Social and behaviour change interventions in HIV prevention for adolescents

1. Perceptions of key informants

INTRODUCTION

Adolescents and young people in eastern and southern Africa (ESA) are highly affected by HIV and AIDS, with an estimated 2.7 million people aged 15 to 24 years living with HIV. They account for more than half of all HIV-positive youth across the globe\(^1\)\(^2\). Girls are disproportionately affected - they are more than two-and-a-half times more likely to be infected with HIV than boys of the same age.

Despite these striking statistics, effective HIV prevention programming for this population group has still not achieved what is required, and adolescents and young people are being “left behind”. The current body of evidence available on effective packages tailored for adolescents and young people in ESA remains limited.

In 2015, EHPSA commissioned MannionDaniels to review the role of social and behaviour change communication (SBCC) in combination prevention programmes for adolescents in eastern and southern Africa. This short article is based on the original technical report, available on the EHPSA website at:

http://www.ehpsa.org/critical-reviews/sbcc

The report employed qualitative techniques, including: key informant interviews with 48 stakeholders at global, regional, and country levels; and an analysis of country case studies. More in-depth insights were obtained from informants in the three focus countries of Malawi, South Africa and Tanzania.

\(^1\) UNICEF. Preventing HIV infection among adolescents and young people. Available from: https://www.unicef.org/esaro/5482_HIV_prevention.html

\(^2\) UNICEF. Turning the tide against AIDS will require more concentrated focus on adolescents and young people. Available from: https://data.unicef.org/topic/hivaids/adolescents-young-people/
The review defined **SBCC** as the use of communication to change behaviours by influencing knowledge, attitudes and social norms. SBCC coordinates messaging across a variety of communication channels to reach multiple levels of society – individuals, communities and policymakers. For decades SBCC has been seen as a key component of combination prevention programmes.

**Adolescence** was defined as the age range 10-24 years, disaggregated into three 5-year age bands. See EHPSA Critical Review [www](http://www).

### GENERAL PERCEPTIONS

Overall, the stakeholders interviewed for the report agreed that SBCC plays a necessary and important role in HIV prevention, even though it may be difficult to demonstrate a direct influence of SBCC on HIV infection rates. They also agreed that SBCC is not adequate as a stand-alone strategy for prevention.

Some stakeholders, however, saw SBCC primarily as a component of biomedical interventions, for example, creating an informed demand for technologies such as pre-exposure prophylaxis (PrEP) and voluntary male circumcision (VMCC).

Other stakeholders saw SBCC as a specific and important general intervention to ensure adequate levels of critical knowledge, and to change adolescent risk behaviours and harmful norms. This group felt that SBCC programmes are critical for addressing HIV risk behaviours of adolescents and should not be restricted to demand creation and support for biomedical interventions. They considered certain SBCC programmes to be essential in any national combination prevention strategy. These are programmes that create a broader climate that helps to reduce the age of sexual debut, lower rates of multiple partners and age-disparate partnerships, and increase consistent and correct condom use. These stakeholders were very concerned that SBCC, as a social process to reduce HIV risk, is becoming secondary to more linear and limited SBCC packages in support of supporting biomedical outcomes.

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3 Johns Hopkins Center for Communications Programs. Social and Behaviour Change. Available from: [https://ccp.jhu.edu/social-behavior-change-communication/](https://ccp.jhu.edu/social-behavior-change-communication/)
Extensive evidence was cited to show that SBCC has, over time, proved capable of facilitating changes such as much wider use of condoms and greater uptake of HIV testing in many contexts. However, some questioned whether SBCC had, in reality, ever been implemented and evaluated adequately, or for long enough, to assess its potential at population or target group level.

A range of approaches to SBCC in combination prevention were considered to have merit, particularly the new generation of integrated and targeted HIV combination prevention programmes, such as the PEPFAR-supported DREAMS programme, that are now being developed and tested for adolescents and other vulnerable groups and key populations. These programmes are designed to be large scale, implemented nationally, and hold promise for turning the tide of HIV among youth in eastern and southern Africa.

CONCLUSIONS

In summary, key informants widely supported views that included the following:

• SBCC plays a vital role in enhancing prevention when it is part of an integrated combination prevention strategy.
• SBCC has an important place in supporting the new biomedical prevention tools.
• SBCC packages that have been designed to support biomedical interventions may not always be based on best evidence, and the SBCC components themselves may not be adequately evaluated.
• Changing approaches and guidance around SBCC and combination prevention have left many stakeholders confused. As a result, there are a wide range of different approaches being implemented.
• Donors have withdrawn support from SBCC in countries that still have high rates of new infections among youth HIV prevention, and where even basic knowledge about HIV and prevention is too limited for adolescents to protect themselves.

Defunding [SBCC] programmes... entails a risk of reducing communication about HIV in severely affected communities and increasing risk behaviours, which may offset the benefits of biomedical programmes.

UNAIDS 2016