

Social Protection Briefs

Social Protection and HIV:

Research Implications for Policy

1: How can Social Protection reduce adolescent HIV-risk?

2: Combination Social Protection improves adolescent ART-adherence

3: Combination Social Protection reduces HIV-risk in adolescents

4: Social Protection: potential for improving HIV outcomes among adolescents

5: Social Protection and the Sustainable Development Goals

6: Combination Social Protection lowers unprotected sex in HIV-positive adolescents

HOW CAN SOCIAL PROTECTION REDUCE ADOLESCENT HIV-RISK?

Citation: Cluver, L, Orkin, M, Meinck, F, Boyes, M, & Sherr, L. (2016) 'Structural Drivers and social protection: mechanisms of HIV risk and HIV prevention for South African adolescents'. JIAS, 2016, 19(1):20646. <http://dx.doi.org/10.7448/IAS.19.1.20646>.

RESEARCH QUESTIONS

Which form of social protection (i.e., Cash, Care or Combinations) reduces HIV risk behaviour?

How do cash compared to care social protection interventions reduce HIV risk behaviours?

Is social protection effective for those adolescents who are most at risk?

FINDINGS

Overall, there is a **HIGH PREVALENCE OF STRUCTURAL DEPRIVATION**:

47%
ARE EXPOSED
TO VIOLENCE

32%
ARE
AIDS-AFFECTED

31%
LIVE IN INFORMAL
HOUSING

25%
DID NOT HAVE
ENOUGH FOOD

STRUCTURAL DEPRIVATION IS ASSOCIATED WITH AN INCREASE IN PSYCHOSOCIAL PROBLEMS WHICH, IN TURN, LEAD TO INCREASED ADOLESCENT RISK BEHAVIOURS, IN BOTH BOYS AND GIRLS (Figure 1).

KEY MESSAGES

Structural deprivation puts adolescents aged 10 - 17 in South Africa at higher risk for HIV-infection through increased psychosocial problems.

Cash plus Care social protection interventions reduce the risk for HIV-risk behaviour and psychosocial problems for children in highly deprived areas.

Provision of unconditional social protection to adolescents can reduce a range of psychosocial problems and HIV risk behaviours and is most effective for those most at risk.

THE RESEARCH

- Prospective observational study with initial 3515 adolescents aged 10-17 years (< 2.5% refusal, 96.8% retention rate), 2009 - 2012.
- Random samples were taken from two urban and two rural health districts (which > 30% antenatal HIV prevalence) in the two South African provinces, Mpumalanga and the Western Cape.
- Using gender-disaggregated analyses, longitudinal mediation models were tested for potential main and moderating effects of social protection.

FINDINGS

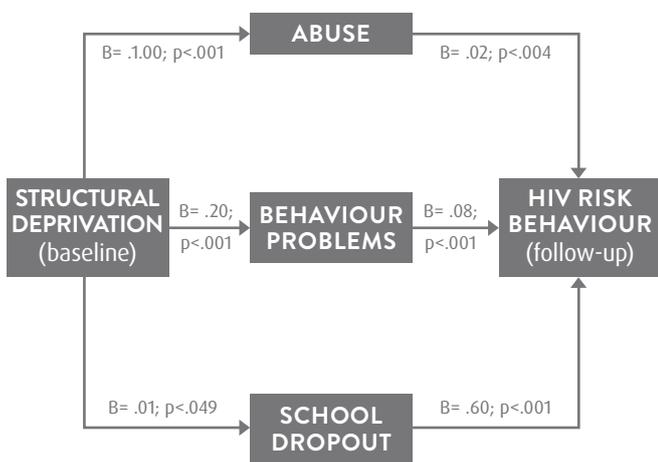
CASH SOCIAL PROTECTION INTERVENTIONS REDUCE THE RISK OF PSYCHOSOCIAL PROBLEMS AS WELL AS HIV RISK BEHAVIOURS. Specifically, they reduce the impact of poverty on HIV risk behaviours. **CARE SOCIAL PROTECTION INTERVENTIONS REDUCE PSYCHOSOCIAL PROBLEMS** (Figure 2).

SOCIAL PROTECTION REDUCES ADOLESCENT HIV-RISK BEHAVIOURS. Social protection is particularly effective for adolescents at highest HIV risk due to structural and psychosocial drivers.

Adolescent girls: **FIGURE 1**

EFFECTS OF PSYCHOSOCIAL FACTORS

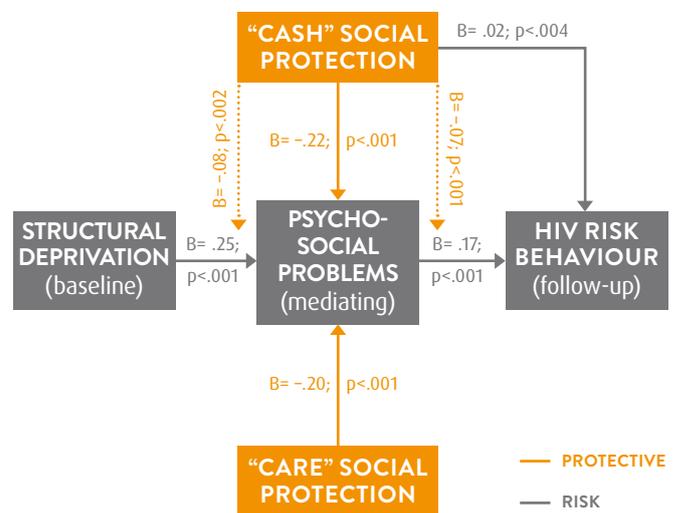
on associations between structural deprivation and subsequent HIV risk behaviour among adolescents



Adolescent girls: **FIGURE 2**

EFFECTS OF SOCIAL PROTECTION

on structural risk pathways to HIV-risk behaviour



DEFINITIONS

HIV RISK BEHAVIOURS: transactional sex, age-disparate sex, multiple partners, sex using substances (alcohol/drugs), unprotected sex and pregnancy.

STRUCTURAL DRIVERS: food insecurity, informal housing, AIDS-affected and community violence.

PSYCHOSOCIAL PROBLEMS: school dropout, substance use, behaviour problems, mental health distress.

CASH SOCIAL PROTECTION: cash transfers, free school, books, feeding, transport, uniform, food garden, parcel or kitchen.

CARE SOCIAL PROTECTION: positive parenting teacher social support, home based care, school counsellor.

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.



COMBINATION SOCIAL PROTECTION IMPROVES ADOLESCENT ART-ADHERENCE

Citation: Cluver, L.D., Toska, E., Orkin, M., Meinck, F., Hodes, R., Yakubovich, A., Sherr, L., (2016) Achieving equity in HIV-treatment outcomes: can social protection improve adolescent ART-adherence in South Africa? *AIDS Care*, 28(52):73-82, doi: 10.1080/09540121.2016.1179008.

RESEARCH QUESTIONS

Can social protection programs improve adolescent ART-adherence in South Africa?

If so, do combinations of social protection programs increase adherence rates?

! WHY IS THIS IMPORTANT?

- Low adolescent ART-adherence is highly associated with morbidity, mortality, and HIV transmission.
- There are many types of social protection programs, and some may be more effective than others for adolescents living with HIV.
- Low reported rates of adherence are a critical factor leading to morbidity, mortality, viral resistance and onward HIV transmission (Nachega et al., 2009).

🔍 FINDINGS

SELF-REPORTED ADOLESCENT ART NON-ADHERENCE IS ASSOCIATED WITH POOR CLINICAL OUTCOMES

- Past-week non-adherence was associated with increased rates of opportunistic infections, such as shingles, TB symptoms, and sores on the body and face.
- In a subsample (n = 266), past-week non-adherence was associated with increased rates of detectable viral load (>75 copies/ ml).

KEY MESSAGES

HIV-positive adolescents are at high risk of ART non-adherence and related poor health outcomes.

Social protection provisions are associated with significantly reduced non-adherence in adolescents.

Combinations of social protection provisions are associated with greater reductions in non-adherence than single provisions alone.

⚙️ METHODOLOGY

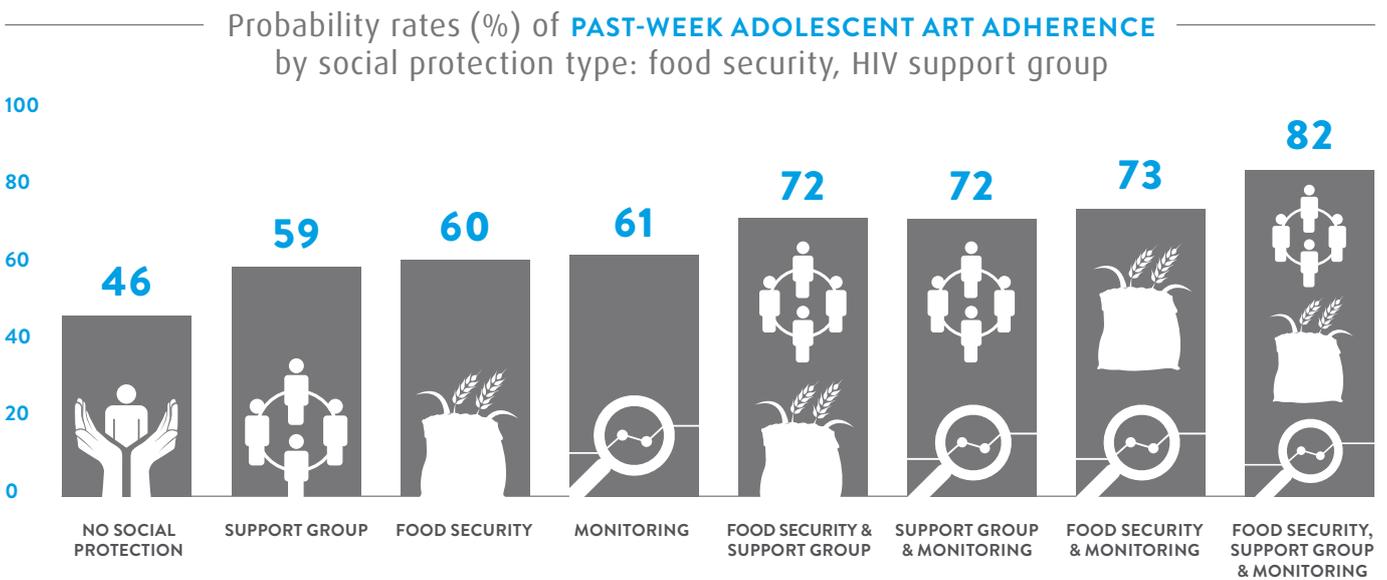
- The largest known community-traced sample of HIV-positive adolescents: 90.1% of all ART-initiated 10-19-years-olds in 53 government healthcare facilities in Eastern Cape (n=1059).
- Association of 10 social protection provisions to adherence was studied.
- Analyses controlled for socio-demographic, HIV, and health-care-related covariates.

FINDINGS

THREE SPECIFIC SOCIAL PROTECTION PROVISIONS WERE ASSOCIATED WITH REDUCED NON-ADHERENCE

Food security, attending an HIV support group, and high parental/caregiver supervision were independently associated with reduced past-week non-adherence.

COMBINATIONS OF SOCIAL PROTECTION SHOW ADDITIVE BENEFITS FOR REDUCING NON-ADHERENCE



Special thanks to the Republic of South Africa’s Ministries of Social Development, Health, Basic Education and Agriculture, Forestry & Fisheries

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

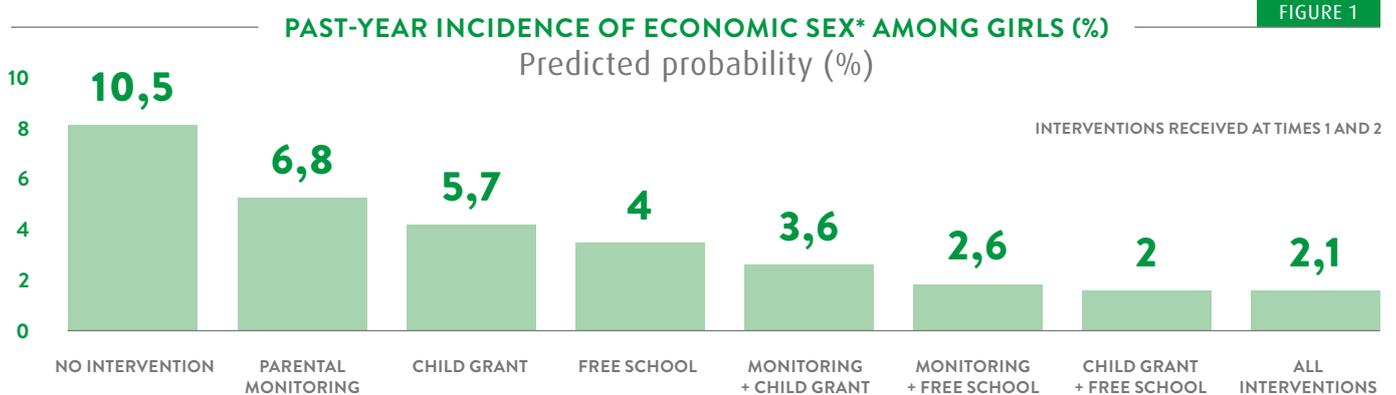
COMBINATION SOCIAL PROTECTION WERE STRONGLY ASSOCIATED WITH GREATER REDUCTIONS IN HIV-RISK BEHAVIOURS. For example, girls' predicted past-year incidence of economically-driven sex dropped from 10.5 % with no interventions to 2.1 % among those with a child grant, free school, and good parental monitoring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

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

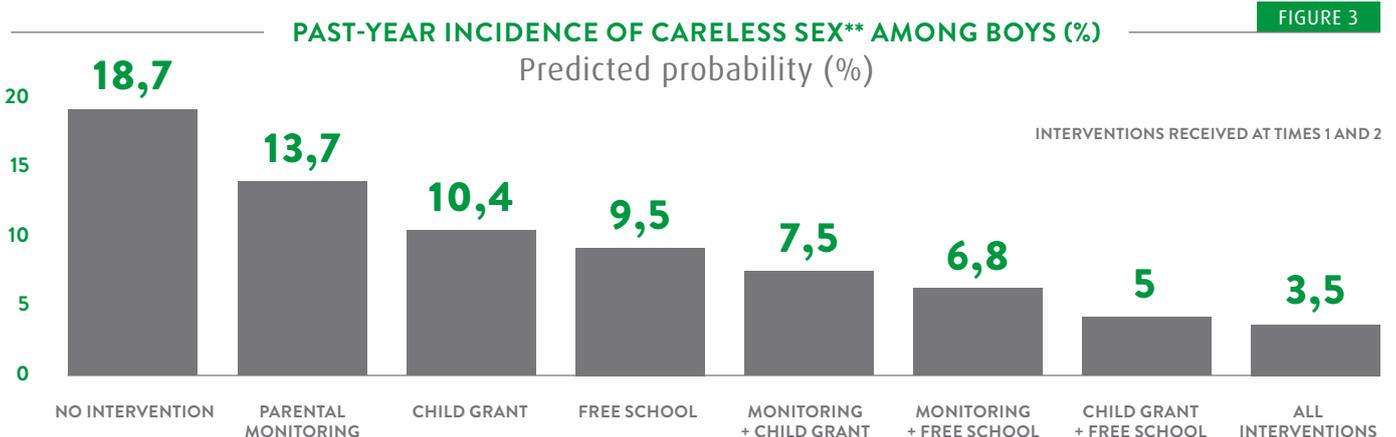
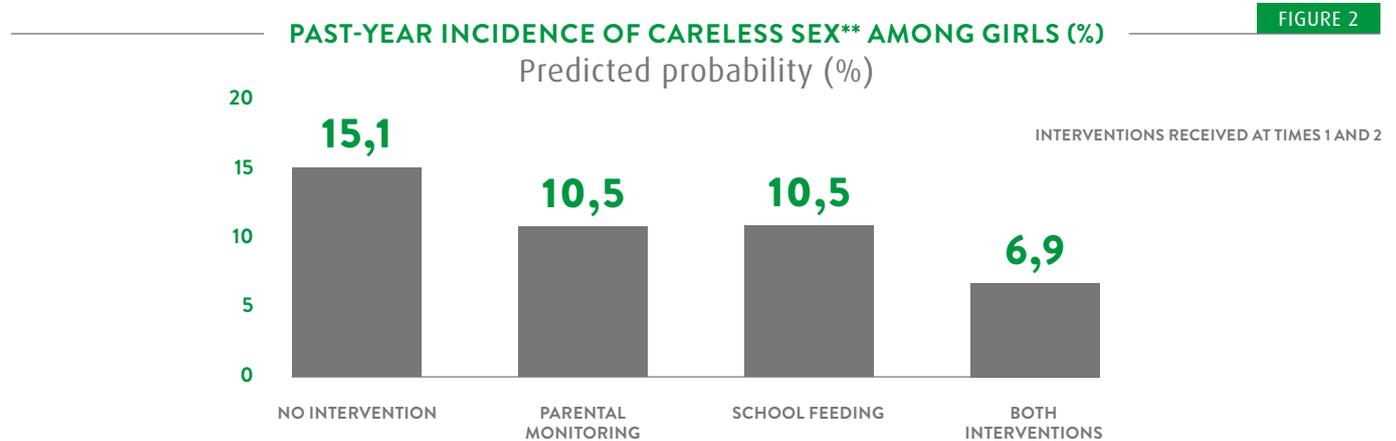
EXISTING INTERVENTIONS THAT ARE CURRENTLY PROVIDED BY GOVERNMENTAL AND NONGOVERNMENTAL ORGANIZATIONS, OR FAMILIES DELIVERED IN REAL-LIFE SETTING IMPROVE ADOLESCENT HEALTH BY REDUCING HIV-RISK BEHAVIOUR (Figure 2 and 3).

COMBINATION SOCIAL PROTECTION REDUCES HIV-RISK IN ADOLESCENTS

FINDINGS



* economic sex includes age-disparate or transactional sex



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

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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.**

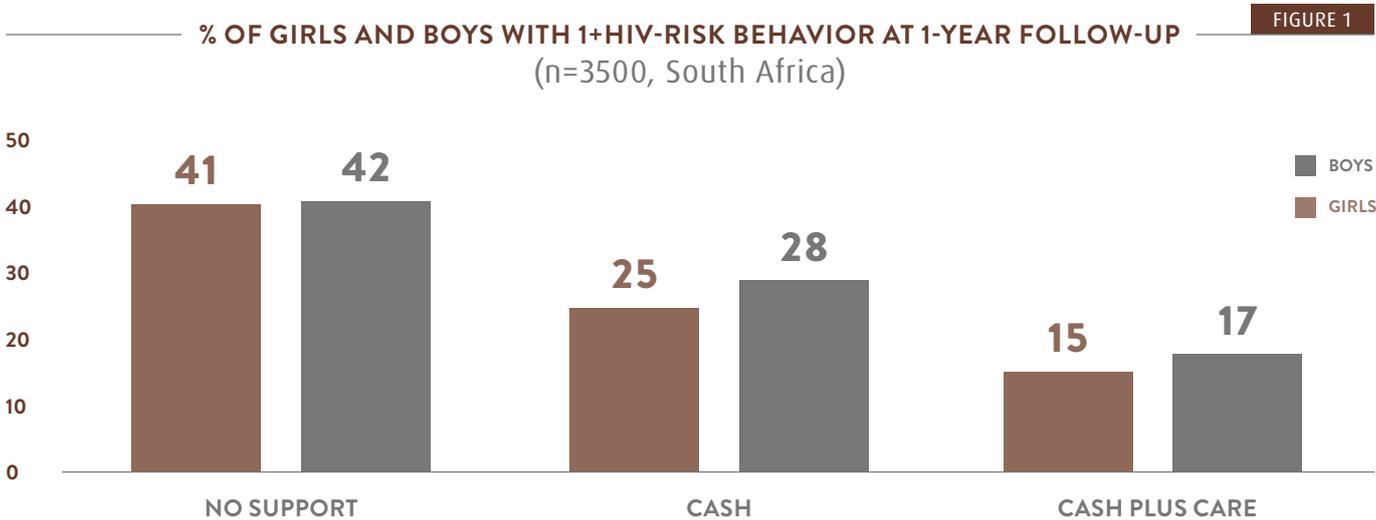


FIGURE 1

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.



SOCIAL PROTECTION AND THE SUSTAINABLE DEVELOPMENT GOALS

Citation: Cluver LD, Orkin FM, Meinck F, Boyes ME, Yakubovich AR, Sherr L (2016) Can Social Protection Improve Sustainable Development Goals for Adolescent Health? PLoS ONE 11(10): e0164808. doi:10.1371/journal.pone.0164808

RESEARCH QUESTIONS

Is social protection (cash-only or care-only) associated with health-relevant targets of five Sustainable Development Goals amongst adolescent girls and boys living in low-resourced settings?

Do these associations differ by socio-demographic factors, such as age, poverty, or rural residence?

Is cash + care social protection associated with better SDG-related outcomes than cash-only or care-only?

FINDINGS

SOCIAL PROTECTION ASSOCIATED WITH ADOLESCENT RISK REDUCTIONS IN 12 OF 17 GENDER-DISAGGREGATED INDICATORS

- **CASH ONLY** was associated with reduced HIV-risk behaviour (girls and boys), lower mental health risk (boys), less substance misuse (girls and boys), less school dropout (girls and boys), less sexual exploitation (girls), fewer pregnancies (girls), and reduced violence perpetration (boys).
- **CARE ONLY** was associated with reduced hunger (girls and boys), reduced HIV-risk behaviour (girls and boys), reduced substance misuse (girls and boys), reduced sexual exploitation (girls), and violence perpetration (boys).

FOR SIX OF 17 INDICATORS, COMBINED 'CASH + CARE' SHOWED ENHANCED RISK REDUCTION EFFECTS

CASH + CARE was associated with reduced substance use (girls and boys), HIV-risk (girls and boys), violence perpetration (boys only) and sexual exploitation (girls only).

KEY MESSAGES

Social protection seems to positively impact multiple domains of adolescent health and wellbeing.

Combination social protection may be an effective way to maximise health and well-being benefits for at-risk adolescents.



METHODOLOGY

- **METHODS:** Prospective longitudinal study of 3515 adolescents aged 10–18 conducted in 2009 (baseline) and 2012 (follow-up).
- **SETTING:** Two urban and two rural health districts randomly selected in two South African provinces, including all homes with a resident adolescent.
- **ANALYSES:** Separate for adolescent girls and boys.

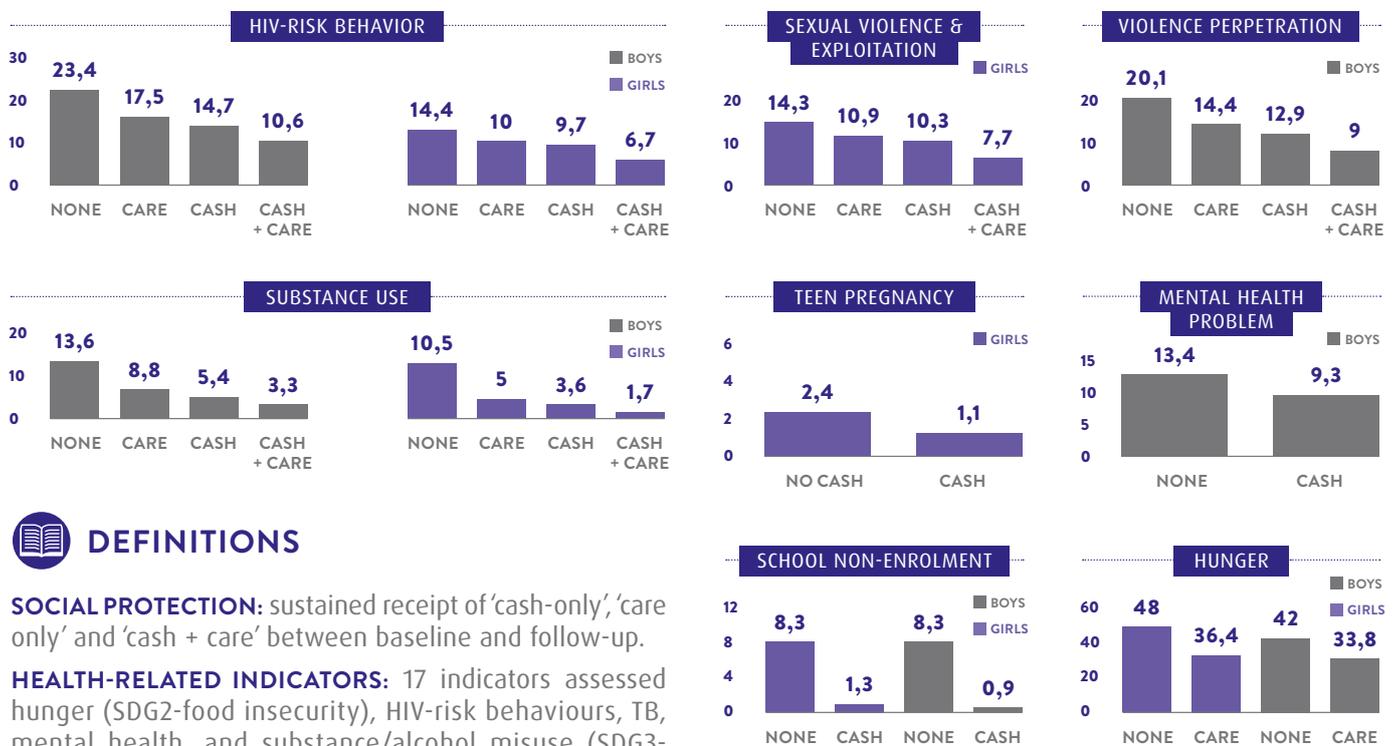
FINDINGS

EFFECTS OF SOCIAL PROTECTION VARIED BY LEVELS OF POVERTY FOR TWO INDICATORS

- Among boys who were less poor, care reduced hunger more than among boys who were poorer.
- Amongst girls who were poorer, care provisions had a greater impact in reducing school drop-out than among less poor girls.

FOR TUBERCULOSIS AMONG GIRLS AND BOYS, BOYS' VIOLENCE PERPETRATION, GIRLS' MENTAL HEALTH AND SEXUAL EXPLOITATION, NO EFFECTS WERE FOUND AND MORE TARGETED OR CREATIVE MEANS ARE NEEDED.

Probability rates (%) of **ADOLESCENT RISK REDUCTION** by relevant SDG indicator



DEFINITIONS

SOCIAL PROTECTION: sustained receipt of 'cash-only', 'care only' and 'cash + care' between baseline and follow-up.

HEALTH-RELATED INDICATORS: 17 indicators assessed hunger (SDG2-food insecurity), HIV-risk behaviours, TB, mental health, and substance/alcohol misuse (SDG3-health), school dropout (SDG4-education), sexual violence/exploitation of girls, lack of access to sexual and reproductive health (SDG5-gender equality), and adolescent violence perpetration (SDG16-promote peaceful and inclusive societies).

CASH: Grouped as either direct cash transfers or 'in kind' transfers of free education and food, following evidence that families use cash primarily for food and school expenses. Thus, 'cash' social protection was measured as accessing one or more of child-focused cash transfer (household access to either a government Child Support or Foster Child grant), or free schooling (free school and textbooks) and school feeding (daily, free school-provided meals).

CARE: Access to 'care' social protection was sustained receipt of ≥1 of positive parenting (e.g. primary caregiver praise and warmth) and good parental monitoring (e.g. household rules and consistent supervision), and teacher social support (social, practical and emotional) using a standardized scale and dichotomized as 'high support'.

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.



COMBINATION SOCIAL PROTECTION LOWERS UNPROTECTED SEX IN HIV-POSITIVE ADOLESCENTS

Citation: Toska, E., Cluver, L.D., Boyes, M.E., Isaacsohn, M., Hodes, R., Sherr, L., (2016) School, supervision and adolescent-sensitive clinic care: combination social protection and reduced unprotected sex among HIV-positive adolescents in South Africa, *AIDS and Behaviour*, 2016. DOI: 10.1007/s10461-016-1539-y

RESEARCH QUESTIONS

Which 'cash/cash-in-kind' and 'care' social protection interventions are associated with reduced unprotected sex in HIV-positive adolescents?

Are these effects different for adolescent girls and boys?

Do combination social protection have cumulative effects on reduced unprotected sex?



METHODOLOGY

- 1060 ART-eligible HIV+ adolescents (10-19 y/o) recruited in a health district of the Eastern Cape, South Africa.
- Adolescents recruited from 53 health facilities and traced into their home communities to reduce bias.
- Interviews measured rates of unprotected sex at last sexual intercourse, socio-demographic characteristics, HIV-related factors, and social protection provisions.



FINDINGS

THREE SOCIAL PROTECTION PROVISIONS WERE ASSOCIATED WITH LESS UNPROTECTED SEX.

Accessing school (attending a no-fee school or able to afford school costs: cash-in-kind), good parental supervision (care), and adolescent-sensitive clinic services (care) were associated with less unprotected sex.

CLINIC CARE REDUCES UNPROTECTED SEX MORE SIGNIFICANTLY IN GIRLS THAN BOYS.

The effect of adolescent-sensitive clinic care on reducing unprotected sex was significantly greater among HIV+ adolescent girls than boys (Figure 1).



SOCIAL PROTECTION PROVISIONS

- **CASH/ CASH-IN-KIND:** Social cash transfers, Past-week food security, access to school, school feeding.
- **CARE/ PSYCHOSOCIAL SUPPORT:** Positive parenting, good parental supervision, adolescent-sensitive clinic care.

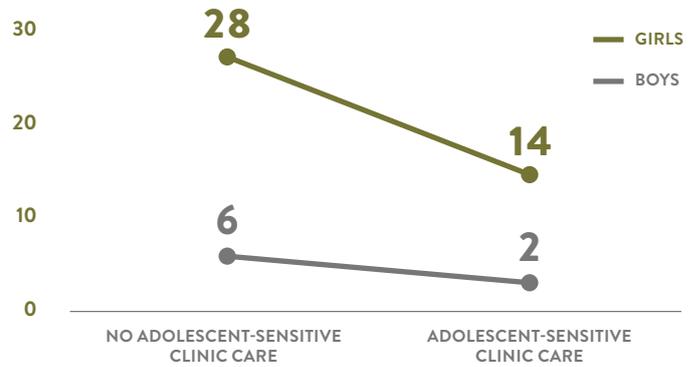
COMBINATION SOCIAL PROTECTION LOWERS UNPROTECTED SEX IN HIV-POSITIVE ADOLESCENTS

FINDINGS

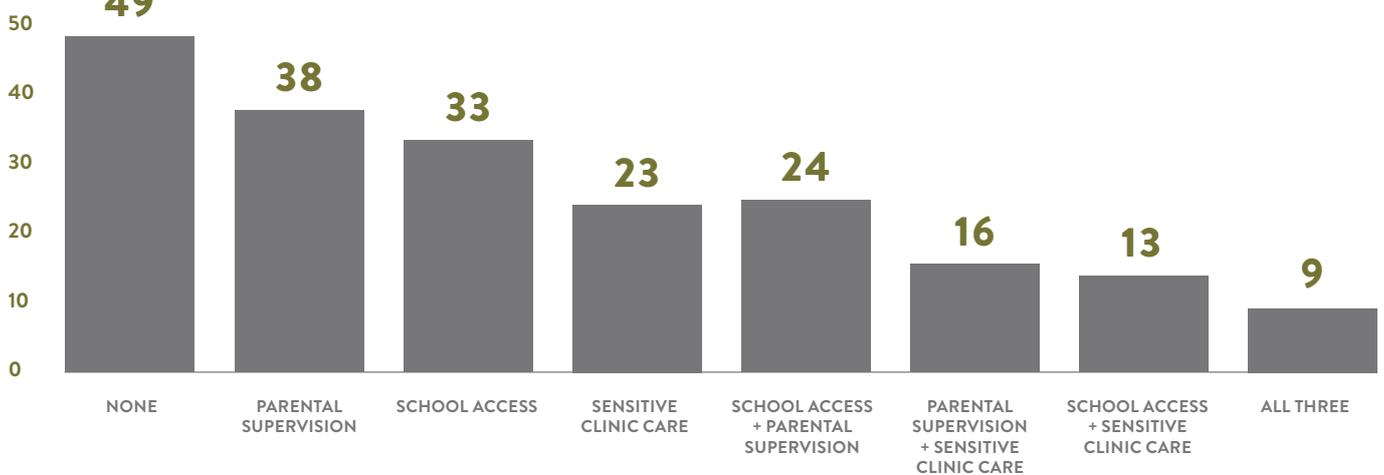
ADDITIVE EFFECTS OF SOCIAL PROTECTION PROVISIONS ON REDUCED UNPROTECTED SEX

- Combination social protection had strong additive effects on unprotected sex: those receiving three provisions were likely to report the lowest rates of unprotected sex.
- These effects were even stronger for HIV-positive adolescent girls (Figure 2).

PREDICTED PROBABILITY OF UNPROTECTED SEX (%) (controlling for socio-demographics) FIGURE 1



PREDICTED PROBABILITY OF UNPROTECTED SEX (%) (controlling for socio-demographic factors) FIGURE 2



This Research was generously funded by: Economic and Social Research Council (UK), the Nuffield Foundation, the Evidence for HIV Prevention in Southern African (EHPSA), a DFID programme implemented by Mott Macdonald, the Leverhulme Foundation, the European Research Council and UNICEF.

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UNICEF:

https://www.unicef.org/esaro/5482_briefs.html

RIATT:

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