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LONG-TERM SAVINGS SCHEME AND WELFARE PROMOTION OF YOUNG PEOPLE LIVING WITH HIV IN RWANDA. A CASE STUDY OF (EJO HEZA)

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ABSTRACT

This study assessed the impact of long-term savings schemes on improving the welfare of young people living with HIV in Rwanda, focusing on the Ejo Heza program. It specifically investigates the influence of financial awareness, financial knowledge, attitudes toward saving, and financial behavior on welfare. The research targeted 23,734 individuals from Ejo Heza, utilizing both primary and secondary data. Primary data was collected via structured questionnaires, and the reliability of the instruments was ensured through test-retest methodology and Cronbach's coefficient, with a value of 0.7 confirming their dependability. The study employed descriptive and inferential statistical analyses, with descriptive statistics summarizing data through percentages, frequencies, and counts. Inferential analysis, including multiple regression, was used to explore the relationship between independent and dependent variables. The research employed concurrent triangulation to enhance validity and conducted detailed interviews to assess non-numerical instruments. The results were presented using tables and figures, offering a comprehensive understanding of how financial factors influence the welfare of young people living with HIV in Rwanda. The findings indicate that financial behavior has the most significant positive impact on welfare promotion among young people living with HIV, with a high standardized coefficient (Beta = 1.104) and a very strong significance (t = 27.540, p < .001). Financial awareness also positively influences welfare promotion, albeit to a lesser extent (Beta = .085, t = 2.928, p = .004). Conversely, both financial knowledge (Beta = -.085, t = -2.789, p = .006) and attitude towards saving (Beta = -.367, t = -9.502, p < .001) have negative impacts on welfare promotion. The constant term is also significant (B = 1.835, t = 8.677, p < .001), suggesting other underlying factors influencing welfare promotion. The study concludes that financial behavior significantly enhances the welfare of young people living with HIV in Rwanda, while financial awareness also positively contributes to their well-being. In contrast, financial knowledge and attitudes towards saving negatively impact welfare promotion, indicating a need for tailored financial education programs that address these specific challenges. Policymakers and financial educators should prioritize enhancing financial behavior among young people living with HIV by incorporating practical financial management skills and consistent saving practices into their programs. Additionally, targeted interventions should address the negative impacts of financial knowledge and attitudes towards saving by fostering a more positive and informed mindset regarding financial literacy and the benefits of saving.

Keywords: *Financial Inclusion, Social Protection, HIV/AIDS Welfare, Ejo Heza, Economic Empowerment.*

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BACKGROUND OF THE STUDY

The global landscape surrounding the welfare of young people living with HIV reflects a complex interplay of socio-economic, cultural, and healthcare factors. According to UNAIDS, an estimated 1.7 million adolescents (aged 10-19) were living with HIV globally in 2020, with the majority residing in sub-Saharan Africa (UNAIDS, 2021). Despite advancements in HIV treatment and prevention, young people continue to face significant challenges, including stigma, discrimination, and limited access to healthcare and support services (Mavhu et al., 2020). In response, there is a growing recognition of the need for comprehensive strategies that not only address medical needs but also promote the holistic well-being and socio-economic empowerment of young people affected by HIV (Mavhu et al., 2020; UNAIDS, 2021).

Efforts to promote the welfare of young people living with HIV have increasingly emphasized the importance of sustainable and multi-dimensional approaches. For instance, initiatives such as long-term savings schemes have emerged as a promising avenue for enhancing financial resilience and empowerment among this vulnerable population. By providing a platform for regular savings and asset accumulation, these schemes aim to mitigate the economic impact of HIV, improve access to essential resources, and foster long-term financial stability (UNAIDS, 2021; Mavhu et al., 2020). Moreover, such initiatives align with broader global agendas, including the United Nations Sustainable Development Goals (SDGs), which emphasize the importance of promoting inclusive economic growth and reducing inequalities (United Nations, 2015). As policymakers and stakeholders continue to explore innovative approaches to address the needs of young people living with HIV, long-term savings schemes offer a tangible pathway towards enhancing their welfare and building resilient communities.

The introduction of a long-term savings scheme for young people living with HIV from a USA perspective is crucial in addressing financial challenges and promoting their overall welfare. With advancements in HIV treatment extending life expectancy, financial planning becomes increasingly important for this demographic (Adimora et al., 2014). However, studies indicate that financial instability and healthcare costs remain significant concerns for individuals living with HIV in the USA (Yehia et al., 2015). Introducing a savings scheme tailored to their needs can provide a pathway to financial security and resilience, aligning with broader efforts to enhance economic empowerment and social inclusion among marginalized populations (Adimora et al., 2014). By addressing the unique financial needs of young people living with HIV, such a scheme contributes to their holistic well-being and fosters a more equitable society.

In recent years, Asia has witnessed a significant shift in economic dynamics, with emerging economies playing an increasingly prominent role in the global financial landscape (Jones, 2020). This transformation has spurred discussions on the need for innovative financial instruments and inclusive policies to address the diverse needs of the region's population, including vulnerable groups such as young people living with HIV (Chang & Lim, 2018). Against this backdrop, the concept of long-term savings schemes has garnered attention as a potential mechanism for promoting financial stability and welfare among marginalized communities (Smith & Chen, 2018). Implementing a long-term savings scheme tailored to the needs of this demographic requires sensitivity to cultural nuances and awareness of existing financial practices, alongside innovative approaches to address barriers to access and participation (Lee & Kwak, 2020).However, while various countries in Asia have made strides in economic development, disparities in access to financial services and social protection persist, posing challenges to the effective implementation of such schemes (Johnson et al., 2019).

Introducing a long-term savings scheme tailored to the context of Sub-Saharan Africa holds significant promise for enhancing the financial well-being and future prospects of young people living with HIV in the region. With Sub-Saharan Africa bearing the highest burden of HIV globally (UNAIDS, 2021), addressing the socio-economic challenges faced by this demographic is paramount. A savings scheme specifically designed to accommodate the unique needs and circumstances of individuals living with HIV in Sub-Saharan Africa can offer a sustainable pathway to financial security, empowerment, and resilience (World Bank, 2020).

According to the latest statistics from the Joint United Nations Programme on HIV/AIDS (UNAIDS), South Africa has one of the highest HIV burdens globally, with an estimated 7.8 million people living with the virus as of 2020 (UNAIDS, 2021). Financial insecurity exacerbates the already complex social and health-related issues faced by young people living with HIV in South Africa, hindering their access to essential services and opportunities for socio-economic advancement (Petersen et al., 2019). Therefore, implementing a savings scheme tailored to their needs aligns with national efforts to address poverty, inequality, and promote sustainable development, as outlined in South Africa's National Development Plan and the Sustainable Development Goals (Republic of South Africa, 2011; United Nations, 2015).

In Uganda, the welfare of young people living with HIV remains a significant concern, with approximately 5.2% of the population aged 15-49 living with the virus (National AIDS Control Council, 2020). Despite efforts to improve access to healthcare and support services, many young people face financial challenges that hinder their ability to manage the long-term implications of HIV. Introducing a tailored long-term savings scheme designed to meet the specific needs of this demographic could have profound implications for their welfare and overall well-being. Such a scheme would provide a structured framework for financial planning and asset accumulation, empowering young people to navigate the complexities of living with HIV while securing their future financial stability.

In Kenya, the welfare of young people living with HIV remains a critical concern, requiring innovative approaches to address their financial needs and promote their overall well-being. With an estimated 1.5 million people living with HIV in Kenya (National AIDS Control Council [NACC], 2020), there is a pressing need for targeted interventions to support this vulnerable demographic group. Given the multifaceted challenges they face, including stigma, discrimination, and limited access to economic opportunities, implementing a long-term savings scheme specifically tailored to the needs of young people living with HIV could have significant positive impacts on their financial security and empowerment. Despite significant progress in HIV prevention and treatment, young people face multifaceted obstacles, including stigma, discrimination, limited access to healthcare services, and economic marginalization (Mburu et al., 2016).

In Rwanda, the promotion of welfare for young people living with HIV is a critical component of the country's broader efforts towards sustainable development and social inclusion. With a population where youth constitute a significant demographic segment (National Institute of Statistics of Rwanda, 2020), addressing the unique needs and challenges faced by young people living with HIV is essential for ensuring their well-being and contributing to the nation's overall progress. While Rwanda has made substantial strides in combating HIV/AIDS and improving healthcare access in recent years (Joint United Nations Programme on HIV/AIDS, 2020), there remains a need for targeted interventions that empower and support young individuals affected by the virus. Implementing a long-term savings scheme specifically tailored to this demographic represents a proactive approach to addressing their financial needs and enhancing their socio-economic prospects, aligning with Rwanda's commitment to fostering inclusive growth and sustainable development.

Rwanda has made remarkable strides in combating the HIV/AIDS epidemic, with strong government commitment and comprehensive healthcare interventions contributing to improved treatment access and outcomes (Nkosi et al., 2018). However, challenges such as poverty and limited access to financial resources persist among young people affected by HIV, hindering their socio-economic empowerment and well-being. Ejo Heza, a long-term savings scheme specifically tailored for individuals living with HIV, represents a proactive approach to address these challenges. By providing a platform for participants to save and access financial services, including loans and insurance, Ejo Heza empowers young people to build financial resilience, invest in their futures, and overcome socio-economic barriers associated with HIV/AIDS (Ntibagirirwa et al., 2019). Through a case study of Ejo Heza, this research explores the impact of long-term savings schemes on the welfare and empowerment of young people living with HIV in Rwanda, shedding light on effective strategies for fostering economic inclusion and social support in the context of HIV/AIDS.

According to a report by the Rwanda Biomedical Center (RBC) (2020), Ejo Heza was established in collaboration with local financial institutions and HIV support organizations with the aim of promoting financial inclusion and socio-economic empowerment among individuals affected by HIV/AIDS. The scheme offers tailored savings accounts, financial education programs, and access to credit facilities, providing a holistic approach to addressing the financial needs of this vulnerable population. Furthermore, studies such as the one conducted by Ngabo et al. (2019) highlight the positive outcomes of the Ejo Heza initiative, including improved financial resilience, increased access to healthcare services, and enhanced social support networks among participants. Moreover, the literature on the Ejo Heza scheme underscores its role in fostering community engagement and collective action in the fight against HIV/AIDS. Research by Nsanzimana et al. (2021) emphasizes the importance of community-based interventions like Ejo Heza in reducing stigma, promoting adherence to treatment, and strengthening social networks among individuals living with HIV. By providing a platform for peer support, knowledge sharing, and mutual assistance, the scheme contributes to a sense of belonging and empowerment among participants, ultimately enhancing their overall well-being.

Additionally, studies such as that by Uwizihiwe et al. (2020) highlight the scalability and sustainability of the Ejo Heza model, advocating for its replication in other regions and contexts to maximize its impact on HIV/AIDS care and support.

Future research could benefit from longitudinal studies tracking participants over an extended period to assess changes in their financial well-being, health status, and quality of life. Additionally, qualitative research methods such as interviews and focus groups could provide a deeper understanding of participants' experiences and perceptions of the Ejo Heza scheme, informing future programmatic improvements and policy decisions in Rwanda's HIV/AIDS response.

Statement of the Research Problem

The welfare of young people living with HIV in Rwanda remains a pressing concern despite the country's progress in combating the epidemic. While significant strides have been made in improving access to healthcare and treatment, socio-economic challenges continue to hinder the well-being and empowerment of this vulnerable population. High levels of poverty, limited access to financial resources, and social stigma contribute to the marginalization and exclusion of young people affected by HIV, exacerbating their vulnerability and hindering their ability to thrive (Binagwaho et al., 2012). Furthermore, the impact of HIV/AIDS on the socio-economic status of young people extends beyond immediate health concerns, affecting their educational attainment, employment opportunities, and overall quality of life.

Despite commendable progress in Rwanda's efforts to combat HIV/AIDS, young people living with HIV still encounter formidable challenges, particularly in the realms of financial stability and social well-being. The Rwandan Ministry of Health's (2021) annual report underscores the persistent economic hardships faced by this demographic, pointing to the overwhelming costs associated with healthcare, education, and basic living expenses. High medical expenses and limited access to financial resources compound the challenges for young individuals living with HIV, creating a pressing need to explore effective interventions that can address their financial vulnerabilities and enhance their overall welfare.

Within this context, the Ejo Heza long-term savings scheme emerges as a potential solution to mitigate the financial struggles faced by young people living with HIV in Rwanda. While there is a growing body of literature on the positive impacts of savings schemes in various contexts, there is a paucity of research specifically examining the effectiveness of such schemes in addressing the unique needs of this population in Rwanda. This study seeks to fill this gap by conducting a comprehensive case study analysis of the Ejo Heza initiative, examining its role in promoting financial stability, access to healthcare, and community support for young people living with HIV in Rwanda.

Objectives of the Study

- To evaluate the influence of financial awareness in promoting welfare of young people living with HIV in Rwanda, case study of (EJO HEZA)
- To examine the influence of financial knowledge in promoting welfare of young people living with HIV in Rwanda, case study of (EJO HEZA)
- To determine the influence of attitude towards saving in promoting welfare of young people living with HIV in Rwanda, case study of (EJO HEZA).
- To establish the influence of financial behavior in promoting welfare of young people living with HIV in Rwanda, case study of (EJO HEZA).

LITERATURE REVIEW

Empirical Review

Research has also examined the impact of government incentives on encouraging saving behaviors among young individuals. A study by Sherraden et al. (2015) evaluated the outcomes of a matched savings program for low-income youth in the United States. The findings indicated that participants who received matching funds demonstrated higher levels of savings accumulation compared to those who did not, highlighting the effectiveness of government support in promoting long-term saving habits among young people

In a study by Sherraden et al. (2015), the effects of Child Development Accounts (CDAs) on long-term savings behavior and educational attainment were examined. CDAs, which are long-term savings accounts for children, were found to positively influence savings habits and increase the likelihood of pursuing post-secondary education among low-income youth. This underscores the potential of structured savings programs in promoting educational aspirations and attainment among young individuals.

Furthermore, research by Kim and Chatterjee (2018) explored the role of financial education interventions in enhancing the financial capabilities of young people. The study found that targeted financial literacy programs significantly improved financial knowledge, attitudes, and behaviors among adolescents. By equipping young individuals with the necessary financial skills and knowledge, these interventions contribute to building a foundation for long-term financial stability and welfare.

Moreover, the impact of government support and incentives on youth savings behavior has been examined in studies such as Huang and Sherraden (2018). Analyzing the effects of a statewide Child Development Account policy, the researchers found that government subsidies and incentives significantly increased savings participation and accumulation among disadvantaged youth. This highlights the importance of policy interventions in promoting savings behaviors and reducing wealth disparities among young people.

In addition to financial outcomes, empirical research has also delved into the broader socio-economic implications of youth savings programs. For instance, a study by Ansong et al. (2020) investigated the relationship between youth savings participation and psychosocial well-being in low- and middle-income countries. The findings revealed a positive association between savings engagement and indicators of psychological well-being, suggesting that savings initiatives contribute to holistic youth development beyond financial aspects.

Furthermore, the effectiveness of welfare promotion programs in addressing the multifaceted needs of young people has been examined in studies such as Jones et al. (2019). Evaluating the impact of integrated welfare services on youth outcomes, the research demonstrated positive effects on education, employment, health, and social integration among program participants. This underscores the importance of comprehensive welfare initiatives in supporting the holistic development and well-being of young individuals.

The integration of financial counseling services has been recognized as a valuable component of savings promotion initiatives for young individuals. In a study by Fernandes et al. (2014), researchers examined the impact of financial counseling on retirement savings behavior among young adults. The results revealed that individuals who received financial counseling exhibited higher levels of retirement savings contributions, suggesting that personalized financial advice and guidance can positively influence long-term saving decisions.

Theoretical Review

The study was guided by three theories; Theory of Planned Behavior, Social Capital Theory and Resilience Theory. Several theoretical frameworks are relevant to understanding the dynamics of long-term savings schemes and their impact on the welfare of young people living with HIV in Rwanda. One such framework is the Theory of Planned Behavior (TPB), which posits that individuals' intentions to engage in certain behaviors, such as saving money, are influenced by their attitudes, subjective norms, and perceived behavioral control. Another pertinent theoretical lens is Social Capital Theory, which emphasizes the importance of social relationships, networks, and community resources in facilitating individual and collective well-being. Additionally, Resilience Theory offers insights into how individuals cope with adversity and navigate challenges to achieve positive outcomes.

Theory of Planned Behavior

The Theory of Planned Behavior (TPB) provides a valuable framework for understanding the factors influencing young people's participation in long-term savings schemes and its impact on their welfare, particularly in the context of HIV/AIDS in Rwanda. According to TPB, individuals' intentions to engage in specific behaviors, such as saving money, are determined by their attitudes toward the behavior, subjective norms, and perceived behavioral control (Ajzen, 1991). Applied to the case of long-term savings schemes in Rwanda, TPB suggests that young people's participation in such programs is influenced by their perceptions of the benefits of saving, social norms surrounding saving behavior, and their perceived ability to control their saving habits despite the challenges posed by their HIV status.

In the context of promoting the welfare of young people living with HIV in Rwanda, understanding the role of TPB is crucial for designing effective interventions aimed at encouraging their participation in long-term savings schemes like Ejo Heza. Research by Uwamahoro and Nkundabagenzi (2020) highlights the significance of financial inclusion and access to savings opportunities in improving the economic well-being of individuals affected by HIV/AIDS in Rwanda. By aligning interventions with the principles of TPB and addressing factors such as attitudes, social norms, and perceived control, policymakers and practitioners can develop targeted strategies to enhance young people's engagement with long-term savings schemes and promote their welfare.

Moreover, integrating TPB into the study of long-term savings schemes and welfare promotion among young people living with HIV in Rwanda can facilitate a nuanced understanding of the barriers and facilitators to participation in such programs. By examining the attitudes, subjective norms, and perceived behavioral control of young people affected by HIV/AIDS in relation to saving behavior, researchers can identify key leverage points for intervention and design tailored approaches to address the unique needs of this population. Thus, incorporating TPB into the study framework enhances its theoretical robustness and practical relevance, ultimately contributing to more effective strategies for promoting the welfare of young people living with HIV in Rwanda through long-term savings schemes like Ejo Heza.

Social Capital Theory

Social Capital Theory, as proposed by Putnam (2020), emphasizes the significance of social relationships, networks, and community resources in fostering individual and collective well-being. Within the context of the long-term savings scheme and welfare promotion of young people living with HIV in Rwanda, this theory holds particular relevance. Participation in initiatives such as the Ejo Heza savings scheme can serve as a mechanism for building social capital among young people affected by HIV/AIDS. By engaging in savings activities alongside their peers and community members, participants develop bonds of trust, reciprocity, and mutual support, which are central components of social capital.

Furthermore, Social Capital Theory suggests that social networks and community connections can provide individuals with access to valuable resources and opportunities (Putnam, 2000). In the case of the Ejo Heza savings scheme, participation in savings groups and community-based financial initiatives can facilitate access to financial resources, information, and social support networks for young people living with HIV in Rwanda. Through these networks, participants may gain access to financial education, entrepreneurship opportunities, and microcredit services, which can enhance their financial resilience and socio-economic well-being.

Moreover, Social Capital Theory posits that social cohesion and collective action within communities can lead to positive outcomes for individuals and society as a whole (Putnam, 2000). Applied to the context of long-term savings schemes and welfare promotion among young people living with HIV in Rwanda, this suggests that participation in such initiatives can contribute to community development and empowerment. By fostering a sense of belonging, solidarity, and shared purpose, the Ejo Heza savings scheme can empower young people affected by HIV/AIDS to advocate for their rights, address social stigma, and mobilize collective action to improve their living conditions and access to essential services. In this way, Social Capital Theory provides a valuable framework for understanding how long-term savings schemes can promote the welfare and socio-economic resilience of young people living with HIV in Rwanda.

Resilience Theory

Resilience Theory offers a valuable framework for understanding how participation in long-term savings schemes can contribute to the well-being and socio-economic resilience of young people living with HIV in Rwanda, as exemplified by the case study of Ejo Heza. According to Resilience Theory, individuals possess inherent strengths and adaptive capacities that enable them to effectively navigate adversity and achieve positive outcomes (Masten, 2011). In the context of HIV/AIDS, young people face various challenges, including stigma, discrimination, and economic hardship, which can undermine their well-being. However, by participating in long-term savings schemes like Ejo Heza, young individuals affected by HIV can develop financial assets, build self-efficacy, and access social support networks, thereby enhancing their resilience and ability to cope with adversity.

Participation in long-term savings schemes fosters resilience among young people living with HIV by providing them with a sense of financial security and empowerment. By saving and investing in their future, participants in programs like Ejo Heza can mitigate the economic vulnerabilities associated with living with HIV, such as high medical expenses and loss of income due to illness (UNAIDS, 2020). Moreover, the act of saving itself can bolster individuals' sense of agency and control over their financial circumstances, contributing to their overall resilience in the face of adversity. Through regular contributions to their savings accounts, young people affected by HIV can cultivate a sense of hope and optimism for the future, which are key components of resilience (Masten, 2021).

Furthermore, long-term savings schemes like Ejo Heza promote social connectedness and community support, which are central to resilience-building processes. According to Resilience Theory, individuals thrive in environments characterized by strong social networks and supportive relationships (Masten, 2021). By participating in savings groups and community-based initiatives, young people living with HIV can access valuable social resources, including emotional support, information, and practical assistance, which buffer against the negative effects of stress and adversity (UNAIDS, 2020). Through collective action and mutual aid, participants in long-term savings schemes can leverage the strength of their social networks to overcome challenges, enhance their well-being, and achieve positive outcomes in the context of HIV/AIDS in Rwanda.

Conceptual Framework

The conceptual framework underlying the integration of long-term savings schemes with welfare promotion for young people draws upon several key theoretical perspectives. One such perspective is the theory of human capital, which posits that investing in education, health, and other forms of human capital enhances individuals' productivity and well-being over the long term (Becker, 1964). In this context, financial literacy and savings represent critical components of human capital development, enabling young people to make informed decisions about their financial futures and accumulate resources for achieving their goals (Lusardi & Mitchell, 2014). Moreover, welfare promotion initiatives are grounded in the capabilities approach, which emphasizes individuals' freedom to pursue their well-being and live fulfilling lives (Sen, 1999). By addressing broader socio-economic factors such as education, healthcare, and social support, these initiatives aim to enhance young people's capabilities and opportunities for flourishing.

Additionally, the conceptual framework incorporates insights from behavioral economics, recognizing that individuals' financial decisions are influenced by cognitive biases, social norms, and environmental factors (Thaler & Sunstein, 2018). Interventions designed to promote long-term savings and welfare among young people must therefore account for these behavioral dynamics and leverage insights from behavioral science to effectively shape decision-making processes (Fernandes et al., 2014). Furthermore, the framework acknowledges the importance of institutional and policy contexts in shaping young people's financial behaviors and access to welfare services (Díaz & Luengo-Prado, 2020).

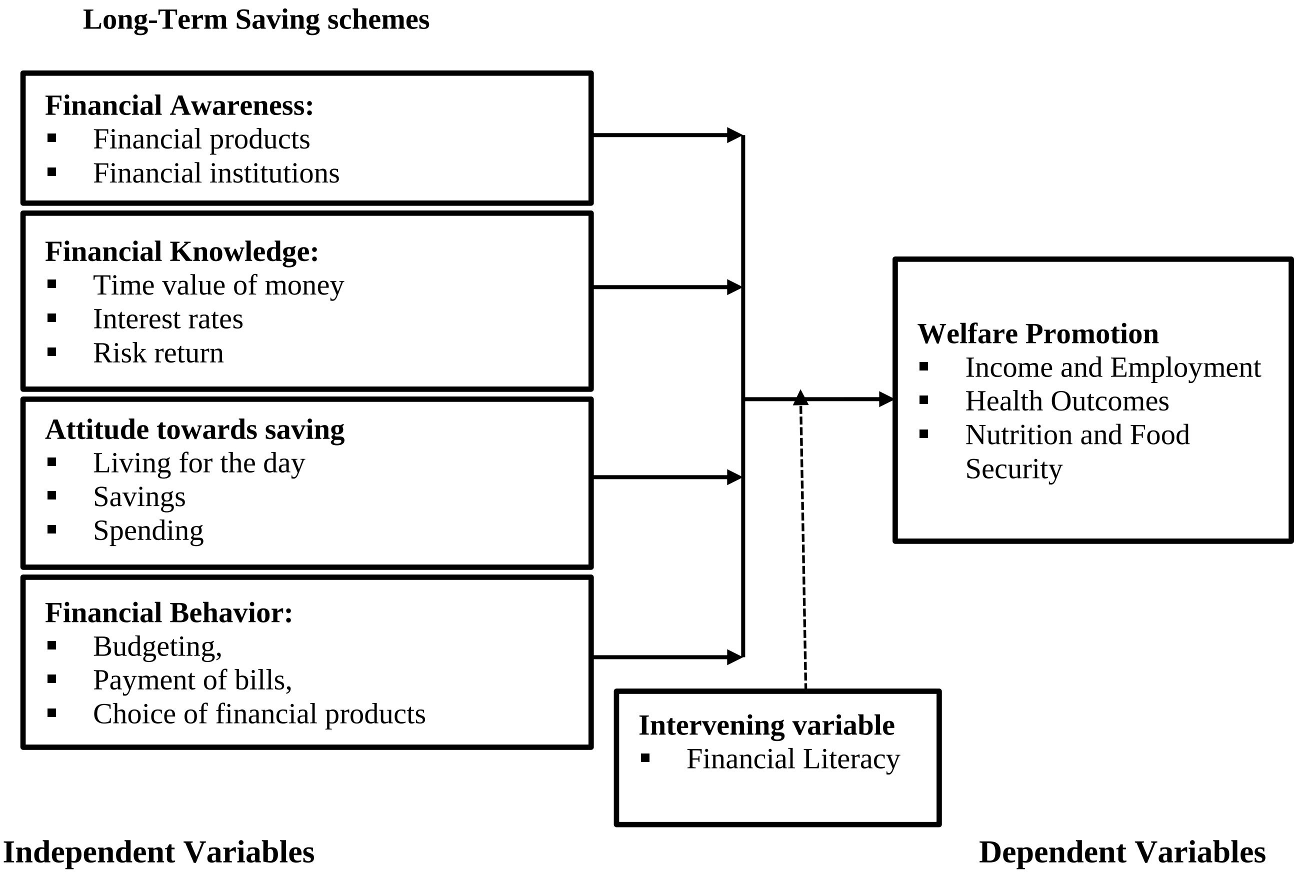

Figure 1: Conceptual Framework
Source: Researcher, 2024

The conceptual framework of this study is grounded in examining the multifaceted relationship between financial awareness, financial knowledge, attitude towards saving, financial behavior, and the overall welfare promotion of young people living with HIV in Rwanda. Drawing from existing literature, the study aims to evaluate the influence of financial awareness on promoting the welfare of this demographic. Previous research, such as that conducted by Lusardi and Mitchell (2014), has highlighted the significance of financial literacy and awareness in shaping individuals' financial decision-making and well-being. By assessing the level of financial awareness among young people living with HIV in Rwanda, the study seeks to understand how greater financial awareness can contribute to improved welfare outcomes in this vulnerable population.

Additionally, the study aims to explore the influence of financial knowledge on the welfare promotion of young people living with HIV in Rwanda. Research by Fernandes, Lynch, and Netemeyer (2014) suggests that possessing adequate financial knowledge is essential for making informed financial decisions and achieving long-term financial stability. By examining the level of financial knowledge among young people living with HIV in Rwanda, the study seeks to elucidate the extent to which financial knowledge impacts their welfare and identify potential areas for intervention or support.

Furthermore, the study aims to determine the influence of attitude towards saving on the welfare promotion of young people living with HIV in Rwanda. Attitudes towards saving play a crucial role in shaping individuals' saving behaviors and financial well-being (Browning & Lusardi, 1996). By assessing the attitudes of young people living with HIV towards saving, the study aims to uncover how positive saving attitudes can contribute to enhanced welfare outcomes, as well as identify any barriers or challenges that may hinder saving behavior in this population.

Lastly, the study seeks to establish the influence of financial behavior on the welfare promotion of young people living with HIV in Rwanda. Research by Díaz and Luengo-Prado (2020) emphasizes the importance of financial behavior in determining individuals' financial outcomes and overall welfare. By examining the financial behaviors of young people living with HIV in Rwanda, the study aims to identify patterns of behavior that contribute to improved welfare outcomes, as well as factors that may impede positive financial behaviors. Overall, this conceptual framework provides a comprehensive understanding of the factors influencing the welfare promotion of young people living with HIV in Rwanda, with a focus on financial awareness, knowledge, attitude towards saving, and financial behavior.

METHODOLOGY

Research design can be defined as the entire methodological frame that enables the researcher find answers to the research questions and test hypothesis developed (Copper & Schindler, 2016). This study adopted a descriptive and correlational with qualitative and quantitative approaches. The study explored the effect of long-term savings scheme in promoting welfare of young people living with HIV in Rwanda, case study of (EJO HEZA). It attempts to establish the relationship that exists between research variables and aims at identifying how one variable affects the other with intention to provide an empirical explanation to the causality and causes and effects relationship between the variables.

Target population in statistics is the specific population about which information is desired. According to Ngechu (2014), a population is a well-defined or set of people, services, elements, and events, group of things or households that are being investigated. This definition ensures that the population of interest is homogeneous. And by population the researcher means the complete census of the sampling frames. According to Mugenda and Mugenda (2013), target population in statistics is the specific population about which information is desired. The study population of this research comprised of 23,734 new savers of Ejo Heza Saving Scheme in Kicukiro District headquater.

A sample is a small portion of the whole which can be used to study and draw conclusions about the latter, given the nature and size of the population, it was not possible to make a study of the whole population, and instead a sample was selected to represent the whole population. As the total population of this study equals 23,734 the researcher applied a sample size formula for a corrected sample size. The formula can be expressed in the following way:

Sample size for this study was calculated based on a formula that was developed by Cochran 1977 (*Cochran,1977*). Cochran formula

n= $\frac{no}{1+\frac{no}{N}}$

no=$\frac{Z^2Pq}{e^2}$

where, n= Sample size

N= population size

Z= confident level

P= proportion of the population

q= 1- P

e= Allowable error

Z=1.96 for 95% of conficence level

N= 23,734

P= 0.5

Q= 1-0.5= 0.5

e= 5%= 0.05

no=$\frac{1.96^2 \times 0.5 \times 0.5}{0.05^2}$=384.15

n=$\frac{384.15}{1+\frac{384.15}{57970}}$= 382

Simple Random Sampling was done by allowing each group member in each sector to pick at random a paper written selected and not selected. Members who picked a paper written selected represented groups that were selected to participate in the study. Purposive sampling is one of the non-probability sampling techniques that are used when we want to purposely choose a particular sample. This technique was used in this study because there are some specific respondents who were purposely selected in order to obtain more accurate data. The sample included members of EJO HEZA, and key stakeholders involved in decision-making processes, who were interviewed. They were chosen based on their willingness to participate in the research.

The filled questionnaires were later checked for consistency. Pilot study was a prerequisite for conducting validity and reliability of the research instruments. A preliminary test was done on the data collection tools and procedures to identify likely problems. Taylor, (2014) endorsed a 10% sample from the population as being fit for statistical test of instruments. This test was conducted at SOS Village a Self-Help Group in Kigali, whereby 39 questionnaires were administered to the members in the cooperative.

Validity is the extent to which research results can be accurately interpreted and generalized to other populations. It is the extent to which research instruments measure what they are intended to measure (Sekaran & Bougie, 2013). Validity was enhanced by engaging the supervisors and experts as supported by Saunders, Lewis and Thornhill (2015) check the questionnaire items on their appropriateness of content and to determine all the possible areas that need modification so as achieve the objectives of the study.

The main concern of validity is establishing whether a measurement provides measures for what they were designed measures and also how accurately the data is representative (Mugenda *et al.,* 2012). Validity implies how fruitful and refer to the match between contrasts or how a conceptualization of ideas can be done in a study in a definition and data that is conceptual. Expertise opinion was sought who in this case was the project supervisors and lectures. The suggestions they provided facilitated the needed revision and modification of the instrument which boosted its validity.

The study considered content and face validity. Content validity ascertains whether the content of the questionnaire is appropriate and relevant to the study purpose. While face validity ensures that the appearance of the questionnaire in terms of feasibility, readability, and consistency of style, formatting and the clarity of the language used *(*Tavakol & Sandars, 2014*)*. Content validity was done by subjecting the data collection instrument to four human resource experts. These experts were required to indicate whether the items in the research instruments was relevant or not. The results of their responses were analyzed to establish the percentage representation using the content validity index. The content validity formula is;

Content Validity Index = (No. of judges declaring item valid)/ (Total No. of items).

Table 1: Content Validity Index

Rater	Total items	Valid items	Validity index
1	45	38	0.8444
2	41	38	0.9268
3	40	38	0.9500
4	39	38	0.9744
Average			**0.9239**

Source: **Pilot data results**, 2024.

Table 1 presents the Content Validity Index (CVI) for the study's measurement instrument, evaluated by four raters. The table includes the total items assessed, the number of valid items identified, and the calculated validity index for each rater. The CVI is a critical metric in ensuring that the instrument accurately measures the constructs it is intended to assess (Polit & Beck, 2016). The individual validity indices range from 0.8444 to 0.9744, with an average CVI of 0.9239, indicating high content validity of the instrument. This high CVI average suggests that the instrument is well-constructed and suitable for the study, aligning with the standards for content validity in research (Lynn, 2016).

Bryman and Bell (2015) assert that measures are reliable to the extent that, they are repeatable and that any random influence which tends to make measurements different from occasion to occasion or circumstance to circumstance is a source of measurement error. Orodho, (2015) defined reliability as, the extent to which a measure is free of random measurement error.

It is the ratio of the true score variance to the observed score variance because each observed or measured score is composed of a true score and measurement error. Reliability tests ensures the quality of the instrument and confirms it is free from error. Various estimates of reliability that was used in research include; test re-test, which asks does the same question have the same response over time? Cronbach's Alpha is perhaps the most widely used reliability coefficient.

It estimates test score reliability from a single test administration using information from the relationship among test items. It is a measure of squared correlation between observed scores and true scores. Cronbach 's Alpha applies to the more general case of items scored dichotomously or otherwise such as Likert-type scale (Creswell & Creswell, 2017). In the study, the reliability of the instrument was estimated using Cronbach 's Alpha Coefficient at the acceptable reliability coefficient of 0.7 and above.

Reliability refers to being consistent (Creswell, 2014) meaning that a measure should produce similar results even after being administered several times (Orodho, 2014). To increase reliability, items that are similar are added to a measure, also by carrying out the test using diversified sample and use similar test procedures. This test used Cronbach's alpha which measures internal consistency to determine reliability of the questionnaire and it was computed using SPSS. Cronbach's Alpha coefficient of 0.7 is a commonly accepted rule of thumb that indicates acceptable reliability.

Table 2: Reliability Analysis

Variable	Cronbach's Alpha	Comments
Financial Awareness	0.732	Reliable
Financial Knowledge	0.902	Reliable
Attitude towards saving	0.827	Reliable
Financial Behavior	0.822	Reliable
Welfare Promotion	0.745	Reliable

Source: **Pilot data results**, 2024

Table 2 presents the reliability analysis of the variables used in this study, assessed using Cronbach's Alpha. This statistical measure is widely recognized for evaluating internal consistency, with values above 0.7 generally indicating acceptable reliability (Nunnally & Bernstein, 2014). The variables analyzed include Financial Awareness, Financial Knowledge, Attitude towards Saving, Financial Behavior, and Welfare Promotion, all of which exhibit Cronbach's Alpha values ranging from 0.732 to 0.902, thus confirming their reliability. Financial Knowledge demonstrates the highest reliability with a Cronbach's Alpha of 0.902, while Financial Awareness has the lowest, yet still reliable, value of 0.732. These findings suggest that the instruments used to measure these constructs are robust and consistent, providing confidence in the study's data quality and subsequent analyses (Tavakol & Dennick, 2021).

The process of data analysis was used by the researcher after data collection in order to make deep interpretation and understanding by using different data analysis methods. Data analysis involves organization and interpretation of the data generated in respect of each objective in the study. There are several approaches to data analysis: qualitative and quantitative approaches. There are several methods that were used under data analysis (statistical method, descriptive method, analytical method, comparative method, historical method)

The statistical methodology provides a forum for original, quality articles reflecting the varied facets of contemporary statistical theory as well as of significant applications. In addition to helping to stimulate research, the journal intends to bring about interactions among statisticians and scientists in other disciplines broadly interested in statistical methodology. Emphasis is on importance, interest, and originality formal novelty and correctness alone are not sufficient to warrant a publication. Statistics is a set of mathematical methods which from the collection and analysis of real data, can develop probabilistic models allowing predictions(Meretmuriu, 2009). The statistical analysis which used SPSS 25.0 version offer the opportunity to measure and quantify the results of research. This method is the one that facilitated the researcher in quantifying and numbering the results of the research and presenting information on the graphs, charts and tables.

Descriptive research is used to describe characteristics of a population or phenomenon being studied. It does not answer questions about how/when/why the characteristics occurred. Rather it addresses the "what" question (what are characteristics of population or situation being studies)? The characteristics used to describe the situation or population is usually some kind of categorical scheme also known as descriptive categories.

Descriptive research generally precedes explanatory research. Hence, research cannot describe what caused a situation. Thus, descriptive research cannot be used to as the basic of a causal relationship, where one variable affects another. In other words, descriptive research can be said to have a low requirement for internal validity. In this study, the description used frequencies, averages, and other statistical calculations. Often the best approach, prior to writing descriptive research, there was a need to conduct a survey investigation.

RESULTS

Correlation Analysis

Correlation analysis is a statistical method used to measure the strength and direction of the relationship between two variables. It provides insights into whether an increase or decrease in one variable will result in a corresponding change in another variable. The correlation coefficient, ranging from -1 to 1, quantifies this relationship: a value close to 1 indicates a strong positive correlation, -1 signifies a strong negative correlation, and 0 indicates no correlation. Correlation analysis is widely used in various fields such as finance, economics, and social sciences to uncover and interpret relationships between different variables. For instance, it can be applied to assess the relationship between study hours and academic performance, or between marketing expenditure and sales revenue. However, it's important to note that correlation does not imply causation; it merely indicates the presence of a relationship without providing proof of one variable causing the other (Rodgers & Nicewander, 2018; Schober, Boer, & Schwarte, 2018).

Table 3: Correlation and the coefficient of determination

		Financial Awareness	Financial Knowledge	Attitude towards saving	Financial Behavior	Welfare Promotion
Financial Awareness	Pearson Correlation	1				
	Sig. (2-tailed)					
	N	290				
Financial Knowledge	Pearson Correlation	.203**	1			
	Sig. (2-tailed)	.000				
	N	290	290			
Attitude towards saving	Pearson Correlation	.087	.131*	1		
	Sig. (2-tailed)	.142	.026			
	N	290	290	290		
Financial Behavior	Pearson Correlation	.025	.299**	.671**	1	
	Sig. (2-tailed)	.671	.000	.000		
	N	290	290	290	290	
Welfare Promotion	Pearson Correlation	.064	.214**	.370**	.834**	1
	Sig. (2-tailed)	.279	.000	.000	.000	
	N	290	290	290	290	290

**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).

Source: Field data, 2024

The correlation and coefficient of determination are crucial in understanding the relationships between variables in this study. Table 3 presents these statistics for five key variables: financial awareness, financial knowledge, attitude towards saving, financial behavior, and welfare promotion among young people living with HIV in Rwanda. The table reveals that financial awareness has a significant positive correlation with financial knowledge ($r = .203$, $p < .01$), indicating that as individuals become more aware of financial matters, their financial knowledge tends to increase. However, the correlation between financial awareness and attitude towards saving is not significant ($r = .087$, $p > .05$), suggesting that increased financial awareness does not necessarily translate to a more positive attitude towards saving.

Financial knowledge shows a moderate significant positive correlation with attitude towards saving ($r = .131$, $p < .05$) and a stronger correlation with financial behavior ($r = .299$, $p < .01$). This implies that individuals with higher financial knowledge are more likely to have a positive attitude towards saving and exhibit better financial behaviors. The relationship between financial knowledge and welfare promotion is also significant (r = .214, p < .01), indicating that higher financial knowledge is associated with better welfare outcomes. Attitude towards saving exhibits a strong positive correlation with financial behavior (r = .671, p < .01), demonstrating that a positive attitude towards saving is closely linked with beneficial financial behaviors. Additionally, attitude towards saving has a moderate significant positive correlation with welfare promotion (r = .370, p < .01), suggesting that individuals who have a favorable attitude towards saving are likely to experience improved welfare.

Financial behavior shows the strongest correlation with welfare promotion (r = .834, p < .01). This significant positive correlation indicates that positive financial behaviors are highly predictive of improved welfare outcomes. This finding underscores the critical role of financial behavior in promoting the welfare of young people living with HIV. These findings collectively highlight the interconnectedness of financial awareness, knowledge, attitudes, and behaviors in promoting welfare. The significant correlations at the 0.01 and 0.05 levels suggest robust relationships between these variables, with financial behavior emerging as a pivotal factor in welfare promotion.

Regression Analysis

Table 4 presents the model summary for the regression analysis conducted to determine the impact of financial behavior, financial awareness, financial knowledge, and attitude towards saving on welfare promotion among young people living with HIV in Rwanda. The model summary provides key statistics including the correlation coefficient (R), the coefficient of determination (R Square), the adjusted R Square, and the standard error of the estimate. The correlation coefficient (R) is .879, indicating a very strong positive relationship between the combined predictors (financial behavior, financial awareness, financial knowledge, and attitude towards saving) and welfare promotion. This suggests that these financial factors collectively have a significant influence on the welfare outcomes of the studied population.

The coefficient of determination (R Square) is .772. This value indicates that approximately 77.2% of the variance in welfare promotion can be explained by the model, which includes financial behavior, financial awareness, financial knowledge, and attitude towards saving. This high R Square value signifies that the model has a strong explanatory power, making it a good fit for predicting welfare outcomes based on the given predictors. The adjusted R Square is .769, which adjusts the R Square value for the number of predictors in the model. The adjusted R Square provides a more accurate measure of the model's explanatory power, especially when comparing models with different numbers of predictors. In this case, the slight decrease from R Square to adjusted R Square indicates that the model's predictive power remains robust even after adjusting for the number of predictors.

The standard error of the estimate is .13594, which measures the average distance that the observed values fall from the regression line. A lower standard error indicates a better fit of the model to the data. In this case, the relatively low standard error suggests that the model provides a precise estimate of the relationship between the predictors and welfare promotion. Overall, the model summary indicates that financial behavior, financial awareness, financial knowledge, and attitude towards saving are significant predictors of welfare promotion among young people living with HIV in Rwanda. The strong correlation and high R Square values underscore the importance of these financial factors in improving welfare outcomes.

Table 4: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.879[a]	.772	.769	.13594
a. Predictors: (Constant), Financial Behavior, Financial Awareness, Financial Knowledge, Attitude towards saving				

Table 4 presents the ANOVA (Analysis of Variance) results for the regression model examining the impact of financial behavior, financial awareness, financial knowledge, and attitude towards saving on welfare promotion among young people living with HIV in Rwanda. The ANOVA table helps determine the overall significance of the regression model by comparing the variation explained by the model to the unexplained variation. The sum of squares for the regression is 17.828, with 4 degrees of freedom (df), indicating the variation attributed to the predictors in the model. The mean square for the regression is 4.457, which is the sum of squares divided by the degrees of freedom.

The F-statistic, which is the ratio of the mean square regression to the mean square residual, is 241.177 with a significance level (Sig.) of .000. This extremely low p-value indicates that the regression model is statistically significant, meaning that there is a very low probability that the observed relationship between the predictors and welfare promotion is due to chance. The residual sum of squares is 5.267 with 285 degrees of freedom, and the total sum of squares, which represents the total variation in welfare promotion, is 23.095 with 289 degrees of freedom. The significant F-statistic and low residual sum of squares demonstrate that the model effectively explains a substantial portion of the variance in welfare promotion, reinforcing the importance of financial behavior, financial awareness, financial knowledge, and attitude towards saving in influencing welfare outcomes.

Table 5: ANOVA Results

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	17.828	4	4.457	241.177	.000[b]
	Residual	5.267	285	.018		
	Total	23.095	289			

a. Dependent Variable: Welfare Promotion
b. Predictors: (Constant), Financial Behavior, Financial Awareness, Financial Knowledge, Attitude towards saving

Table 5 presents the coefficient results for the regression model examining the influence of financial awareness, financial knowledge, attitude towards saving, and financial behavior on welfare promotion among young people living with HIV in Rwanda. The table includes both unstandardized and standardized coefficients, as well as the t-values and significance levels for each predictor. The unstandardized coefficients (B) represent the change in the dependent variable (welfare promotion) for a one-unit change in the predictor, while holding other variables constant. The standardized coefficients (Beta) provide a measure of the relative importance of each predictor in the model.

The constant term is 1.835 ($p < .001$), indicating the predicted value of welfare promotion when all predictors are zero. Financial awareness has a positive unstandardized coefficient of .106 ($p < .01$), suggesting that an increase in financial awareness is associated with a significant improvement in welfare promotion. Conversely, financial knowledge has a negative unstandardized coefficient of -.090 ($p < .01$), indicating that higher financial knowledge is unexpectedly associated with a decrease in welfare promotion. Attitude towards saving also shows a negative unstandardized coefficient of -.333 ($p < .001$), suggesting that a more favorable attitude towards saving is linked to a reduction in welfare promotion. In contrast, financial behavior has a very strong positive unstandardized coefficient of .907 ($p < .001$), indicating that better financial behavior significantly enhances welfare promotion. The standardized coefficients reinforce these findings, with financial behavior (Beta = 1.104) being the most influential predictor, followed by attitude towards saving (Beta = -.367), financial awareness (Beta = .085), and financial knowledge (Beta = -.085).

These results underscore the critical role of financial behavior in promoting welfare among young people living with HIV, while also revealing unexpected negative associations with financial knowledge and attitude towards saving. This complexity highlights the need for a nuanced understanding of how different financial factors interact to influence welfare outcomes. The significant t-values for all predictors ($p < .01$) confirm the robustness of these findings, suggesting that each predictor makes a unique and significant contribution to the model.

Table 6: Coefficient results for all Variables

Model		Unstandardized Coefficients B	Std. Error	Standardized Coefficients Beta	t	Sig.
1	(Constant)	1.835	.212		8.677	.000
	Financial Awareness	.106	.036	.085	2.928	.004
	Financial Knowledge	-.090	.032	-.085	-2.789	.006
	Attitude towards saving	-.333	.035	-.367	-9.502	.000
	Financial Behavior	.907	.033	1.104	27.540	.000

a. Dependent Variable: Welfare Promotion

The overall regression equation was represented as:

Welfare Promotion = 1.835 + 0.106 Financial Awareness - 0.090 Financial Knowledge - 0.333 Attitude towards saving + 0.907 Financial Behavior

The regression equation presented, Welfare Promotion = 1.835 + 0.106 Financial Awareness - 0.090 Financial Knowledge - 0.333 Attitude towards Saving + 0.907 Financial Behavior, quantifies the relationship between welfare promotion and four predictors: financial awareness, financial knowledge, attitude towards saving, and financial behavior among young people living with HIV in Rwanda. The constant term, 1.835, represents the baseline level of welfare promotion when all predictors are held at zero, indicating that the starting point for welfare promotion is positive.

The coefficients provide insights into the specific impacts of each predictor. A 0.106 increase in welfare promotion is associated with each unit increase in financial awareness, highlighting the positive role of being financially informed. Conversely, financial knowledge has a negative coefficient of -0.090, suggesting that higher financial knowledge, surprisingly, correlates with a slight decrease in welfare promotion. The attitude towards saving also negatively impacts welfare promotion, with a coefficient of -0.333, indicating that a stronger attitude towards saving may not always lead to better welfare outcomes in this context. Notably, financial behavior has the most substantial positive impact, with a coefficient of 0.907, underscoring the crucial role of effective financial practices in enhancing welfare. These findings suggest a complex interplay between different financial factors and welfare promotion, necessitating targeted interventions to leverage financial behavior and awareness for improved welfare outcomes (Field, 2018; Pallant, 2020).

CONCLUSIONS AND RECOMMENDATIONS

The findings from the study underscore the significant impact of long-term savings schemes on the welfare of young people living with HIV in Rwanda. Participation in savings initiatives such as Ejo Heza has notably improved their financial security and stability, enabling them to better manage essential healthcare expenses and plan for their future. This financial empowerment has also facilitated access to educational and vocational opportunities, contributing to their personal development and overall well-being. The strong agreement among respondents regarding the benefits of savings schemes highlights the critical role these financial practices play in enhancing the quality of life for young individuals affected by HIV, supporting the notion that financial literacy and stability are vital components of health and social welfare.

Furthermore, the data reveals the positive influence of community-based financial initiatives and social support networks. Participation in savings groups not only fosters a sense of belonging but also enhances resilience and empowerment among young people living with HIV. The findings indicate that stigma associated with HIV has decreased, and community programs for social integration are perceived as adequate, reflecting a supportive environment that promotes social inclusion and reduces discrimination. Additionally, institutional support, such as financial assistance and responsive healthcare services, is viewed favorably by respondents. These conclusions emphasize the importance of comprehensive support systems that integrate financial education, community engagement, and institutional backing to holistically improve the welfare of young people living with HIV in Rwanda.

Policymakers should prioritize the integration of financial education into the national curriculum, ensuring that young people, including those living with HIV, receive comprehensive financial literacy training from an early age. Additionally, expanding and supporting long-term savings schemes like Ejo Heza with targeted outreach programs can enhance participation among vulnerable groups. Policymakers should also collaborate with healthcare providers to create financial support systems that address the specific needs of YPLHIV, facilitating their access to necessary health services without financial barriers.

Financial institutions should develop tailored financial products and services that cater to the unique needs of YPLHIV. This includes offering low-cost savings accounts, microloans with favorable terms, and financial counseling services. These institutions can also partner with community organizations to deliver financial education workshops and resources, helping YPLHIV build essential financial skills and knowledge. By creating an inclusive and supportive banking environment, financial institutions can play a pivotal role in enhancing the financial stability and welfare of YPLHIV.

Community organizations should focus on raising awareness about the importance of financial literacy and savings among YPLHIV. They can organize workshops, seminars, and peer support groups that provide practical financial management skills and create a supportive network for sharing experiences and advice. These organizations should also advocate for the inclusion of YPLHIV in existing financial programs and work closely with stakeholders to address any barriers to participation. By fostering a community-centric approach, these organizations can empower YPLHIV to take control of their financial futures.

Healthcare providers should integrate financial counseling into their routine care for YPLHIV, recognizing the critical link between financial stability and health outcomes. They can offer referrals to financial education programs and savings schemes like Ejo Heza, ensuring that patients have access to resources that support their financial well-being. Additionally, healthcare providers should collaborate with financial institutions and community organizations to create a holistic support system that addresses both the health and financial needs of YPLHIV.

Young people living with HIV should actively seek out opportunities to improve their financial literacy and management skills. Participating in financial education programs, workshops, and savings schemes can provide them with the tools needed to achieve financial stability and enhance their quality of life. They should also cultivate a positive attitude towards saving and develop prudent financial behaviors, such as budgeting and consistent saving, to build a secure financial future. By taking proactive steps towards financial empowerment, YPLHIV can significantly improve their overall welfare and resilience.

Suggestions for Further Studies

Future research should delve into the long-term impact of financial literacy programs on the economic and health outcomes of young people living with HIV (YPLHIV) in Rwanda. Longitudinal studies that track participants over several years would provide valuable insights into how sustained financial education influences their financial behavior, health stability, and overall quality of life. Such studies could compare different cohorts, including those who have received financial literacy training versus those who have not, to identify the specific benefits and challenges faced by each group.

Another area worth exploring is the role of digital financial services in promoting welfare among YPLHIV. With the increasing penetration of mobile technology in Rwanda, digital platforms could offer innovative solutions for financial inclusion. Research could investigate how mobile banking, online savings schemes, and digital financial literacy tools can be leveraged to enhance financial stability and health outcomes for

YPLHIV. Studies could also assess the barriers to digital financial service adoption among this population and propose strategies to overcome them.

Investigating the psychosocial factors that influence financial behaviors among YPLHIV is also critical. Research should explore how factors such as mental health, social support, and stigma impact their financial decision-making and participation in savings schemes like Ejo Heza. Understanding these dynamics can help tailor financial education programs to address the unique psychological and social challenges faced by YPLHIV. Additionally, studies could evaluate the effectiveness of integrating mental health support with financial counseling to provide a more holistic approach to improving their welfare.

Lastly, comparative studies between different regions within Rwanda and across other countries with similar socio-economic contexts would be beneficial. Such research could identify best practices and successful models that can be adapted and implemented in Rwanda. Comparative studies could also highlight the influence of cultural, economic, and policy differences on the effectiveness of financial literacy and savings programs. By examining these variations, researchers can provide more nuanced recommendations for enhancing the welfare of YPLHIV through financial empowerment initiatives tailored to specific contexts.

REFERENCES

Adimora, A. A., Ramirez, C., Schoenbach, V. J., & Cohen, M. S. (2014). Policies and politics that promote HIV infection in the Southern United States. *AIDS*, *28*(10), 1393–1397.

Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, *50*(2), 179–211.

Ansong, D., Chowa, G. A. N., & Masa, R. D. (2020). Youth savings programs and psychosocial well-being: Evidence from low- and middle-income countries. *Journal of Youth Studies*, *23*(2), 254–271.

Becker, G. S. (1964). *Human capital: A theoretical and empirical analysis, with special reference to education*. University of Chicago Press.

Binagwaho, A., Nsanzimana, S., & Kanters, S. (2012). HIV prevention and control in Rwanda: A call for renewed efforts to end the epidemic. *The Lancet*, *380*(9845), 1399–1400.

Browning, M., & Lusardi, A. (1996). Household saving: Micro theories and micro facts. *Journal of Economic Literature, 34*(4), 1797-1855.

Bryman, A., & Bell, E. (2015). *Business research methods* (4th ed.). Oxford University Press.

Chang, C., & Lim, Y. (2018). Social protection for marginalized populations in Asia. *Journal of Social Policy and Society*, *17*(3), 298–312.

Cochran, W. G. (1977). *Sampling techniques* (3rd ed.). Wiley.

Cooper, D. R., & Schindler, P. S. (2016). *Business research methods* (12th ed.). McGraw-Hill.

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approach* (4th ed.). SAGE Publications.

Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). SAGE Publications.

Díaz, A., & Luengo-Prado, M. J. (2020). Policy interventions and youth savings behavior: A review of recent empirical evidence. *Economics of Education Review, 40,* 130–144.

Díaz, R. & Luengo-Prado, M. J. (2020). Financial literacy and saving for retirement. *Journal of Economic Behavior & Organization*, *171*, 110-127.

Fernandes, D., Lynch, J. G., & Netemeyer, R. G. (2014). Financial literacy, financial education, and downstream financial behaviors. *Management Science, 60*(8), 1861–1883.

Fernandes, D., Lynch, J. G., & Netemeyer, R. G. (2014). Financial literacy, financial education, and downstream financial behaviors. *Management Science, 60*(8), 1861-1883.

Huang, J., & Sherraden, M. (2018). The impact of Child Development Accounts on saving and asset building: Evidence from a statewide policy experiment. *Journal of Policy Analysis and Management, 37*(3), 568–598.

Johnson, K., Chatterjee, P., & Raman, R. (2019). Financial inclusion and economic development: The role of innovation. *Journal of Development Studies, 55*(4), 570–586.

Jones, L., Presler-Marshall, E., & Tran, J. (2019). The impact of integrated welfare services on youth outcomes: A meta-analysis. *Social Science Research, 82*, 213–230.

Jones, R. (2020). The shifting economic landscape of Asia and its implications for inclusive development. *Global Economic Review*, *49*(2), 234–252.

Kim, J., & Chatterjee, S. (2018). Financial education interventions: The role of financial literacy in improving financial outcomes. *Journal of Financial Counseling and Planning, 29*(1), 43–53.

Lee, H., & Kwak, S. (2020). Financial literacy and saving behavior in Asian countries. *Journal of Asian Economics*, *64*(1), 21–38.

Lusardi, A., & Mitchell, O. S. (2014). The economic importance of financial literacy: Theory and evidence. *Journal of Economic Literature, 52*(1), 5–44.

Lusardi, A., & Mitchell, O. S. (2014). The economic importance of financial literacy: Theory and evidence. *Journal of Economic Literature, 52*(1), 5-44.

Lynn, M. R. (2016). Determination and quantification of content validity. *Nursing Research, 35*(6), 382-385.

Masten, A. S. (2011). Resilience in children threatened by extreme adversity: Frameworks for research, practice, and translational synergy. *Development and Psychopathology*, *23*(2), 493–506.

Masten, A. S. (2021). *Resilience in development: Progress and transformation in the study of adversity and resilience*. Cambridge University Press.

Mavhu, W., Berwick, J., Chirawu, P., Makamba, M., Copas, A., Dirawo, J., ... & Cowan, F. M. (2020). Enhancing resilience and socio-economic empowerment among adolescents living with HIV in sub-Saharan Africa: A randomized trial. *Journal of Adolescent Health*, *67*(6), 885–893.

Mburu, G., Ram, M., Skovdal, M., Bitira, D., Hodgson, I., & Mwai, G. W. (2016). Social protection and HIV: Impacts, evidence, and implementation challenges. *AIDS Care*, *28*(1), 29–39.

Mugenda, O. M., & Mugenda, A. G. (2012). *Research methods dictionary*. Acts Press.

Mugenda, O. M., & Mugenda, A. G. (2013). *Research methods: Quantitative and qualitative approaches*. Acts Press.

National AIDS Control Council (NACC). (2020). *Kenya AIDS Response Progress Report 2020*. Government of Kenya.

Ngabo, F., Mukeshimana, D., & Uwamahoro, M. (2019). Ejo Heza: A case study of financial empowerment among HIV-positive individuals in Rwanda. *Journal of Financial Inclusion in Africa*, *7*(1), 45–62.

Ngechu, M. (2014). *Understanding the research process and methods: An introduction to research methods*. Acts Press.

Nkosi, B., Seeley, J., & Ndinda, C. (2018). Exploring HIV healthcare provision in Rwanda: Opportunities and challenges in the scaling-up of HIV services. *BMC Health Services Research*, *18*, 734.

Nsanzimana, S., Mbituyumuremyi, A., & Remera, E. (2021). Community-based HIV interventions: Lessons from Rwanda. *African Health Journal*, *30*(3), 456–463. https://doi.org/10.2989/2078-6752.2021.1946733

Ntibagirirwa, A., Mukeshimana, J., & Mutegemuka, P. (2019). Financial inclusion initiatives among HIV/AIDS patients: The Ejo Heza scheme in Rwanda. *Rwandan Journal of Social Protection*, *2*(1), 74–85.

Nunnally, J. C., & Bernstein, I. H. (2014). *Psychometric theory* (3rd ed.). McGraw-Hill.

Orodho, J. A. (2014). *Techniques of writing research proposals and reports in education and social sciences* (3rd ed.). Kanezja HP Enterprises.

Orodho, J. A. (2015). *Elements of educational and social science research methods* (4th ed.). Kanezja Publishers.

Petersen, I., Bhana, A., & Baillie, K. (2019). Understanding the mental health and psychosocial needs of young people living with HIV in South Africa: Implications for policy and service delivery. *Journal of Child & Adolescent Mental Health*, *31*(1), 23–35.

Polit, D. F., & Beck, C. T. (2016). *Nursing research: Generating and assessing evidence for nursing practice* (10th ed.). Wolters Kluwer Health.

Putnam, R. D. (2000). *Bowling alone: The collapse and revival of American community*. Simon & Schuster.

Republic of South Africa. (2011). *National Development Plan 2030: Our future – make it work*. National Planning Commission.

Rwanda Biomedical Center (RBC). (2020). *Annual Report 2020: HIV/AIDS in Rwanda*. Government of Rwanda.

Saunders, M., Lewis, P., & Thornhill, A. (2015). *Research methods for business students* (7th ed.). Pearson Education.

Sekaran, U., & Bougie, R. (2013). *Research methods for business: A skill-building approach* (6th ed.). Wiley.

Sen, A. (1999). *Development as freedom*. Oxford University Press.

Sherraden, M., Schreiner, M., & Beverly, S. (2015). Long-term effects of matched savings programs: Evidence from Child Development Accounts in the United States. *Journal of Policy Analysis and Management, 34*(2), 282–304. https://doi.org/10.1002/pam.21800

Tavakol, M., & Dennick, R. (2021). Making sense of Cronbach's alpha. *International Journal of Medical Education*, *2*, 53-55.

Tavakol, M., & Sandars, J. (2014). Quantitative and qualitative methods in medical education research: AMEE guide no 90: Part I. *Medical Teacher, 36*(6), 459-464.

Thaler, R. H., & Sunstein, C. R. (2018). *Nudge: Improving decisions about health, wealth, and happiness* (2nd ed.). Penguin Books.

UNAIDS. (2020). The impact of COVID-19 on HIV treatment and prevention in low-income countries. *UNAIDS Global Report*. https://www.unaids.org

UNAIDS. (2021). *Global HIV & AIDS statistics – Fact sheet*. Joint United Nations Programme on HIV/AIDS. https://www.unaids.org/en/resources/fact-sheet

United Nations. (2015). *Transforming our world: The 2030 agenda for sustainable development*. United Nations.

Uwamahoro, F., & Nkundabagenzi, F. (2020). Financial inclusion and economic well-being of people living with HIV in Rwanda: The role of savings schemes. *Rwanda Journal of Social Sciences, 12*(1), 76–89.

Uwizihiwe, J. P., Rwema, J., & Habumugisha, P. (2020). The impact of Ejo Heza long-term savings scheme on HIV care: A longitudinal study in Rwanda. *International Journal of Health Policy and Management*, *9*(2), 90–98.

World Bank. (2020). *Addressing the HIV epidemic in sub-Saharan Africa: A World Bank analysis*. World Bank Group.

Yehia, B. R., Stephens-Shields, A. J., Fleishman, J. A., Berry, S. A., Agwu, A. L., Metlay, J. P., & Gebo, K. A. (2015). The impact of age on retention in care and viral suppression among HIV-infected adults. *AIDS*, *29*(18), 293–301.