

Transitions to Adulthood and Youth Well-being in the Transfer Project

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unite for
children

Motivation: Why Focus on Youth?

- Adolescence/youth = critical juncture in life
 - ❖ Implications for later education, health, poverty, autonomy, intimate partner violence (IPV), HIV risk (among others)
- Early transitions in Africa
 - ❖ In SSA, 12% of women aged 20 to 24 were married/in first union by age 15, and 40% by age 18 (UNICEF 2014)
 - ❖ Globally, 16 million girls aged 15 to 19 give birth annually, ~95% in low and middle income countries (WHO 2014)

Review of existing evidence

- Some **existing studies suggest promising impacts** of cash transfers on mental health, school attendance and protective impacts against pregnancy, marriage, IPV, and HIV/HSV
 - ❖ Malawi Zomba UCT/CCT
 - ❖ South Africa Swa Koteka (HPTN 068)
 - ❖ South Africa CAPRISA 00-7
- **Limitations** of these studies:
 - ❖ Non poverty-targeted (may select better off, may be unable to detect impacts on schooling if targeting is school-based)
 - ❖ Underpowered to detect impacts on HIV
 - ❖ Often give money directly to adolescent girls
 - ❖ NGO/pilot programmes
 - ❖ Limited geographic scope – generalizability?

Transfer Project Agenda: Focus on Youth

Cash transfers are unconditional → potential impact on a broad set of outcomes

- 1) Do cash transfers affect 'structural determinants' of safe transition to adulthood?
- 2) Do cash transfers affect favorable outcomes, (e.g. delaying sexual debut, early marriage, pregnancy; improving mental health; reducing violence) for youth?
- 3) Through which pathways (mediators) are impacts realized?
- 4) Are there heterogeneous impacts/what factors act as moderators (e.g., gender of youth or household-head)?
- 5) What parallels can be drawn between countries to inform government policy and future research?

Innovative youth modules



Photo credit, Tanzania: Tia Palermo

- Interviews separate from household survey
 - ❖ Up to three eligible youth per household (census in Tanzania)
- Rigorous ethical protocols
 - ❖ Informed consent/assent
- Same-sex interviewers
- Private location
- Referral information for sensitive topics

Data collection on youth

Country	HH Sample Size	Youth Age Range	Youth Sample Size	Survey Year(s)	Design
Kenya CT-OVC	1913	15-25	2223	2007, 09, 11	RCT
South Africa CSG	2964	15-17	1114	2010-11	PSM & dosage models
Zambia MCTP	3078	13-17	2098	2011, 13, 14	RCT
Zimbabwe HSCT	3063	13-20	1170	2013, 14, 16	District Matched Case Control
Malawi SCTP	3200	13-19	2109	2013, 14, 15	RCT
Tanzania PSSN	801	14-28	1357	2015, 17	RCT

Youth modules: content

- Fertility, marriage, schooling, labor, general health
- Sexual activity, partner characteristics, concurrency, condom use, sexual exploitation, knowledge of HIV
- Mental health, HOPE, aspirations/expectations
- Patience, risk preference, logical reasoning
- Alcohol and tobacco use
- Violence: physical violence (Zimbabwe, Tanzania); sexual violence



Malawi, credit: Angeli Kirk

Safe transitions and SCTs: a framework

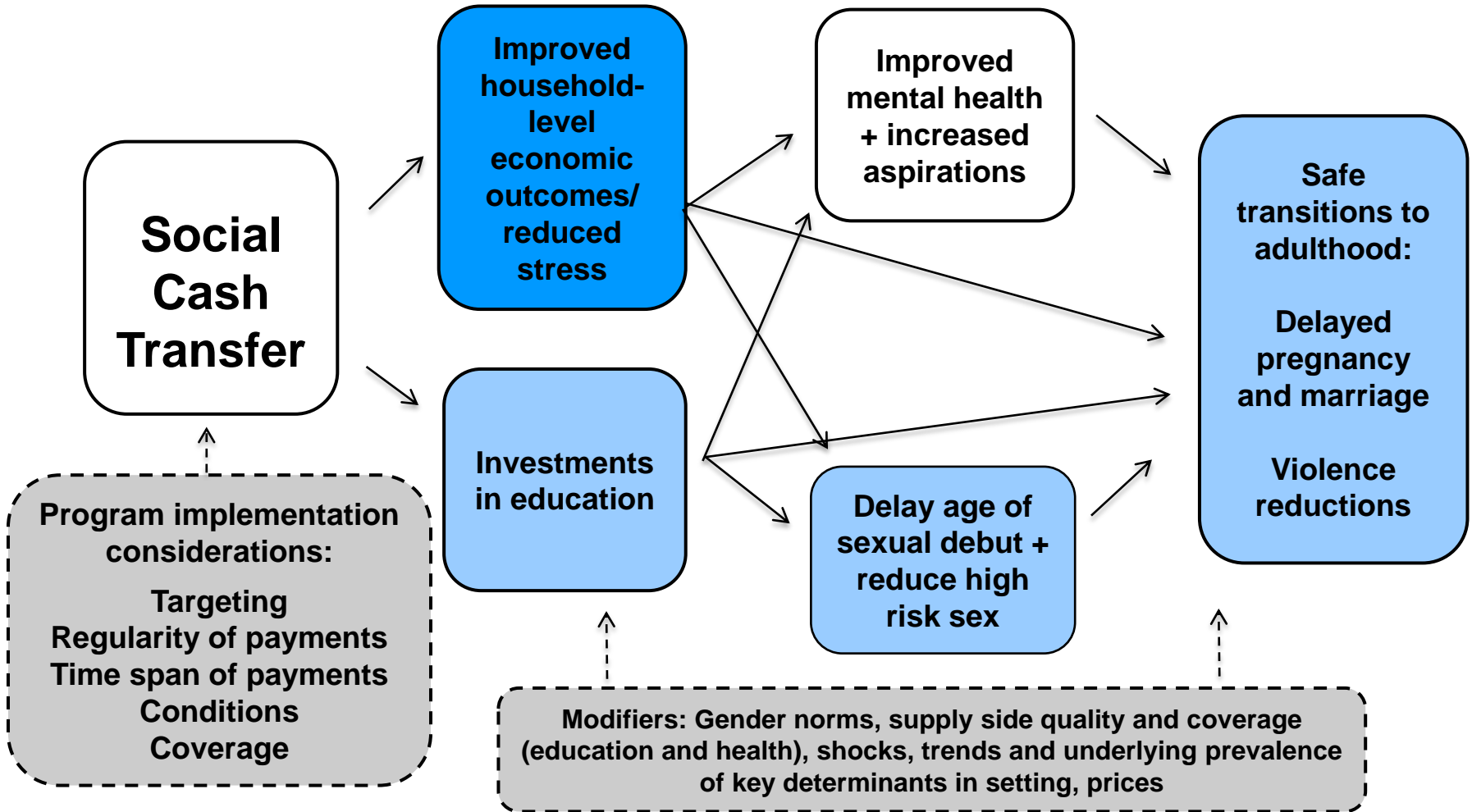
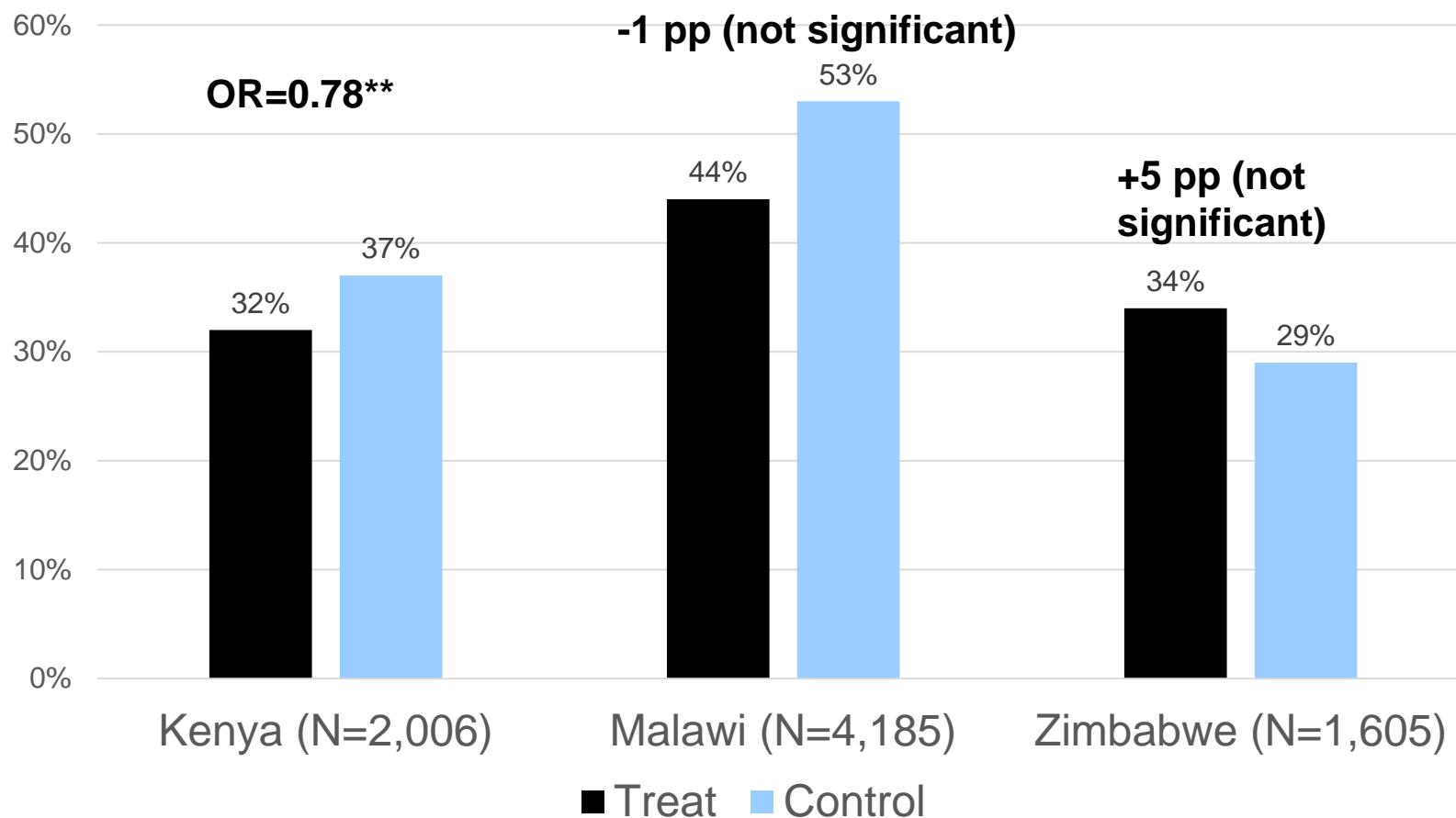


Figure adapted from: Handa et al. 2015

General approach to modeling

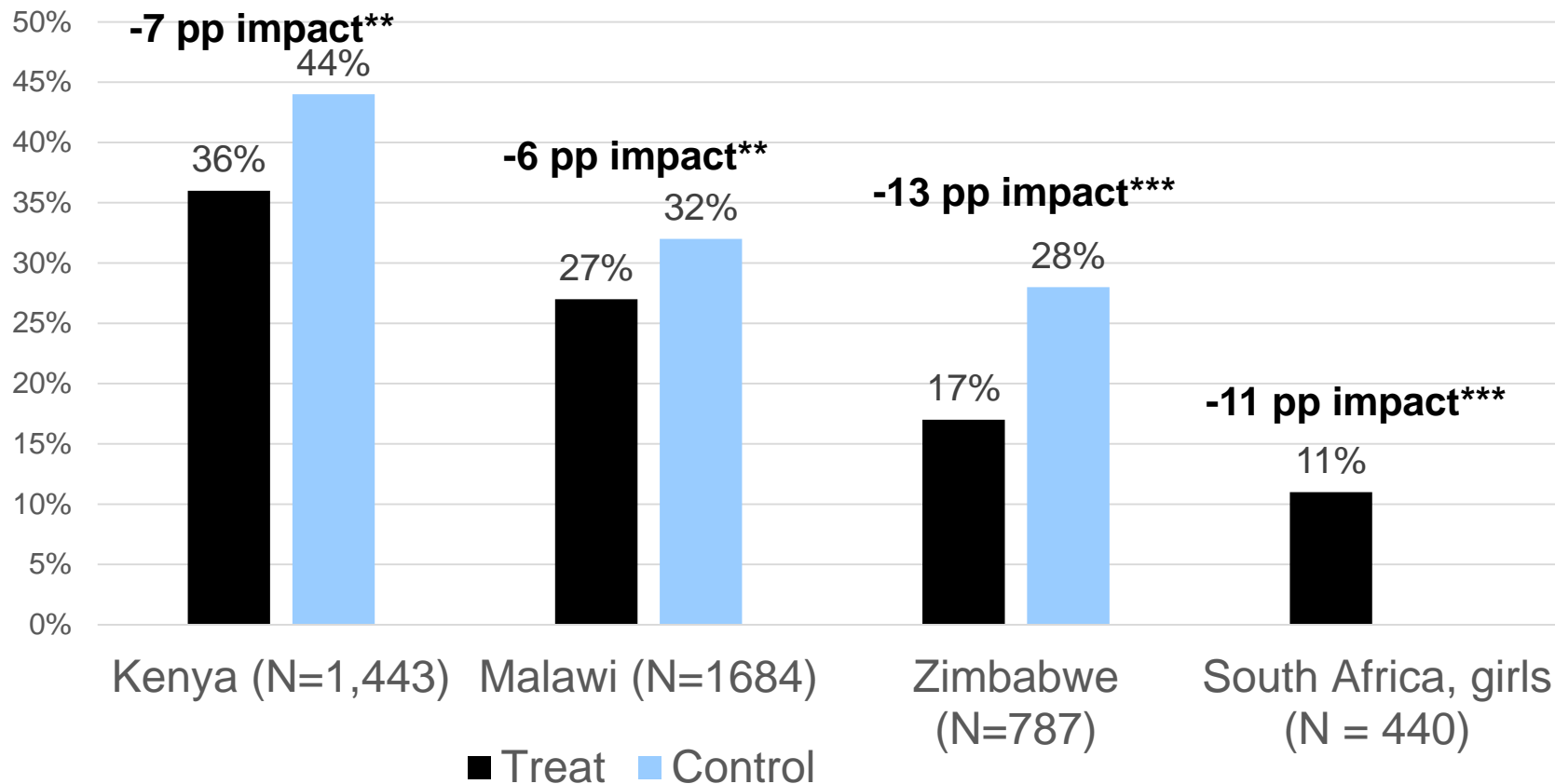
- Probit or ordinary least squares (OLS) multivariate regressions
- Baseline balance/ successful randomization in all countries
- For “once occurring outcomes” use endline cross section and drop those who had already reported outcome at baseline
- For outcomes changing over time (mental health, education, aspirations), use difference-in-difference models
- Control for baseline individual, household, community characteristics & cluster standard errors
- Weight for probability of appearing in sample (among all eligible youth in any given household)

Impacts on mental health of youth, depressive symptoms (CES-D \geq 20)



Note: CES-D = Center for Epidemiological Studies Disease Depression scale (10 item short form).
Kenya results: Kilburn et al. 2015 *10% significance, **5% significance; ***1% significance.

Impacts on sexual debut among youth



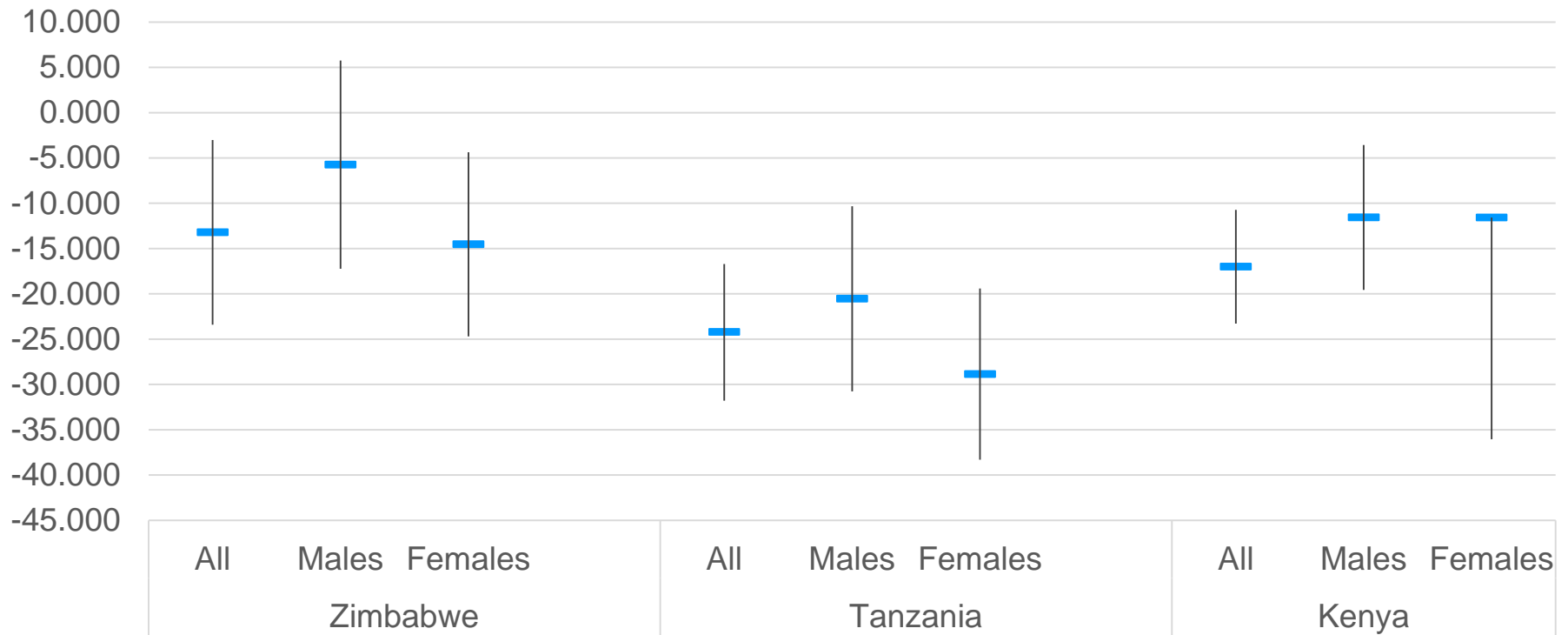
Note: Results from multivariate adjusted models (ages of youth vary by country),

Kenya results (Handa et al. 2014), SA results using dosage models, mean is overall sample (Heinrich et al. 2015)

*10% significance, **5% significance; ***1% significance.

Pathways to delaying sexual debut: Is schooling protective?

Sexual debut and current enrollment/complete secondary, Ages <20



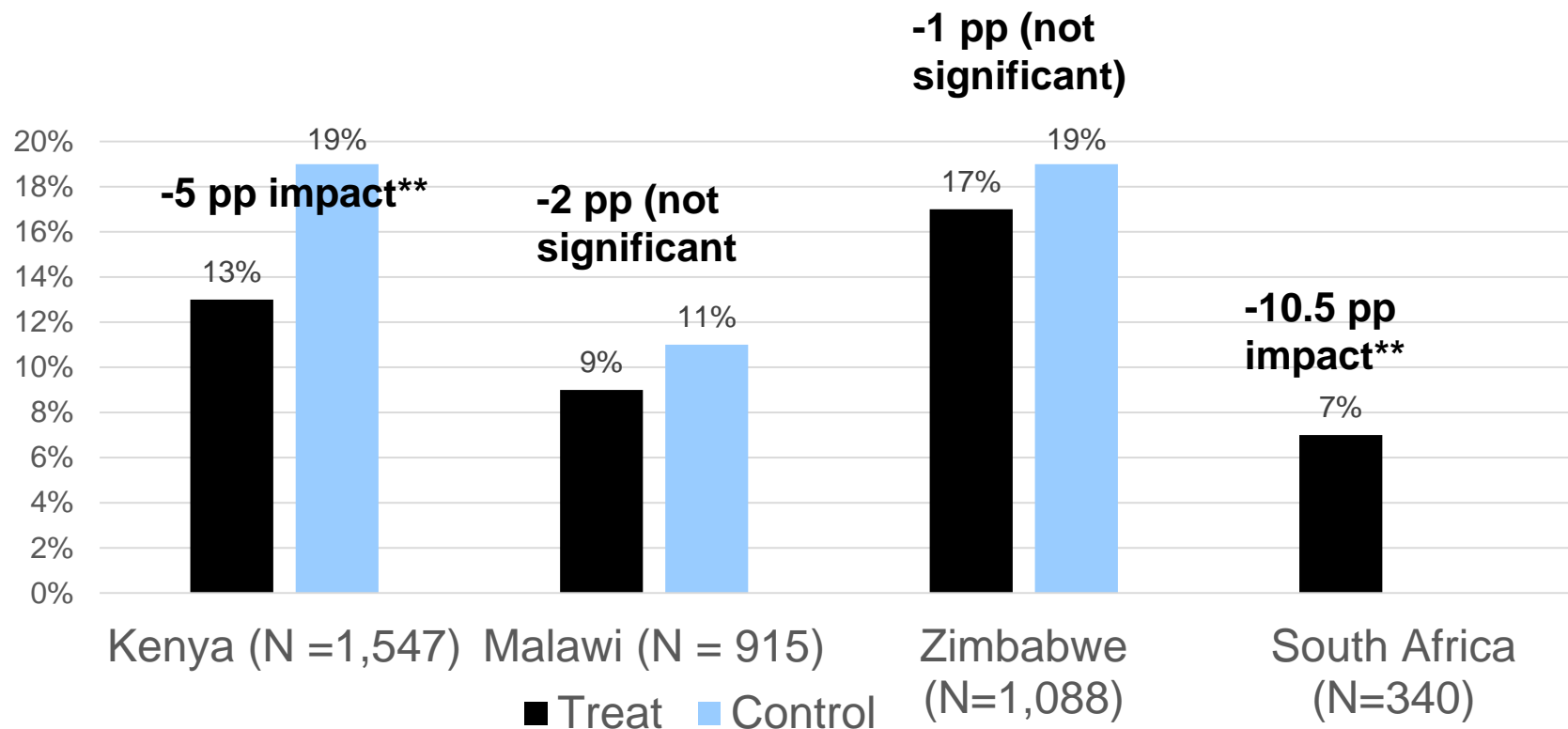
Note: estimations at baseline with exception of Kenya

Impacts on sexual risk taking

Country	Condom use	Transactional sex	# Sex partners	Partner age
Kenya	✓	✓	✓	✓
Malawi	✓	✓	✓	✓
South Africa	✓	✓	✓	✓
Zambia	✓	✓	✓	✓
Zimbabwe	✓	✓	✓	✓

- ✓ Protective impact
- ✓ Limited evidence suggesting protective impact
- ✓ No impact
- ✓ Adverse impact

Impacts on first pregnancy among females

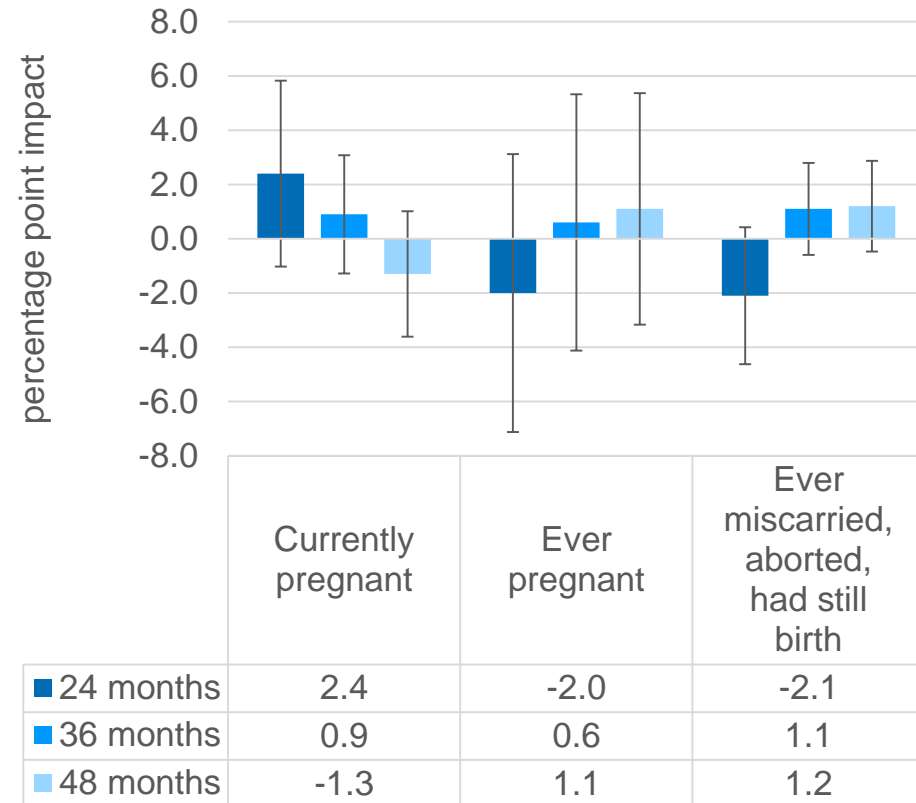
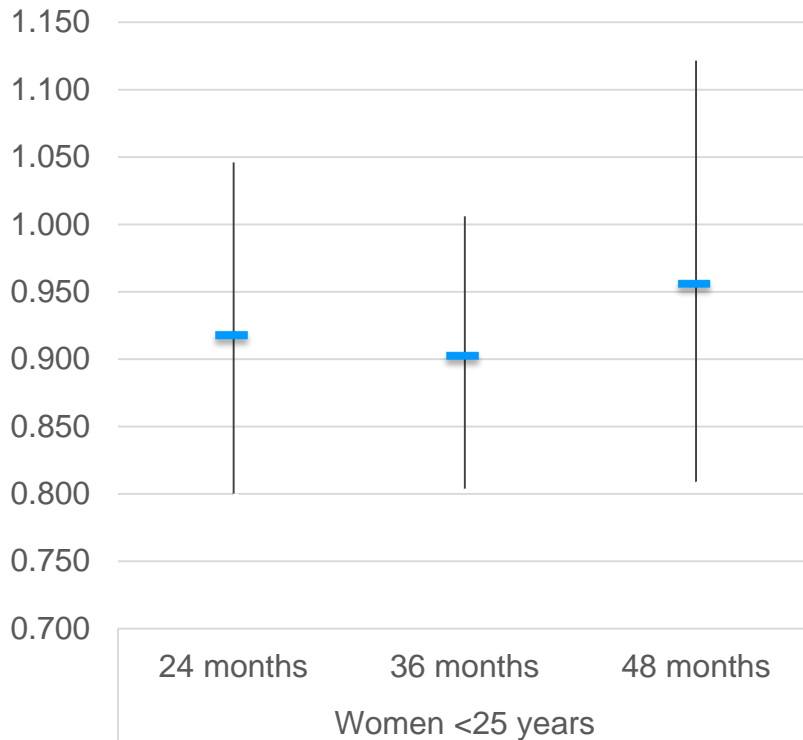


Note: Results from multivariate adjusted models (ages of youth vary by country). Kenya results (Handa et al. 2015). South Africa results using dosage models, mean is overall sample (Heinrich et al. 2015)
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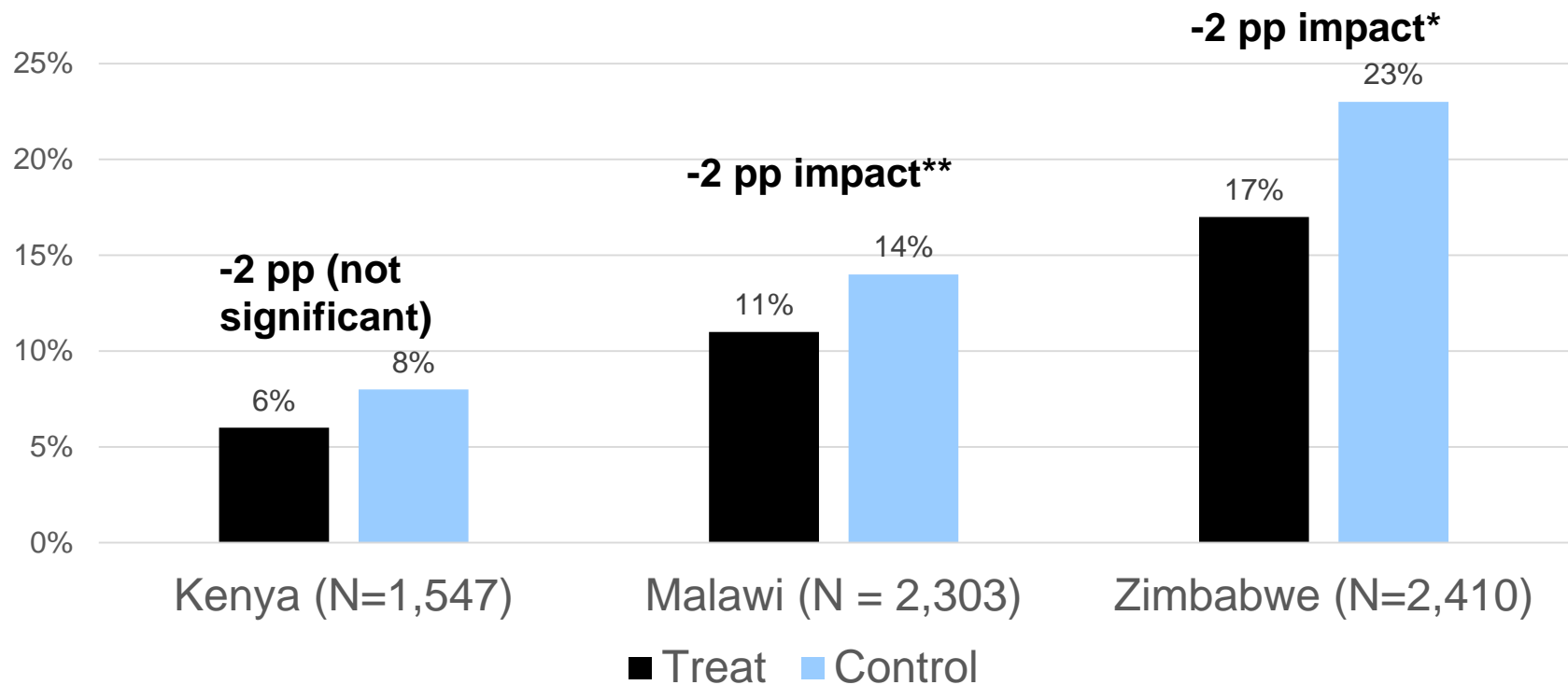
A closer look at fertility in Zambia, women <25 years



Total fertility - Incident risk ratio



Impacts on early marriage or co-habitation



Note: Kenya figures for girls only, however main results (NS) robust to sample of boys (Handa et al. 2015).
Figures from multivariate adjusted models (ages of youth vary by country)
*10% significance, **5% significance; ***1% significance.

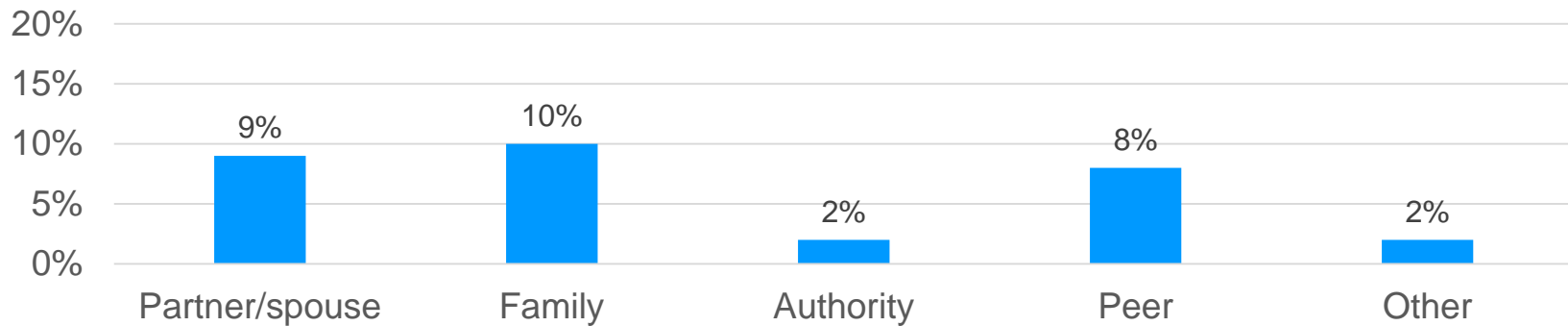
Impacts on sexual violence

Country	First sex forced	Forced sex - lifetime	Forced sex - 12 months	Other forced sexual acts - 12 months
Kenya	✓	✓		
Malawi	✓	✓		
Zambia		✓		
Zimbabwe	✓	✓	✓	✓

- ✓ Protective impact
- ✓ Limited evidence suggesting protective impact
- ✓ No impact
- ✓ Adverse impact

Who is perpetrating violence?

Tanzania, Physical violence - 12 months, females (n=705)



Summary of results

- Significant cross-country impacts on **delaying sexual debut**
- **Selected impacts** on first pregnancy, marriage/co-habitation, mental health as well as risk taking behavior
- Kenya and South Africa results strongest: Program has been running (4+years vs. 12 or 17 months). *Malawi and Zimbabwe results are preliminary, modeling needs to be refined.*
- Limited impact in Zimbabwe likely a function of crowding out of schooling transfers (BEAM program)
- **Gender of youth** seems to matter—however no clear patterns thus far to illuminate why or how (qualitative work?)
- Overall **promising evidence** that government run poverty-targeted UCTs can impact **safe transitions** for at risk youth

Next steps, limitations & research gaps

- Transitions to adulthood **need long(er)-term data collection**
- Need creative measurement and **different logistical or tracking protocol** for some outcomes (e.g., marriage)
- Need evidence on attrition and **migration** of youth
- Education and schooling play key mediating or moderating role – need more **evidence on supply side constraints** (particularly secondary schools)
- Up next . . . Stay tuned!:
 - ❖ child labor, social support
 - ❖ qualitative evidence!
 - ❖ cash plus
 - ❖ Cross-country pooled analysis for select indicators

For more information

- Transfer Project website: www.cpc.unc.edu/projects/transfer
- Briefs: <http://www.cpc.unc.edu/projects/transfer/publications/briefs>
- **Facebook:** <https://www.facebook.com/TransferProject>
- **Twitter:** @TransferProjct **Email:** tmpalermo@unicef.org



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