Protection for the lifecourse: Enhancing health, social and economic capabilities of highly vulnerable adolescents

by Kelly Hallman, Eva Roca, Kasthuri Govender, Emmanuel Mbatha, Rob Pattman, Deevia Bhana and Mike Rogan

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Setting

- Semi-rural KwaZulu Natal
  - Poverty and income inequality
  - High unemployment
  - Early pregnancy
  - Early school leaving
  - HIV
Formative research: vulnerabilities associated with adolescent HIV risk behaviors

• Living in poverty
• Not socially connected
• Orphaned

Poorer more likely to sexually debut earlier

Ever had sex: 14-16 years-olds

Source: Hallman 2005, 2008a
Those with less social capital more likely to experience forced sex

Ever been: 14-16 year-old females

Source: Hallman 2008a, 2008b
Orphans have more economically-motivated sexual encounters

Ever traded sex: sexually debuted 14-16-year-olds

Source: Hallman 2008a, 2008c
Possible protective factors

- Education
- Access to financial services and social grants
- Social support
Siyakha Nentsha Project team

Learners
Parents
Schools
Tribal Authority

KZN DOE
Isihlangu Health & Development Agency

Population Council

UKZN (Sociology, Education, HEARD)

AccuData

Advisory Group
Program purpose

Improve functional capabilities of adolescents for building health, social, and economic assets for the lifecourse in a setting with high risks for

- HIV and STIs
- teenage pregnancy, parenthood
- school dropout
- actual or potential loss of one or both parents
- lack of knowledge of further employment and training opportunities
Program Methods

**Intervention**
- Evidence-based
- Piloted
- Multi-sectoral
- Participatory
- Intensive – multi-session
- Led by peer mentors
Project components

Government-accredited multi-session intervention

• Plan and aspire for the future; Build savings/assets over time; Develop skills to manage personal and familial finances; identify and access existing social benefits

• Build and strengthen social networks and support

• Increase knowledge and skills for HIV and pregnancy prevention/AIDS mitigation; accessing preventive, treatment and care services
Project design

- Randomized to secondary school classrooms (10th and 11th grades) in one school ward
- Three study arms
  1. HIV/RH, Social, Financial Education
  2. HIV/RH, Social
  3. Control--Delayed intervention-2010
Research Methods

- Longitudinal survey
- Youth-conducted social mapping with presentations back to community
- Youth, parent, mentor focus groups to assess experience with intervention
Targeted outcomes

• HIV/AIDS and RH
• Economic skills
• Social networks and support
Selected findings from baseline
Description of sample

- Age
- Orphaning
- Sex
- HIV
- Feelings
- Social outlets
Female outcomes, by household wealth quartile

N=370 HIV test
N=79 sex
Male sex partners, by household wealth quartile

Poorest ------------------------------------ least poor

N=106
Females—personal assets

condom use rare

# partners

--- more assets

N=53
Females—Orphan status

![Bar graph showing the distribution of talk partners and condoms for orphan status, maternal, and males-double categories.](image)

- **Talk partners**
  - Orphan (v. non): ~45
  - Maternal: ~20
  - Males-double: ~5

- **Condoms rare**
  - Orphan (v. non): ~5
  - Maternal: ~30
  - Males-double: ~5

N=56
Number of sex partners by belonging to organizations or having a role model

N=66 females
N=106 males
Males and savings

N=129

HIV test

Talk to partner about sex
Hope for the future - talking to partner

Females n=66
Males n=129
Summary

• Vulnerability of group

• Protective factors included:
  – Relative wealth
  – Social support (friends, role models)
  – belonging to a community organization
  – having tried to start an income-generating activity

• Factors that may increase risk include:
  – Having no hope for the future
  – Orphanhood
  – Personal assets
“It’s different, in school we learn mathematics and biology but here we learn things that we can use in the future.”

- female age 16 years
Participant views of health education

“….. I didn’t understand about HIV and AIDS before but now I do. I didn’t learn that in school.”

–female age 20 years, not enrolled in school

“It changed my attitude, because I know how to use a condom and I know how to trust my partner and I know how to advise my partner, when we are sitting together and talking about, how to have sexual intercourse and I know even to advise the community as a whole about HIV/AIDS…”

–male age 22 years, not enrolled in school
Selected resources


• Bruce, J. and Hallman, K. 2008. “Reaching the girls left behind,” *Gender & Development*, 16(2): 227-245.


Thank you!

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