

Policy Brief: Social Protection and the Sustainable Development Goals

Citation: Cluver, L.D., Orkin, M., Meinck, F., Boyes, M., Yakubovich, A., Sherr, L., (in review) Can Social Protection

The 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?

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.

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

improve Sustainable Development Goals for adolescent health? PLOS ONE.

Finding 1: 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).

Finding 2: 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).

Findings 3: Effects of social protection varied by levels of poverty for two indicators (Figures 1 and 2)

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

Finding 4: 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

Policy 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.

