

HOW CAN SOCIAL PROTECTION REDUCE ADOLESCENT HIV-RISK?

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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.

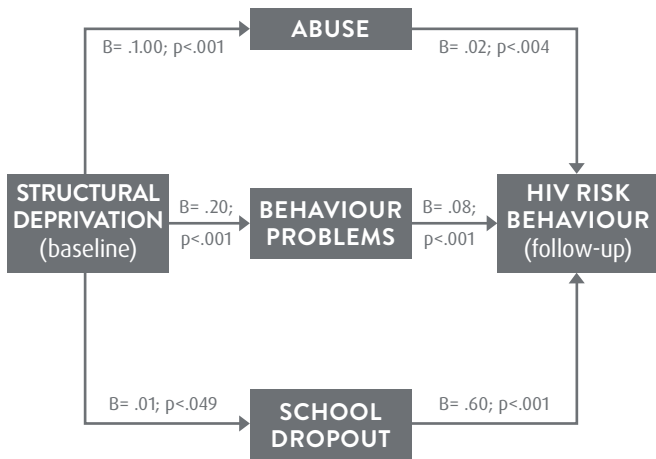
FINDINGS

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.

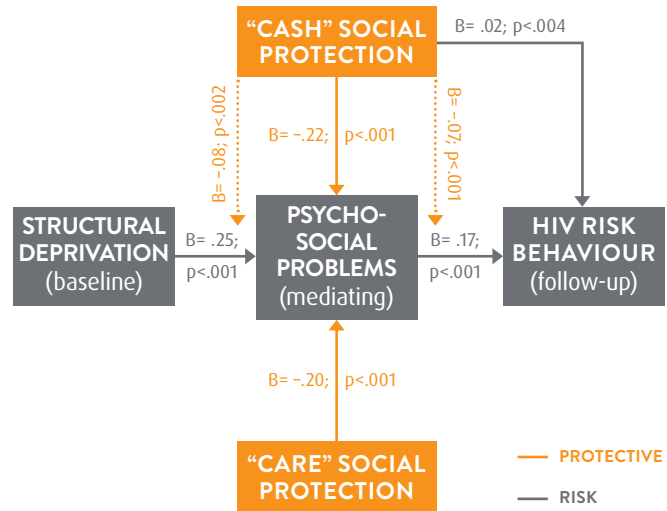
Adolescent girls: **FIGURE 1**

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.

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