

# 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.

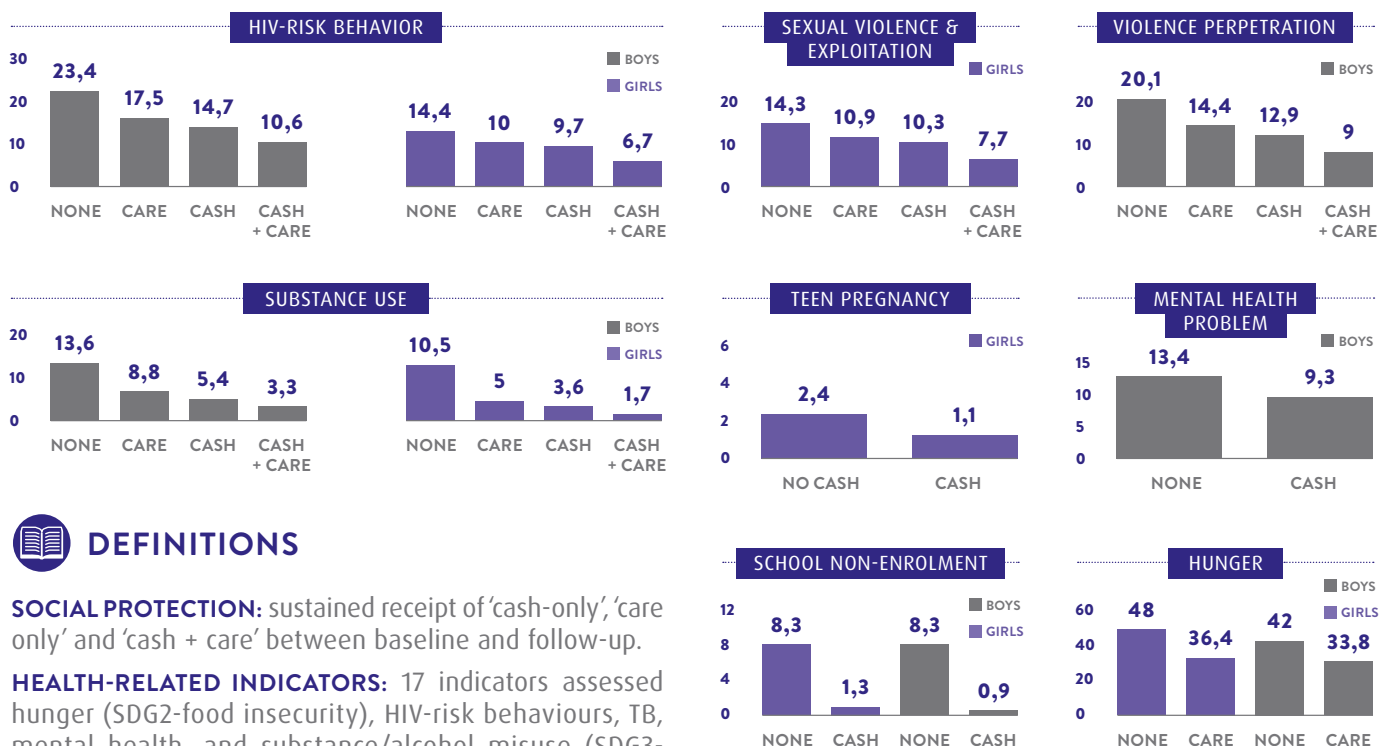
**FINDINGS**

**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.

