

ASPIRES EVIDENCE BRIEF SERIES: EMPLOYMENT SUPPORT AND HIV OUTCOMES

Introduction

Economic factors are linked to HIV risk behaviors, as well as outcomes, at every stage of the HIV care and treatment cascade. The ASPIRES project conducted an extensive review of the literature on these linkages to produce an evidence brief series highlighting how different household economic strengthening (HES) interventions may affect HIV prevention, testing, links to care, retention in care, and antiretroviral therapy (ART) adherence.

Existing evidence indicates that employment support, when combined with other economic and health-strengthening interventions, may encourage HIV risk reduction behaviors, increase HIV testing, and improve retention in care. Employment support interventions usually offer some combination of technical and entrepreneurship training. This brief focuses on technical training, which helps poor households build their economic capacity by developing technical skills required to enter specific trades. Entrepreneurship and business skills for self-employment are the subject of a separate brief.

The evidence base currently contains combination or integrated interventions that may include multiple forms of economic strengthening support, so the effects of employment interventions are difficult to separate out from the overall outcomes.

What do we know?

HIV PREVENTION/RISK REDUCTION

ASPIRES found four studies in our evidence review that aimed to assess how interventions that included employment support affected HIV prevention and risk reduction. The studies varied in terms of design quality and analytical rigor with one ranking high, two medium, and one low.¹ They are summarized below from high to low ranking.

Jewkes et al. (2014) conducted a time-series study among out-of-school youth (ages 17-34) in Durban, South Africa, to assess the effects of a livelihood strengthening intervention on intimate

Briefs in the Series:

Unconditional cash transfers	Conditional cash transfers
Individual savings	Group savings
Financial education	Income generation
Vocational/technical training	Business skills & entrepreneurship
Employment support	

¹ For details, see quality ranking methodology in: Mandy Swann (2018) Economic strengthening for HIV prevention and risk reduction: a review of the evidence, *AIDS Care*, 30:sup3, 37-84, DOI: 10.1080/09540121.2018.1479029

partner violence (IPV), which is a risk factor for HIV. The intervention included support for finding work or establishing a business combined with violence prevention training and messages on reducing HIV risk. After 58 weeks, the percentage of women who reported experiencing IPV decreased from 9.8% to 3.6%, although for men there was no change in self-reported perpetration of IPV. For women there was a positive, but not statistically significant, increase in condom use at last sex and reduced engagement in transactional sex; there was no change for men. Both men's and women's earnings increased, and the increase was significant – 247% increase for men, 278% increase for women.

A randomized controlled trial (Adoho et al. 2014) in Liberia compared economic and health outcomes among approximately 1,200 adolescent girls and young women who participated in an economic empowerment program to roughly 770 in a control group who did not. The program, implemented by the Government of Liberia, was targeted to young women ages 16-27, not enrolled in school, and residing in communities in and around Monrovia. Participants received six months of classroom-based job-skills and life-skills training followed by six months of follow-up support to find jobs or start their own business. Researchers evaluated the program's impact on economic outcomes and a variety of noneconomic outcomes, including sexual behavior. There were significant improvements in employment and income among participants. There was no significant reduction in the number of sexual partners or increase in condom use as a result of the intervention, and there was also no difference in these outcomes between the treatment and intervention arms.

In South Africa, a post-intervention study (Visser et al., 2015) investigated differences in psychosocial wellbeing, education, and employment readiness among 604 orphans, ages 18-25 at the time the study took place. The intervention consisted of home visits to promote children's wellbeing, with optional components of career guidance, job empowerment, food gardens, and income-generating activities. Fewer male participants in the program reported engaging in binge drinking than did those in the control group (12.3% versus 30.6%) and fewer female participants reported unintended pregnancy than did those in the control group (28.8% versus 37%). More participants were employed than the control group, but employment rates were low overall (20.8% versus 11.5%).

Conyers and Boomer (2014) conducted a study in the United States among 1,873 people living with HIV who received vocational counseling and medical referrals to remove barriers to employment. Participants were racially diverse; the majority were low-income; nearly half had been homeless at some point; and more than a third reported abusing drugs, so this study was included in the evidence review because of the high degree of vulnerability among participants. The intervention was significantly associated with lower reported risk behaviors, including less unprotected sex, as well as the use of supplemental employment services.

HIV TESTING (HTS) AND LINKS TO CARE

ASPIRES found two studies, one of high quality and one of low quality, that examined the potential of interventions that provided employment support to affect HIV testing and linkage to care.

The Jewkes et al. (2014) study, discussed in the "HIV Prevention/Risk Reduction" section above, found that over the course of an intervention, the percentage of young men who reported getting tested for HIV increased from 57.3% to 69.1%. There was no significant increase for

young women. Conyers and Boomer (2014) found that use of vocational rehabilitation services was associated with higher rates of self-reported access to health care.

RETENTION IN HIV CARE AND ADHERENCE TO ART

ASPIRES found one, high-quality study (Talisuna-Alamo et al., 2012) that examined the potential for various forms of socioeconomic support to improve patient retention in HIV care. In Kampala, Uganda, 6,654 adults living with HIV received either no support, one type of support, or two or more types. The types of support included food assistance, school fees, interest-free loans, entrepreneurial training, rent payment, and employment at Reach Out Mbuya, the program providing the support. Over 10 years, patients receiving no support were:

- 1.5 times more likely to be lost to follow-up and 1.5 times more likely to die than those receiving one type of support
- 6.7 times more likely to be lost to follow-up and 4.3 times more likely to die than those getting two or more services

What does this Mean?

Relatively few studies on employment support were found and examined, so the current evidence base for HIV outcomes from employment support activities is limited. While the evidence base is not particularly strong at this point in time, it does contain evidence of positive results and trends in both economic outcomes and HIV outcomes for a range of populations including orphans and vulnerable children, youth, and adults living with HIV. These results were observed across the HIV care and treatment cascade.

Further research is needed to better understand the role that employment support can play in achieving positive HIV outcomes and what the most effective approaches to such interventions are. Quantitative research that examines the independent effects of each element of a combined intervention would add much to the evidence base. Rigorous qualitative research could substantially increase understanding of the pathways from employment support to effects on HIV outcomes. The current evidence base indicates that there is value in continuing to experiment with employment support as part of a package of interventions to accelerate HIV-related outcomes, but future efforts should include rigorous mixed-methods evaluation research to increase understanding of what works best, for which populations and for what outcomes.

Sources

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