



Despite the common belief that social cash transfer programmes may incentivize families to have more children, rigorous evidence demonstrates that these programmes do not increase childbearing in Africa and have even helped women increase birth spacing in South Africa.

OVERVIEW

Social cash transfers (SCT) have become an important component of social protection in sub-Saharan Africa and rigorous evaluations have demonstrated the ability of these programmes to improve food security, school enrolment, health, and other outcomes. However, a common perception surrounding the design and implementation of these programmes is that cash transfers targeted to families with young children will incentivize families to have more children. Understandably a concern to policymakers in contexts where fertility is high and resources are constrained, this perception is a key barrier to scaling up SCT programmes. However, contrary to this belief, research has demonstrated that SCTs generally have no or few impacts on fertility.

To date, research on unconditional cash transfer programmes in Africa (including Kenya, Malawi,¹ South Africa² and Zambia³) have demonstrated no impacts of cash transfer programmes on increased fertility. In Latin America, studies from conditional cash transfer programmes have also generally found no fertility impacts, with two exceptions. One study in Honduras⁴ found a short-term increase in probability of birth that was most likely linked to the programme design which allowed increases in the transfer with the birth of a child, or addition of a pregnant woman, to a household. Another study in Mexico⁵ used a somewhat selective sample, possibly decreasing the generalizability of the findings and conflicting with existing (though shorter-term) evidence on the same programme.⁶

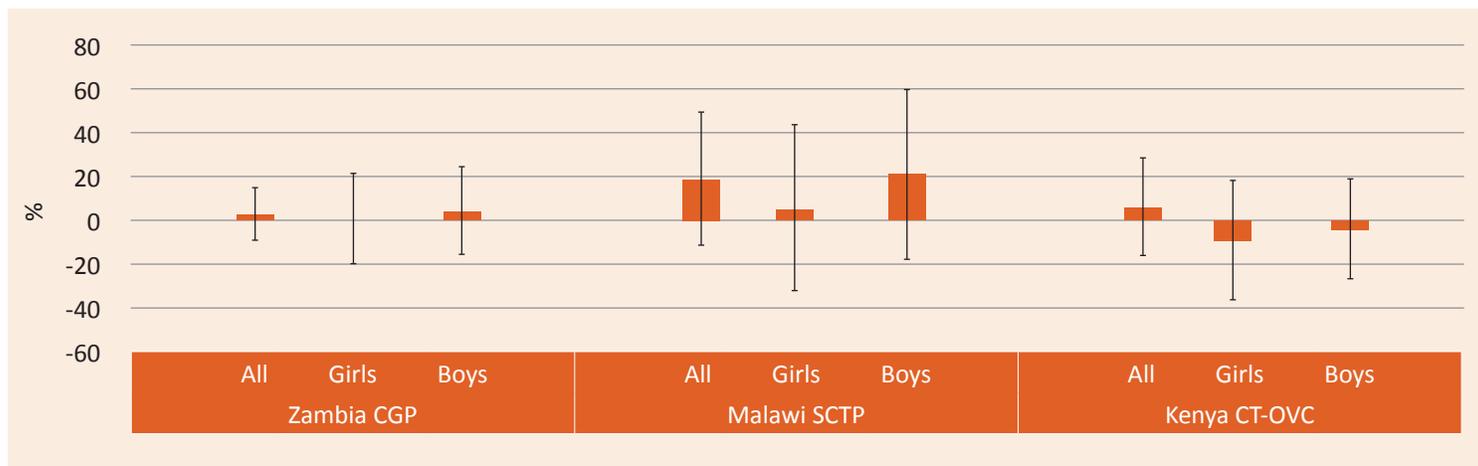
AFRICAN CONTEXT

Africa was the last region to start experiencing the demographic transition globally,⁷ has experienced declines in fertility rates more slowly than other regions, and the transition has even stalled in some countries with total fertility rates (TFR) over five children on average per woman.⁸ Thus policymakers are understandably concerned that programmes might incentivize more births, yet evidence from the region overwhelmingly demonstrates that these unintended consequences are not realized.

Women receiving South Africa's Child Support Grant (CSG) were actually less likely to have a subsequent pregnancy than women with similar characteristics not receiving the grant⁹ and this unconditional programme, which universally targets households with children under age 18, led to decreased adolescent sexual activity and pregnancy.¹⁰



Impacts of cash transfer programmes on number of children ages 0-1 in the household, Zambia, Malawi, Kenya, Poisson Models



Studies examining Kenya’s Cash Transfer for Orphans and Vulnerable Children (CT-OVC), Malawi’s Social Cash Transfer Scheme (SCT) and the Zambian government’s Child Grant Programme (CGP) all found there were no impacts of cash transfer programmes on childbearing.^{11,12} The figure above shows no impacts of cash transfer programmes on the total number of children aged 0-1 in households after 48 months in Zambia, 12 months in Malawi, and 24 months in Kenya. Further, Kenya’s CT-OVC led to decreased sexual debut and first pregnancy among young people aged up to 25 years.^{13,14}

In addition to the number of young children in the household, the Zambian study also examined fertility histories of individual women and found no impact on total births to women over a four-year period. For women under the age of 25, the CGP even decreased fertility after 36 months, but impacts disappeared after 48 months among this younger sample.

CONCLUSION

Evidence of increased fertility in response to social cash transfers appears to be largely anecdotal, and rigorous quantitative evaluations of the programmes do not support this claim. However, some design features that could minimise the fertility incentive can be built into programmes. Examples include:

- continuing the grant up through age 10 so that caregivers are not worried about the child/household ‘aging out’ of the transfer scheme too rapidly
- capping the grant at a maximum number of children
- calculating eligibility per household, not per number of children.

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¹Stecklov, G., Winters, P. (2011). Do Cash Transfers Impact Childbearing and Childrearing? Experimental Evidence from Sub-Saharan Africa. Available at https://transfer.cpc.unc.edu/wp-content/uploads/2015/09/TransferProjectPresentation_2011_-The-impact-of-the-Kenya-CT-OVC-on-fertility.pdf ²Department of Social Development, South African Social Security Agency and UNICEF (2012). The South African Child Support Grant Impact Assessment: Evidence from a survey of children, adolescents and their households. Pretoria: UNICEF South Africa. ³Palermo, T., Handa, S., Peterman, A., Prencipe, L., Seidenfeld, D., Zambia CGP Evaluation Team (2015). Unconditional Government Social Cash Transfer in Africa Does Not Increase Fertility, *Innocenti Working Paper*, 2015-09, UNICEF Office of Research, Florence. ⁴Stecklov, G., Winters, P., Todd, J., Regalia, F. (2007). Unintended Effects of Poverty Programmes on Childbearing in Less Developed Countries: Experimental evidence from Latin America. *Population Studies*, 61(2), 125-140. ⁵Arenas, E., Parker, S.W., Rubalcava, L.N., Teruel, G.M. (2015). Do Conditional Cash Transfer Programmes Affect Fertility and Marriage? Long term impacts of a Mexican cash transfer programme. Paper presented at the Population Association of America Annual meeting, San Diego, CA. ⁶Stecklov, G., Winters, P., Todd, J., Regalia, F. (2007). Unintended Effects of Poverty Programmes on Childbearing in Less Developed Countries: Experimental evidence from Latin America. *Population Studies*, 61(2), 125-140. ⁷Defined as the transition from high birth and death rates to low as countries industrialize. ⁸Bongaarts, J., Casterline, J. (2013). Fertility Transition: Is sub-Saharan Africa Different? *Population and Development Review*, 38(s1), 153-168. ⁹Rosenberg, M., Pettifor, A., Nguyen, N., Westreich, D., Bor, J., Bärnighausen, T., Mee, P., Twine, R., Tollman, S., Kahn, K. (2015). Relationship between Receipt of a Social Protection Grant for a Child and Second Pregnancy Rates among South African Women: A Cohort Study. *PLoS One*, 10(9), e0137352. ¹⁰Department of Social Development, South African Social Security Agency and UNICEF (2012). The South African Child Support Grant Impact Assessment: Evidence from a survey of children, adolescents and their households. Pretoria: UNICEF South Africa. ¹¹Stecklov, G., Winters, P. (2011). Do Cash Transfers Impact Childbearing and Childrearing? Experimental Evidence from Sub-Saharan Africa. Available at https://transfer.cpc.unc.edu/wp-content/uploads/2015/09/TransferProjectPresentation_2011_-The-impact-of-the-Kenya-CT-OVC-on-fertility.pdf ¹²Palermo, T., Handa, S., Peterman, A., Prencipe, L. on behalf of the Zambia CGP Evaluation Team. Unconditional Government Social Cash Transfer in Africa Does not Increase Fertility, *Innocenti Working Paper*, 2015-09, UNICEF Office of Research, Florence. ¹³Handa, S., Halpern, C.T., Pettifor, A., Thirumurthy, H. (2014). The Government of Kenya’s Cash Transfer Program Reduces the Risk of Sexual Debut among Young People Age 15-25. *PLoS One*. 2014/01PY - 2014;9(1):e85473-e. ¹⁴Handa, S., Peterman, A., Huang, C., Halpern, C.T., Pettifor, A., Thirumurthy, H. (2015). Impact of the Kenya Cash Transfer for Orphans and Vulnerable Children on Early Pregnancy and Marriage of Adolescent Girls, *Social Science & Medicine*, 141, 36-45.