

THE ZAMBIAN GOVERNMENT UNCONDITIONAL SOCIAL CASH TRANSFER PROGRAMME DOES NOT INCREASE FERTILITY

Research Brief 06 • February 2016



This Brief highlights findings from the first study in sub-Saharan Africa to examine the relationship between unconditional cash transfers and fertility using a large-scale experiment and fertility histories of individual women. Evidence from the Zambia Child Grant Programme (CGP) demonstrates that the programme does not create unintended effect of increased fertility.

A common perception surrounding the design and scale-up of social cash transfer (SCT) programmes, an increasingly important component of social protection programmes in Africa, is that cash transfers targeted to families with young children will incentivise families to have more children. In settings where fertility rates are high and resources constrained, this perception may understandably impede scaling up SCT programmes. However, contrary to this belief, rigorous research has demonstrated that SCTs generally do not increase fertility. New research from Zambia further adds to this evidence base.

Studies examining both conditional and unconditional cash transfer programmes in Latin America and Africa^{1, 2} have generally demonstrated no impacts of cash transfer programmes on fertility. To date, only two studies from Latin America³ and none from Africa (including in Kenya, Malawi and South Africa) have suggested a positive link between SCTs and fertility.

The current study examined impacts of the Zambia government's Child Grant Programme (CGP) on fertility and related outcomes. This is the first study in Africa to evaluate fertility impacts of an unconditional cash transfer programme (UCT) as reported by individual women (using birth histories) with an experimental evaluation design in Africa.⁴

ZAMBIA'S CHILD GRANT PROGRAMME

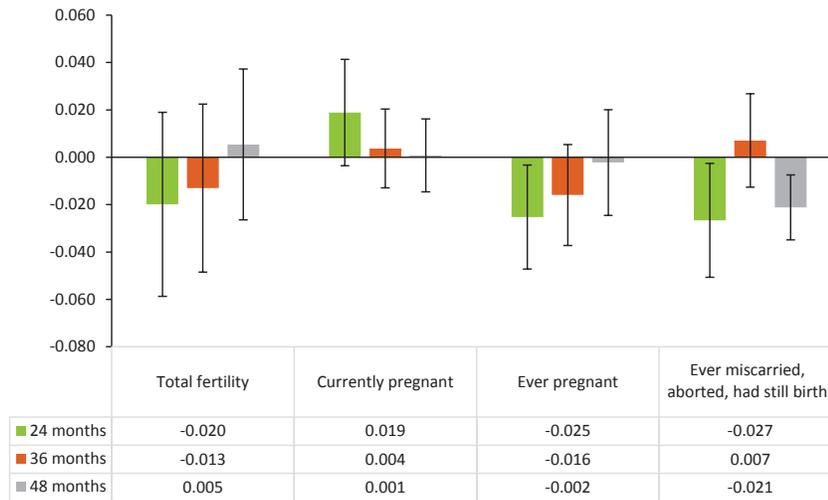
In 2010, the Zambia Ministry of Community Development, Mother and Child Health began implementation of the CGP, with the goals of reducing extreme poverty and breaking the inter-generational cycle of poverty. Households with a child aged under five years were targeted for the programme, and transfers were distributed bi-monthly to the primary female adult in the household caring for a child in the targeted age range. The transfer was a fixed monthly sum of approximately USD 12 irrespective of household size, an amount deemed sufficient to purchase one meal a day for everyone in the household for one month. Households 'age-out', or graduate from the programme, after the index child turns five. Graduation continues in 2015 but without new enrolments into the CGP, which is gradually being phased out.

STUDY DESIGN

Using data from a large, cluster randomized trial (45 treatment and 45 control communities), the study examined the impact of the cash transfer on the following fertility-related outcomes among all women in treatment and control households: (1) number of children ever born to a woman,



Figure 1: Impact of CGP on women's total fertility and related outcomes (CI: 90%), all women



(2) whether the woman had ever been pregnant, (3) whether the woman ever had a pregnancy which ended in miscarriage, abortion or stillbirth, and (4) whether she was currently using a modern contraceptive method. Additionally, as an alternative to self-reported fertility, the researchers examined the total number of children aged under four years living in the household at each survey round. There were 2,515 households interviewed for the impact evaluation at baseline (in 2010), and these households were interviewed three more times through 2014. Data from all waves were examined in the current study. The University of Zambia's Research Ethics Committee reviewed the study for compliance with ethical standards in the conduct of research.

RESULTS

The study found no impact on the total number of births over a four-year period. In other words, women in cash transfer beneficiary households did not give birth to more babies than women in control households in the same area. For women under the age of 25 the CGP actually decreased fertility after 36 months, but impacts disappeared after 48 months among this younger sample.

As shown in the figure below, after 24 months women living in CGP households were 2.5 percentage points less likely to have ever been pregnant compared to women in control households. At 24 and 48 months, women in the treatment groups reported being less likely to have had an abortion, miscarriage or stillbirth.

Further, no effects were found on the total number of children under the age of five living in the household. No impacts were found on contraceptive

use, which increased dramatically among women in both the treatment and control groups. Over the life of the study the increase among the treatment group was from 37% to 54%, and from 39% to 51% among those in the control group. However, this is likely due to conditions in the country at the time, unrelated to the CGP.

CONCLUSION

This study adds to the evidence from national cash transfer programmes in Africa demonstrating that UCT programmes have no impact on fertility. This is the first study from sub-Saharan Africa examining the relation between cash transfers and fertility using a large-sample social experiment design and reporting fertility histories of individual women. From a policy perspective, these findings are important because they provide strong evidence that a social protection programme targeted to families with young children does not create the unintended effect of increased fertility.

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For more information including detailed results, partners and funders, please see: Palermo, 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.

<http://www.unicef-irc.org/publications/785>

¹ Stecklov, G., Winters, P. (2011). Do Cash Transfers Impact Childbearing and Childrearing? Experimental Evidence from Sub-Saharan Africa. Available at <http://www.unicef-irc.org/publications/785/> ² Rosenberg, M., Pettifor, A., Nguyen, N., Westreich, D., Bor, J., Bärnighausen, T., 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. ³ Stecklov, 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. ⁴ Palermo, 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.