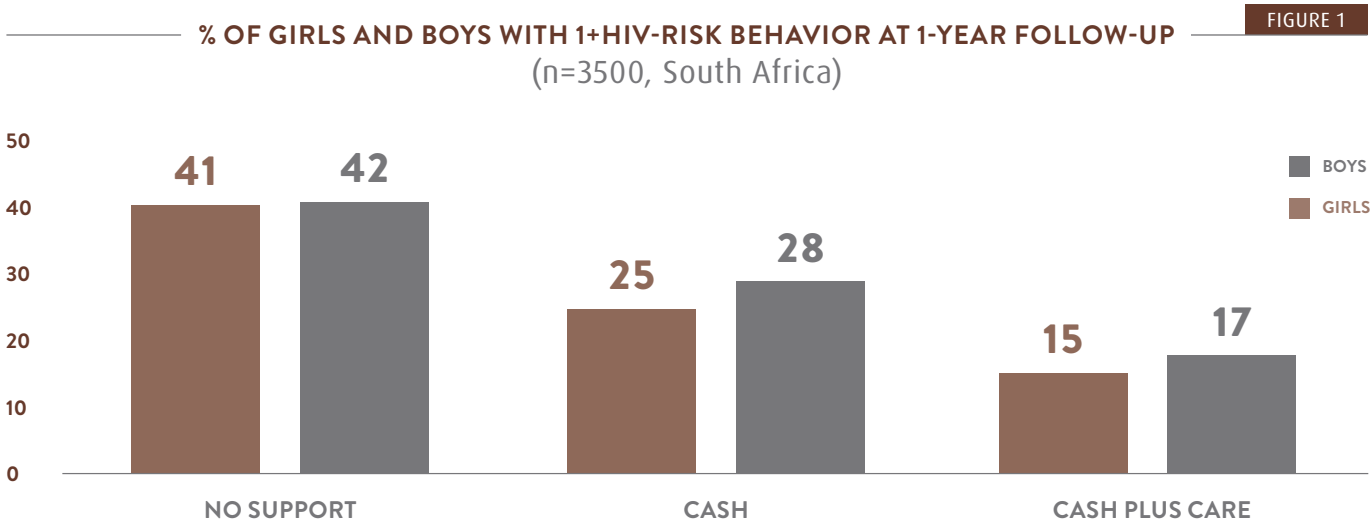


FIGURE 1

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.

