

Building the Social, Economic, and Health Capabilities of Highly Vulnerable Youth

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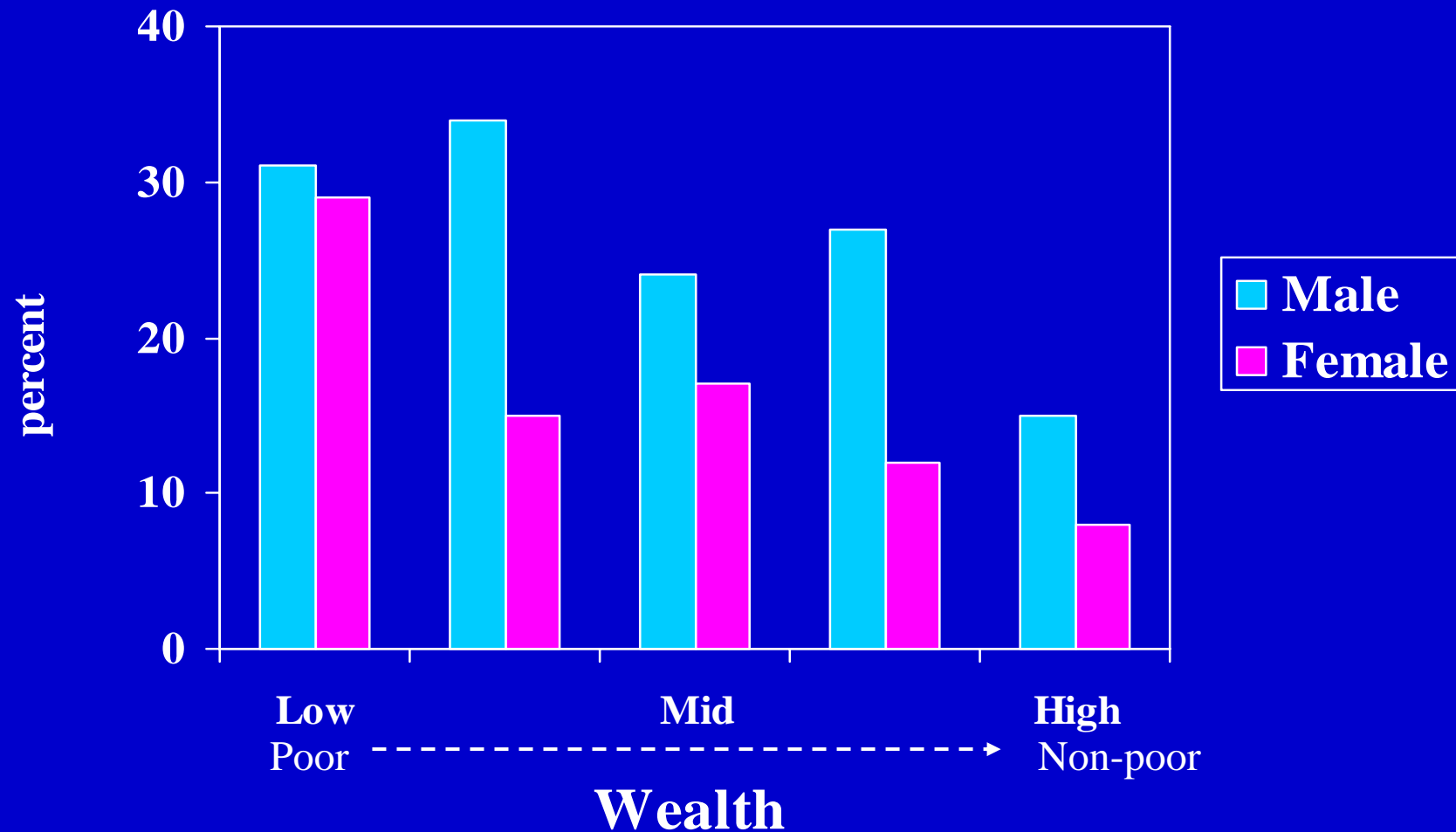
Youth Microenterprise Conference, September 10-11, 2007, Washington, DC

Formative research: SES vulnerabilities put youth at risk

- Living in poverty
- Not socially connected
- Orphaned
- Not enrolled in school

Poor more likely to sexually debut earlier

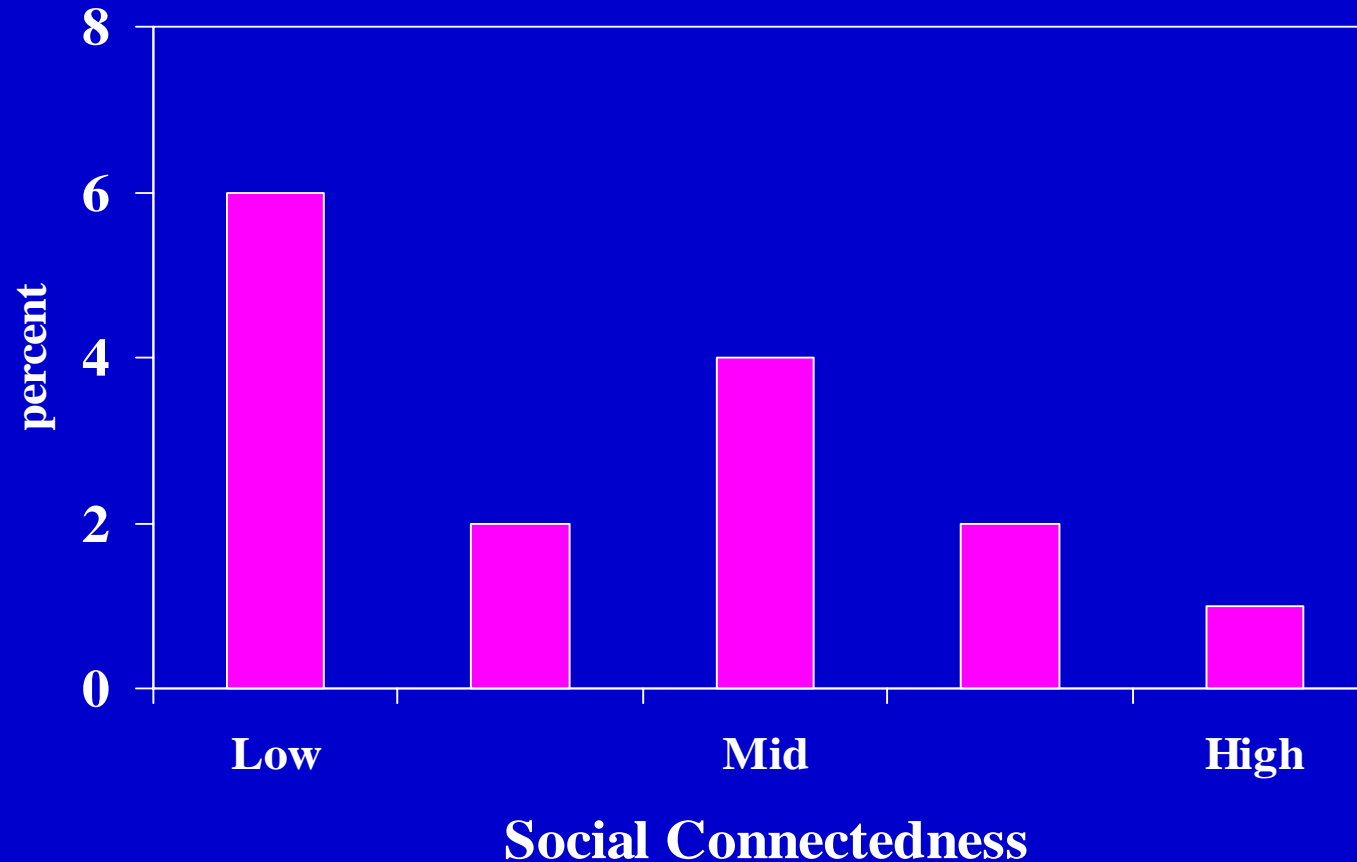
Ever had sex: 14-16 years-olds



Source: Hallman, 2005

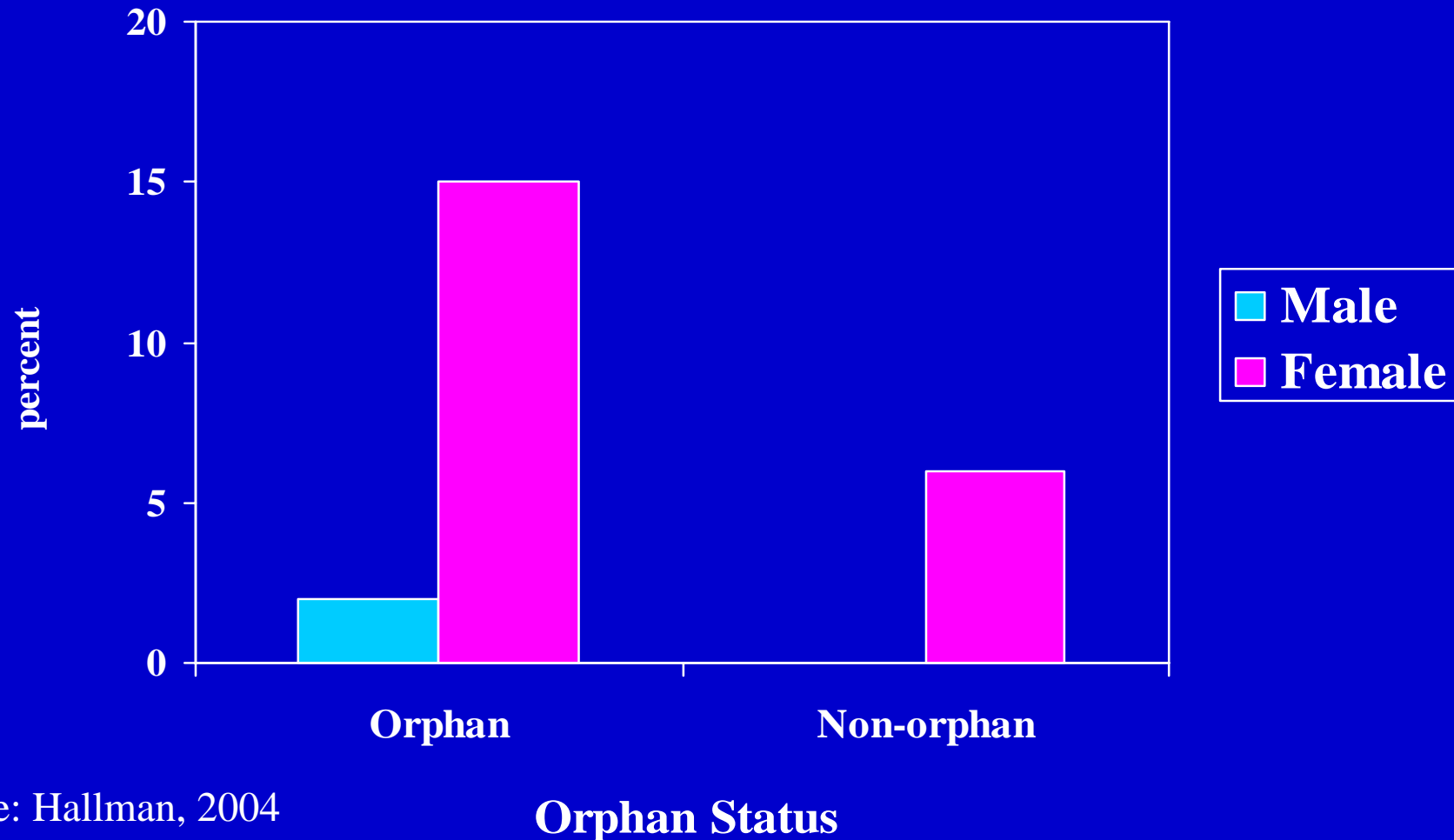
Those with less social capital more likely to experience forced sex

Ever been : 14-16 year-old females



Orphans have more economically-motivated sexual encounters

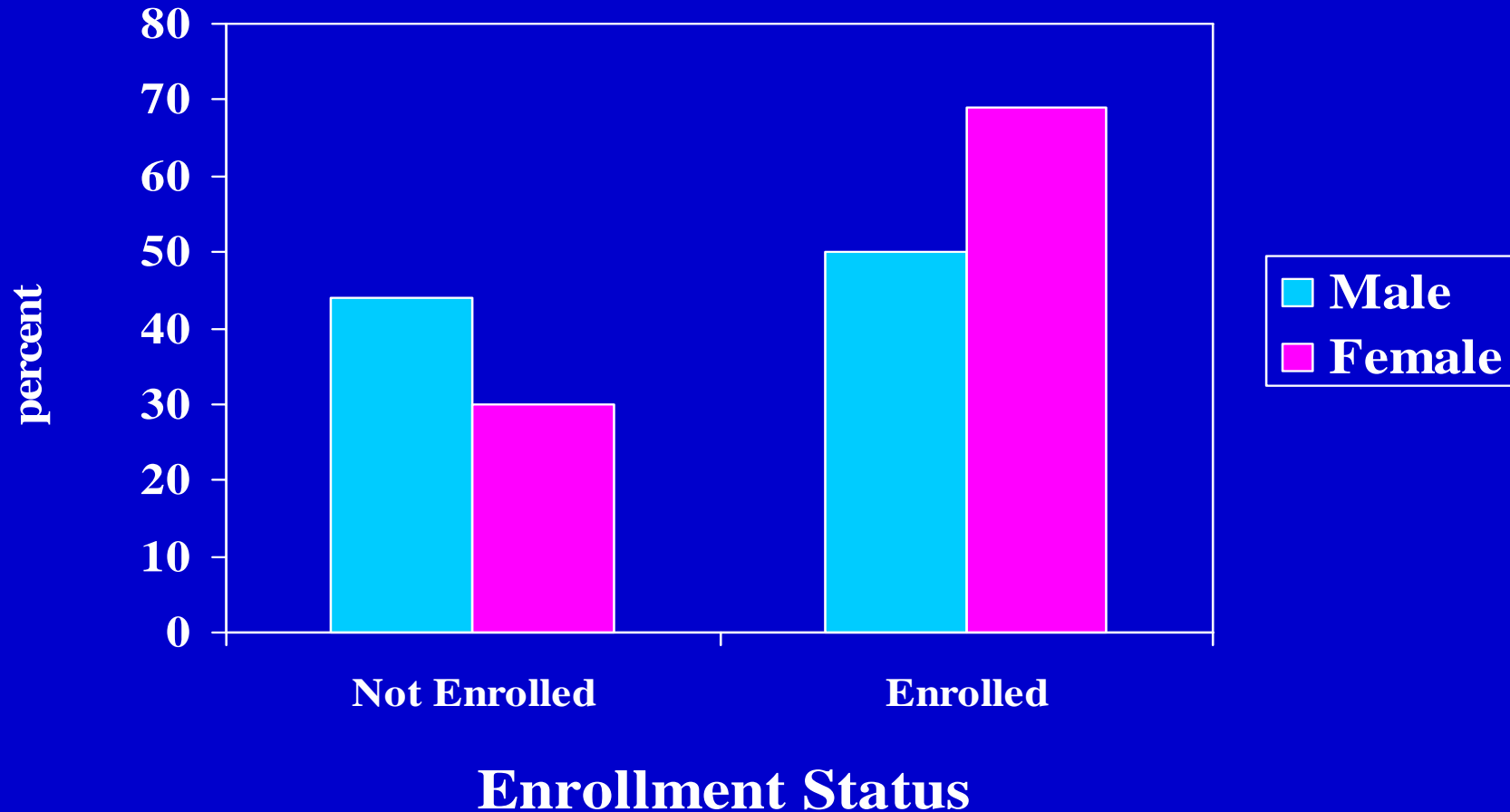
Ever traded sex: sexually debuted 14-16-year-olds



Source: Hallman, 2004

Non-enrolled have lower rates of condom use

Condom used at last sex: 14-16 year-olds



Durban Program Scan

- Few HIV prevention programs address social, economic, and cultural underpinnings of risk behaviors
- Few LH programs make conceptual link to HIV risk
 - Not context-, age-, or gender-specific
 - Weak components
 - Little monitoring or evaluation

International Program Scan

- Few programs tackle conceptually links among HIV and socio-economic-cultural
- Exceptions
 - Not evaluated
 - Evaluation in place but in early stages
 - Not appropriate to context → increased vulnerability

Developing an integrated program

Efforts to enhance enabling environment

- Community forums
 - Tribal authorities, young women, young men, parents, grandparents
- Increase safe spaces; reduce social isolation
- Raise context-specific financial literacy
- Facilitate ‘bridging’ to opportunities, services
- Increase STI/HIV/AIDS knowledge & skills
- National accreditation of the program

Reducing social isolation

Bring young people together regularly in safe community spaces

- Weekly 5 hour sessions
- Groups of 10 young people
- Young adult facilitators (mentors)
- Interaction with peers



Financial literacy

- Increasing awareness of self and rights
- Numeracy training
 - Data collection, Graphs
- Personal and household financial management
 - Budgeting, Savings, Accessing grants
- Personal income tax and payslip education
- Household and business activities

Social and economic bridges

- Starting informal group savings
- Interacting with formal financial institutions
- Connecting to local role models and mentors
- Learning about local opportunities
 - Training and registration in public works tenders
- Accessing learnerships and formal jobs
 - Creating/updating resume
 - How to link into the system
 - Interview skills

Sexuality and STI/HIV/AIDS knowledge and skills

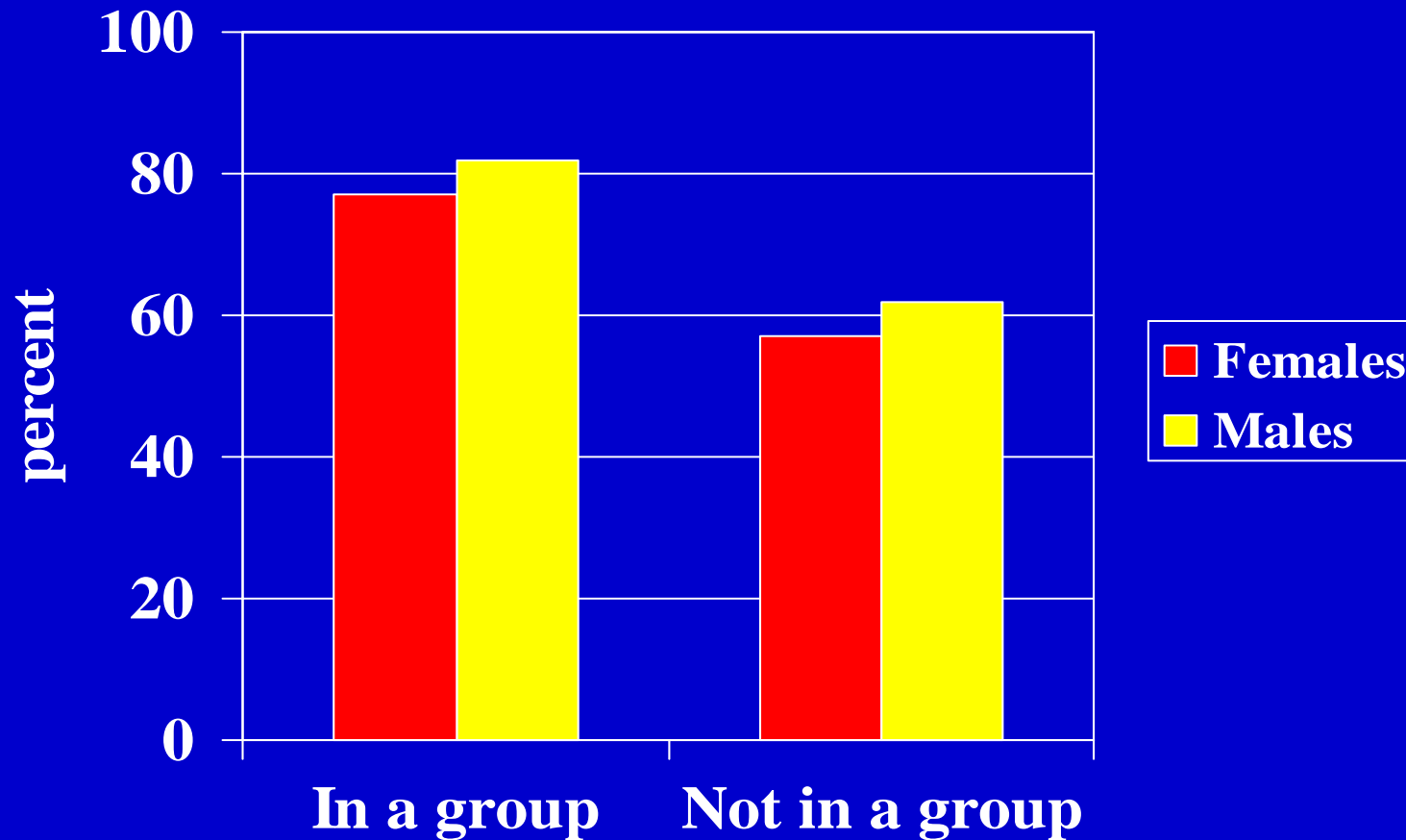
- Increasing knowledge
- Dispelling myths
- Skills to negotiate with sexual partners
- Healthy lifestyles



Selected baseline findings
from pilot project

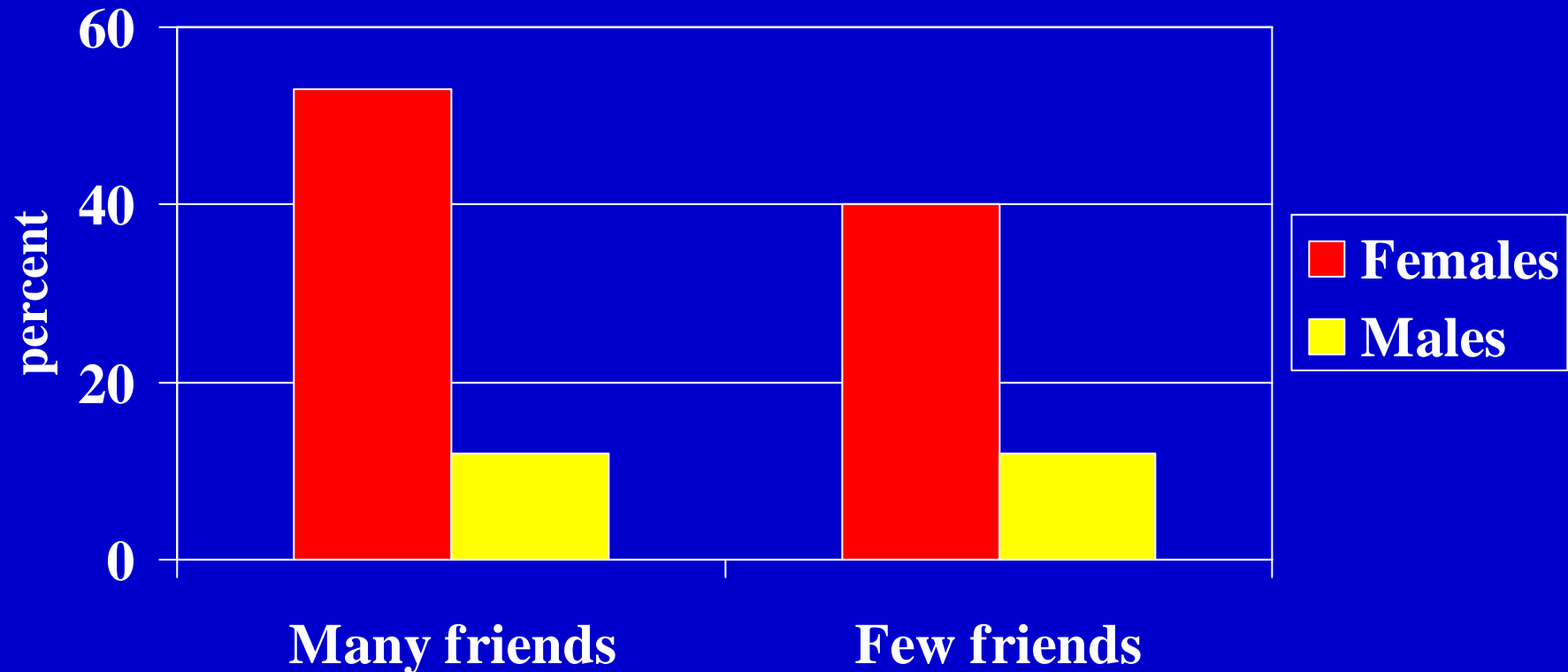
Those in community groups more likely to have heard media-based HIV messages

Heard HIV message in last month: 16-24-year-olds



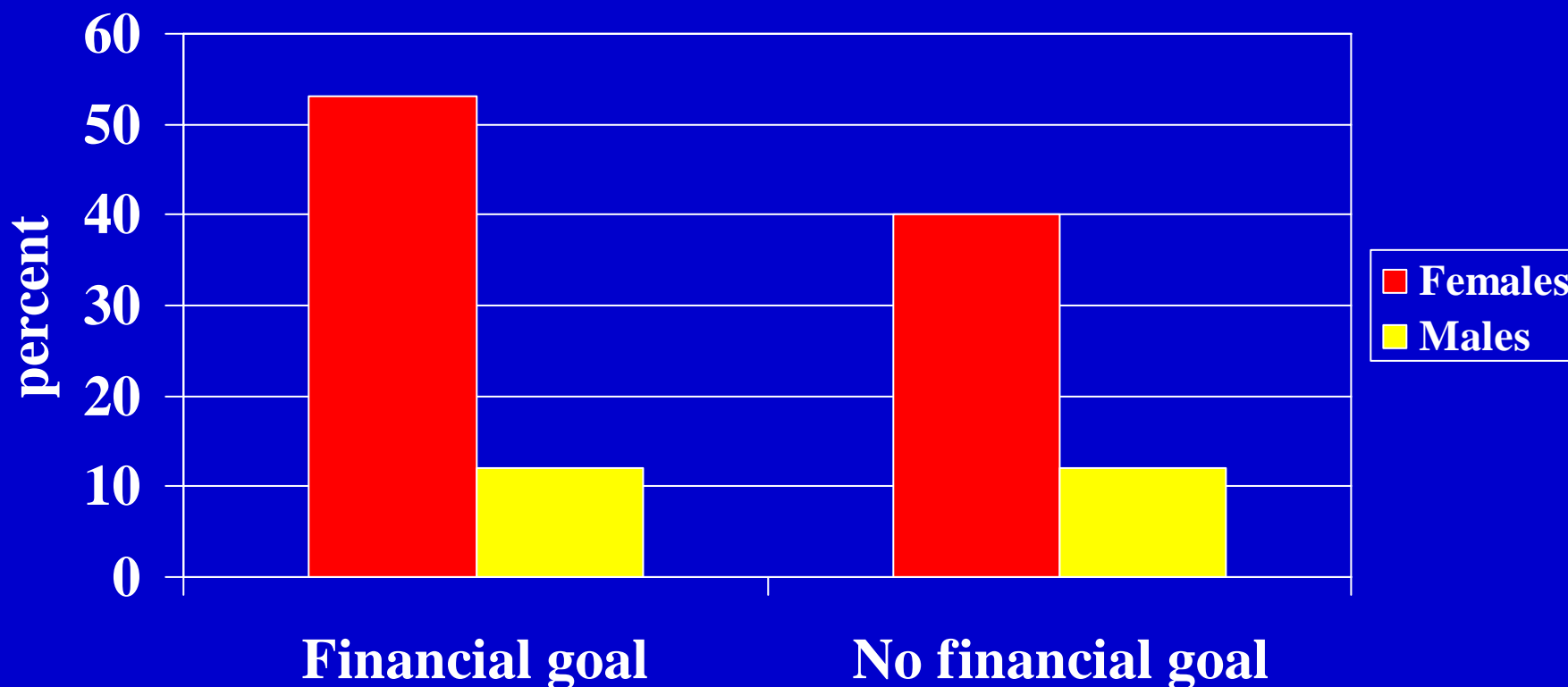
Females with more friends, more likely to have had an HIV test

Ever been tested for HIV: 16-24-year-olds



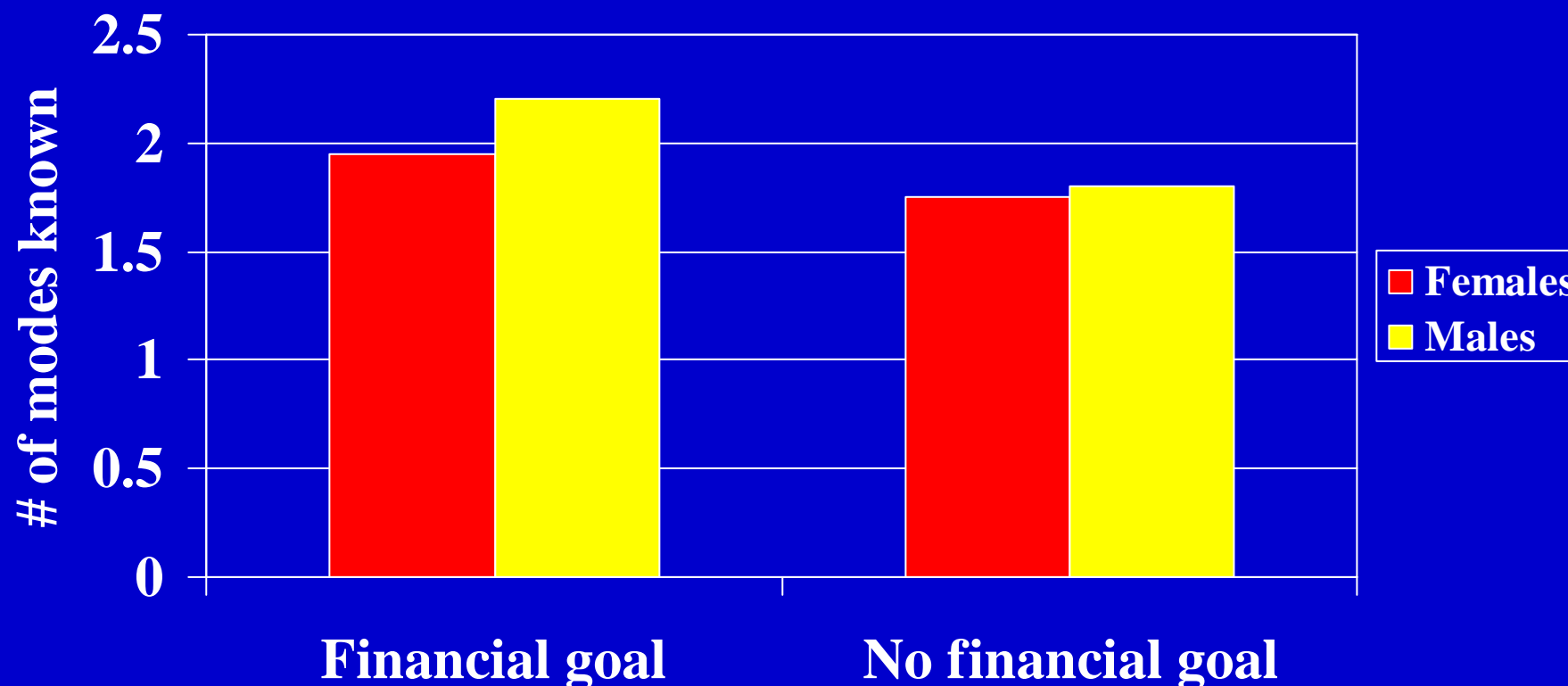
Females with a financial goal have more realistic assessment of their HIV risk

I am at any risk for HIV: 16-24-year-olds



Those with a financial goal more aware of HIV transmission modes

HIV transmission modes named: 16-24-year-olds



Participant views of financial education

“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, enrolled in school

“We learnt about budgeting and saving and all those things, because we only think that when we get money we spend it. This program was like an eye-opener to us, because, we know now when we get some money, we have to save something...”

- male age 22 years, not enrolled in school

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



Next steps

- Complete evaluation of pilot
- Disseminate results
- Undertake randomized control trial version
 - 3-arm study
 - Social, economic, HIV, & mental health measures

Implications

Programmatic

- Establish and/or build from an evidence base
- Assess current program landscape
 - Models/components
 - Target groups
 - Evaluation schemes/results
- Stakeholder involvement from beginning

Implications

Research

- Consider evaluation early on
 - in design phase and placement plans
- Timing of evaluation (and funding) versus program time pressures to deliver services

Policy

- Policymaker dialog, input, support from start
- Does program feed into, conflict, or compete with existing or planned policy

Selected resources

- Hallman, Kelly, Kasthuri Govender, Emmanuel Mbatha, Jill Walsh, Rob Pattman, and Deevia Bhana. June, 2007. “Social capital, socioeconomic aspirations, and HIV risk behaviors among poor South African youth,” poster presentation. Third South African AIDS Conference, Durban, South Africa.
<http://www.popcouncil.org/mediacenter/events/2007SAAIDS/abstracts/Hallman.html>
- Hallman, Kelly. Gendered socioeconomic conditions and HIV risk behaviours among young people in South Africa. 2005. *African Journal of AIDS Research* 4(1): 37–50. Abstract: http://www.popcouncil.org/projects/abstracts/AJAR_4_1.html
- Erulkar, A., et al. 2006. Tap and Reposition Youth (TRY): Providing social support, savings, and microcredit opportunities for young women in areas with High HIV prevalence *SEEDS* no. 23. <http://www.popcouncil.org/pdfs/seeds/SEEDS23.pdf>
- Erulkar, Annabel S. and Erica Chong. 2005. Evaluation of a Savings and Micro-Credit Program for Vulnerable Young Women in Nairobi. Population Council and K-Rep Development Agency. www.popcouncil.org/pdfs/TRY_evaluation.pdf