

# KENYA CASH TRANSFER PROGRAM DELAYS SEXUAL DEBUT AMONG YOUNG PEOPLE AGE 15-25

## Introduction

There is growing interest in the possibility of addressing HIV prevention in Africa by providing cash transfers to at-risk population groups. Several experiments in Eastern & Southern Africa have provided proof of the concept that conditional cash transfers can delay sexual debut, and reduce the incidence of HIV and sexually transmitted disease among young women.<sup>1</sup> However most countries in the region have large scale cash transfer programs that are unconditional, poverty targeted and provide support to families, not to individual adolescents. This raises the question about whether the existing evidence on the HIV prevention effects of cash transfers can be generalized to large-scale, government-run cash transfer programs currently operating in the region. This research brief reports on the impact of such a large scale government social protection program, the Kenya Cash Transfer for Orphans & Vulnerable Children (CT-OVC), on HIV behavioral risk among young people (males and females) age 15-25.<sup>2</sup>

## The Kenya CT-OVC

The CT-OVC, implemented by the Children's Department of the Ministry of Gender, Children and Social Development, is Kenya's largest social protection program, currently reaching nearly 150,000 households across the country. Eligibility is based on poverty and having at least one orphan or vulnerable child below age 18. Families are provided a flat monthly allowance of approximately US\$20, paid directly to the caregiver;

<sup>1</sup> Pettifor A, MacPhail C, Nguyen N, Rosenberg M. (2012) Can money prevent the spread of HIV? A review of cash payments for HIV prevention. *AIDS Behavior* doi 10.1007/s10461-012-0240-z.

<sup>2</sup> Handa S, Halpern CT, 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* <http://dx.plos.org/10.1371/journal.pone.0085473>.

there are no punitive conditions attached to the transfer though caregivers are informed that the money is for the care and support of children.

## Study Design

During the initial rollout of the CT-OVC in 2007, UNICEF and the Government of Kenya (GoK) designed a quantitative study to evaluate the impact of the program on primary indicators of consumption, food security and children's schooling. Within each of the seven districts that were scheduled to enter the program, four locations were selected to potentially receive the program, of which two were randomly selected to enter immediately and the remaining two were assigned to delayed entry status. A total of 1540 and 754 households were interviewed from the treatment (T) and control (C) locations respectively prior to program initiation. A follow-up survey was conducted on these households in 2009 to assess the two-year impacts of the program.<sup>3</sup>



Photo by Amber Peterman

<sup>3</sup> Kenya CT-OVC Evaluation Team (2012) Impact of the Kenya CT-OVC on Household Spending. *Journal of Development Effectiveness* 4(1):9-37



In 2011, with funding from the National Institute of Mental Health (NIMH R01-MH1093241-03), researchers from University of North Carolina at Chapel Hill (UNC-CH) collected a third wave of data from study households, which included a special module on sexual behavior and mental health administered directly to a maximum of three household residents age 15-25. Survey instruments and protocols were based on the Kenya Demographic & Health Survey (DHS) and approved by the Ethics Committees of UNC and the Kenya Medical Research Institute.

### Results

The analysis sample was restricted to individuals who had not had sex at baseline since the CT-OVC could not have affected their debut. The resulting sample size is 1443 individuals age 15-25, two-thirds of whom were in the treatment arm and of which 38 percent were female. At the time of the survey, 39 percent of the sample had debuted; among this group 42 percent used a condom at last sex, six percent had two or more partners in the last 12 months, and 14 percent had at some time given or received gifts in exchange for sex.

Young people residing in households receiving the cash transfer were significantly less likely to have experienced their sexual debut. The odds ratio for the treatment effect was 0.69 and was robust to the inclusion of factors that were not balanced across the study arms at baseline. The prevalence ratio associated with this effect is 0.82. Alternatively, the effect size in terms of percentage points is 8.8, which is 23 percent of the mean among the treatment group. Impacts on females were quantitatively larger than for males, but not statistically different.

Among the 551 individuals who had their sexual debut after baseline, the study analyzed the effect of the CT-OVC on a set of secondary outcomes related to HIV behavioral risk: condom at last sex, any unprotected sex in the last three months, two or more partners in the last 12 months, and if ever received or gave gifts in exchange for sex. The effect of the program is

protective for each of these secondary outcomes, but not statistically significant.

### Discussion

The results of this study show that a major government social protection program that is intended to alleviate poverty, the Kenya CT-OVC, reduces the relative odds of sexual debut among young people ages 15-25 by 31 percent, which, in relation to the mean, implies a 23 percent reduction in the likelihood of sexual debut. These results are promising for HIV prevention for two reasons. First, age of sexual debut is a risk factor for HIV infection, thus indicating that a poverty-focused cash transfer program can have positive spillovers on an important HIV related outcome for young people. Second, the Kenya CT-OVC is similar in design and approach to many other national cash transfer programs, which increases the generalizability of these results across Africa. Most of these programs, like the CT-OVC, are unconditional, which has the added benefit of being easier to implement.



Photo by Sara Abdoulayi

