



Social cash transfers, early pregnancy and marriage in the Kenyan national cash transfer programme

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According to the Demographic and Health Survey 2008-2009, almost a third of Kenyan women of reproductive age were married before they reached their 18th birthday, and more than 75 per cent had their first child by age 24 (Kenya National Bureau of Statistics (KNBS) & ICF Macro, 2010). Early marriage increases the likelihood of young age at first pregnancy, and consequently the risk of complications in childbirth which is the second leading cause of death among girls aged 15-19 years in developing countries (World Health Organization (WHO), 2014). The role of poverty in influencing adolescent fertility has been well documented: women from poor households are more likely to drop out of school early to help support their families, or to get married, or to engage in transactional sex or other risky sexual behaviours, due to lack of other opportunities or exposure to unsafe environments (Sanyukta, Greene and Malhotra, 2003) (Hallman, 2005). Younger mothers tend to have more unstable marriages or unions, higher infant mortality, and jobs of lower quality, all of which perpetuate the intergenerational transfer of poverty and malnutrition (Urdinola and Ospino, 2015).

Social cash transfers (SCTs) have been recommended as a successful strategy to reduce adolescent fertility (McQueston, Silverman and Glassman, 2013). While there is a growing evidence base of the role of conditional cash transfers (CCTs) on reproductive health outcomes in Latin America and South Asia, there is little evidence in sub-Saharan Africa from unconditional cash transfer (UCT) programmes at the household level. Furthermore, since large-scale SCTs have seldom been designed to affect and measure adolescent health outcomes, assessing these pathways and processes remains important in order to bridge the knowledge gap about what works to improve adolescent well-being.

The Kenyan Cash Transfer for Orphans and Vulnerable Children (CT-OVC)

The CT-OVC was first implemented nationwide in 2007 by the Department of the Ministry of Gender, Children and Social Development of the Government of Kenya (Mwasijaji, 2015). Households qualify for the programme based on the following characteristics: 1) the presence of at least one OVC under the age of 18 with at least one deceased parent, or whose parent or main caregiver is chronically ill; and 2) being ultra-poor, defined as belonging to the lowest expenditure quintile. By June 2012, the CT-OVC was estimated to cover approximately 150,000 households, or nearly 50 per cent of the ultra-poor OVCs across 69 programme districts, with representation

in all 47 counties of Kenya. Eligible households are provided a monthly cash sum of 1,500 Kenyan Shillings (US\$21)¹, equal to approximately 20 per cent of monthly household expenditure, with no conditions or co-responsibilities. The programme is therefore a UCT.

Study design

The main outcomes examined in the study described in this Brief are: 1) ever being married or having cohabited and 2) first pregnancy among girls aged 12 to 24 years. In addition, the authors identify four factors through which UCTs affect adolescent well-being outcomes: 1) increased investment in girls' education; 2) delay of girls' sexual debut and reduced high-risk sex; 3) improved mental health and increased aspirations of girls; and 4) increase in household economic stability (Figure page 2).

The study was designed as a randomized controlled trial and covered 28 Locations (14 control and 14 treatment) from seven districts in Kenya. Household surveys were conducted in 2007, 2009 and 2011, and questions on pregnancy, health behaviour around birth, and other fertility history were included in the 2011 round.

The analysis includes 1,549 females aged 12 to 24 in 2011 and uses multivariate regression techniques to isolate the programme impact from other background factors.

Results

While the Kenyan CT-OVC was not designed specifically to facilitate safe transitions to adulthood, the results showed it decreased the likelihood of first pregnancy by 34 per cent (or five percentage points). At endline, 13 per cent of the treatment group had never been pregnant, compared with 19 per cent of the control group. However there were no significant programme impacts on early marriage. Only a slightly lower percentage of females in the treatment group reported ever being married or co-habiting (6 per cent) at endline, as compared to the control group (8 per cent).

Impact pathways

Schooling, measured by current enrolment or grade attainment, was found to reduce the probability of both early marriage and first pregnancy. Since the Kenyan OV-CTC had significant positive impacts on secondary school enrolment (The Kenya CT-OVC Team, 2013), the authors hypothesize that education is one of the pathways through which the programme had an impact on early pregnancy. Providing adolescent girls with

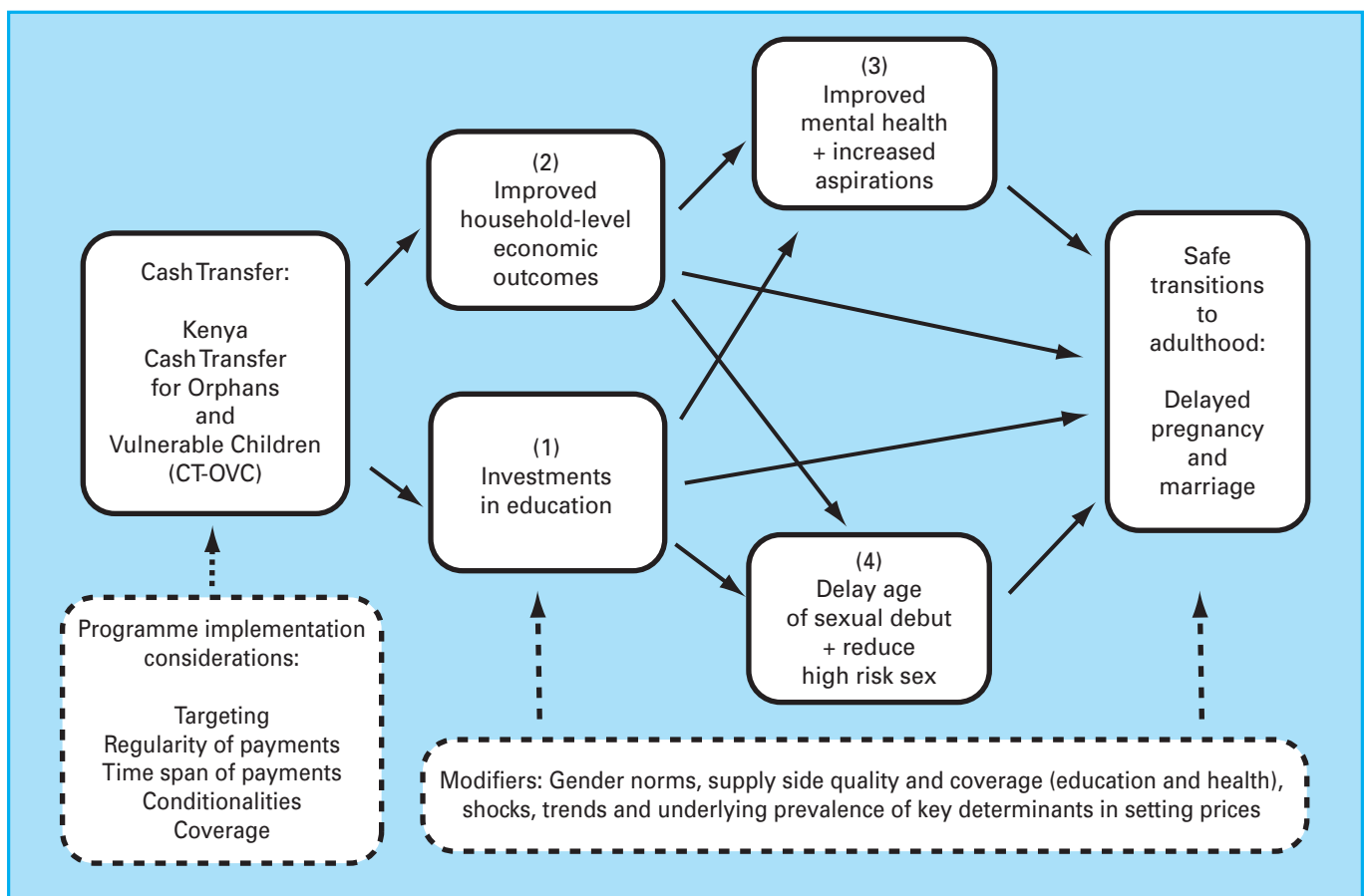
¹This value was increased to Ksh 2000 in 2011-12 to adjust for inflation.

the opportunity to continue their education has both short- and long-term effects. In the short-run, schooling protects against outcomes such as HIV risk, because schools provide an environment where sex is less likely to occur, and also educate youth on HIV prevention, thereby empowering them to make better decisions. In the longer term, increased education leads to higher future earning potential, increasing the possibility of breaking the intergenerational transmission of poverty. However, transfers had even larger impacts for girls who were not enrolled in school, implying additional impact pathways. For example, although not examined in the current study, the Kenyan CT-OVC decreased the odds of sexual debut by 31 per cent (Handa et al., 2014) and increased mental health and aspirations (Kilburn et al., 2015), implying that these are both plausible impact pathways. Finally, household financial stability, as measured by expenditures, showed significant increases on food, health and clothing, and significant decreases on alcohol and tobacco (The Kenya CTC-OVC Evaluation Team, 2012).

Conclusion

Despite the strong findings in this study, which contribute to the body of evidence on how SCTs can facilitate safe transitions to adulthood, further research is needed to fully explore the impact and effectiveness of potential pathways. For example, research is needed to understand the impact of SCTs on transitions for boys, and cost effectiveness analyses will help determine alternative strategies to improve adolescent reproductive health and well-being in developing countries, in addition to, or in conjunction with, SCTs. More sophisticated study designs that focus on tracking youth (particularly females who relocate for marriage) will be important in demonstrating the impact of such large-scale programmes in different contexts and settings. As SCTs continue to increase in number and improve in design, rigorous research methods and harmonized efforts across different sectors are crucial to promote safe transitions of youth to adulthood.

Conceptual framework for cash transfers and girls' safe transition to adulthood



Note: Modified from UNICEF and EPRI, 2015.

Source: Handa et al., 2015.

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For more information including detailed results, partners and funders, please see Handa et al., 2015. <http://www.sciencedirect.com/science/article/pii/S027795361530040X>

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