

# Do child grants lead to increased pregnancies? An evidence view from Asia and the Pacific

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# Key Messages

- Some policymakers fear child grants and cash transfers targeted to pregnant women will act as incentives to have more children, however **global evidence from low and middle-income settings largely refutes this presumption**;
- New evidence from five evaluations of government programs in Asia and the Pacific (AP) shows there is **no rigorous evidence to support pregnancy incentives**;
- Instead, evidence suggests cash transfers can lead to **increases in birth spacing, decreases in new pregnancies and delays in first pregnancies for female youth**—while improving a range of child health, nutrition and education outcomes;
- Practical measures to strengthen impacts and limit unintended consequences include **avoiding conditionalities mandating limits on pregnancies or births, clarifying messaging and information, setting meaningful transfer value and duration, and strengthening of health systems**;
- Monitoring and Evaluation (M&E) systems for cash transfers in AP should **assess possible impacts** on pregnancy outcomes, as well as related outcomes, including use of family planning and safe transitions to adulthood in the AP context.

## Introduction

Despite strong evidence showing that broad-based cash transfers targeting pregnant women and young children reduce poverty, improve health, nutrition and education and increase economic growth, concerns are often raised among policymakers that these payments may increase incentives to have children, in order to gain or maintain program eligibility. There is already evidence from cash transfer programming in Latin America and sub-Saharan Africa to dispel this narrative (Handa et al. 2018), but what is the evidence from Asia and the Pacific<sup>1</sup>?

### Global Evidence

Global evidence from government cash transfers in Latin America and sub-Saharan Africa largely show no impacts, or favourable impacts decreasing adolescent pregnancy, and increasing birth spacing, among others (as cited in Handa et al. 2018). In only one case were adverse short-term effects found (in Honduras), hypothesised to be due to an administrative loophole, which were reversed in a longer-term study:

- **Kenya** – A cash transfer targeted to poor households caring for orphans and vulnerable children was found to delay first pregnancy among adolescent girls and young women.
- **Honduras** – A conditional cash transfer (CCT), the Programa de Asignación Familiar (PRAF), was found to increase the probability of a birth or pregnancy within the short-term (2 years), however these impacts had dissipated in a longer-term study (5-6 years).
- **Mexico** – No impacts were found on pregnancies or births from Progresa, a CCT targeting poor households with children.
- **Nicaragua** – No impacts were found on pregnancies or births from Red de Protección, a CCT targeting poor households with children.
- **South Africa** – The Child Support Grant was found to increase birth spacing for women, and to reduce the likelihood of ever being pregnant for adolescent girls.
- **Zambia** – The Child Grant Program was found to have no impacts on total number of children or pregnancies among women.

<sup>1</sup> The countries considered for this evidence brief were: Brunei, Burma, Cambodia, China (including Hong Kong), Fiji, Indonesia, Kiribati, Laos, Malaysia, Marshall Islands, Micronesia, Mongolia, Nauru, Palau, Papua New Guinea, Philippines, Samoa, Singapore, Solomon Islands, Thailand, Timor-Leste, Tonga, Tuvalu, Vanuatu, and Vietnam.

# The theory

Do cash transfers act as an incentive to have more or fewer children? Theoretically, cash transfers could affect pregnancy and related outcomes in a number of ways:

Concerns are sometimes raised that cash transfers could act as a **pregnancy incentive** resulting in couples *intentionally getting pregnant to become eligible for benefits*, either through a first-time pregnancy or a reduction in birth spacing between pregnancies.

However, there are counter arguments suggesting cash benefits can reduce pregnancies and increase investment in existing children. For example:

- **Child investment:** Through increased income, parents may be able to *invest in the nutrition, health, and education of their existing children, resulting in lower infant mortality and morbidity*. By providing economic stability to households, couples may then intentionally reduce the number or better space their pregnancies.
- **Family planning:** Increased use of *family planning may reduce unplanned pregnancies and allow safe birth spacing* among participant populations due to income effects or more frequent interaction with the health sector (Khan et al. 2016).
- **Safe transitions to adulthood:** Global evidence indicates *cash transfers are some of the strongest incentives for delaying early marriage and pregnancy for adolescent girls and young women* (Hindin et al. 2016; Malhotra & Elnakib, 2020). Thus, it is possible that total fertility rates may *decrease* via longer-term impacts on the second generation of beneficiaries.

## What does the evidence from Asia and the Pacific say?

From a review of reviews, and targeted searches of qualifying programs, a total of five studies of three programs – in Indonesia, Myanmar, and Philippines – were found of cash transfers targeted to pregnant women or young children (Table 1). All of these evaluations used large samples and applied experimental or quasi-experimental methods.

**In no cases did evidence suggest any increase in pregnancies due to the provision of the cash transfer:**

- **Indonesia** - Studies show that the government's *Program Keluarga Harapan (PKH)* increased birth spacing among women of reproductive age in the short-term (Triyana 2016). Further, no impact was found on early fertility of girls and young women aged 16 to 21 who were exposed to PKH when they were school-aged (Cahyadi et al. 2020). PKH was also successful at improving a number of related outcomes over the medium-term, including skilled birth attendance, child nutrition, and school enrolment.
- **Myanmar** - A study of the government's maternal and child cash transfer pilot measured both current pregnancy and total number of pregnancies after 30 months of enrolment and found no impacts on current pregnancy, and a small reduction in the total number of pregnancies among mothers in the 'cash only' study arm (Field & Mafioli, 2021). Results also showed no changes in desire to have children or contraceptive use, but found improvements in child nutrition from increased food consumption, dietary diversity and improved infant and young child feeding (in the cash plus arm).
- **Philippines** - Studies of the *Pantawid Pamilyang Pilipino Program (4Ps)* found no impacts on total fertility rates after three years among women of reproductive age, but showed a delay in age of marriage and first birth among women in their early twenties who were recipients of 4Ps for a short period when they were in their teens (World Bank, 2012; Dervisevic et al. 2021).

The absence of evidence regarding increases in pregnancy is particularly notable, given that all programs were large-scale government-run programs predominantly focusing on the poorest women and households.

**Table 1: Summary of rigorous evaluation evidence on pregnancy outcomes in Asia and the Pacific**

	Study	Program	Description of Benefit	Impact on Fertility Indicator (sample)
1	Triyana (2016)	Indonesia's <i>Program Keluarga Harapan</i> (PKH)	Quarterly CCT paid to women in extremely poor households with pregnant or lactating women, children under 5 or school age children—equivalent to 15-20% of total household consumption	Increase in birth spacing among women of reproductive age
2	Cahyadi et al. (2020)	Indonesia's PKH	Same as above	No impacts on early fertility rates among youth aged 16 to 21
3	Field & Maffioli (2021); Maffioli et al. (2019)	Myanmar's LEGACY maternal and child cash transfer pilot	Monthly UCT to pregnant women and mothers of children under age 2 plus nutrition and health behaviour change communication sessions—equivalent to 3-4 days work at minimum wage (approx. USD6.5-10)	No impacts on current pregnancy among mothers
				Decrease in total number of pregnancies since start of program among mothers (Cash only arm)
				No impacts on fertility desires among mothers
				No impacts on family planning utilisation among mothers
4	World Bank (2012)	Philippines' <i>Pantawid Pamilyang</i> (4Ps)	Bi-monthly CCT paid to women in poor households with a pregnant woman, or children 0-14 years—equivalent to 23% of total household income	No impacts on fertility rates among women of reproductive age
5	Dervisevic et al. (2021)	Philippines' 4Ps	Same as above	Increase in age at first birth among young women aged 23 to 25

Notes: CCT = conditional cash transfer; UCT = unconditional cash transfer; LEGACY = Learning, Evidence Generation, and Advocacy for Catalysing Policy.

## Programming practicalities and the way forward

While global evidence indicates that cash transfers targeting pregnant women and young children do not provide a systemic incentive to increase pregnancies, there are a number of practical considerations for program design and implementation—both to incentivise wellbeing impacts, as well as reduce possibility of unintended consequences:

- Conditionalities related to limiting pregnancies or births:** While there has been some speculation about the role of pregnancy- or family-planning related conditionalities in limiting adverse impacts (i.e. making benefits conditional on limiting total number of children), others have noted the dangers of such an approach. These types of conditions may “*undermine women’s and couples’ rights to autonomy and reproductive freedom and may translate into dangerous unintended consequences*”, which may include “*hiding children, not seeking necessary preventative care and health check-ups for children, or, at the extreme, infanticide* (Palermo & Glassman, 2017).” Conditionalities based on limiting the number of children will also have the greatest adverse impact on the most vulnerable women and households.
- Messaging and labelling:** Program design should consider if a labelled cash transfer or messaging campaign could serve the program objectives (SPACE, 2020). This could include labelling cash as funds for maternal health or child investment, or providing messages at paypoints or via community structures around the importance of maternal and infant health, children’s education, birth spacing or

family planning. A study in Zambia found that giving men messages quantifying risk of maternal mortality and morbidity led them to reduce fertility desires, communicate more about family planning and subsequently reduced pregnancy rates (Ashraf et al. 2020). Messaging should also very clearly lay out criteria for eligibility and program criteria, to both beneficiaries, as well as other community members to avoid misinformation around eligibility.

- **Transfer value and duration considerations:** A meaningful transfer value is a key factor in enabling improvements in poverty and broader investments in children (e.g. health and education) and families as a whole. In addition, measures such as capping benefits to a maximum number of children per household or extending the eligibility age of children up to 17 (so caregivers are not worried about children “aging out”) may help diffuse concerns around pregnancy incentives.
- **Health infrastructure investments:** Governments and donors should seek to combine cash transfer programs with investments in health infrastructure and systems strengthening. Investment in health services, such as strengthening the quality and accessibility of pre- and post-natal care including family planning services, is likely key to influencing positive outcomes (Palermo et al. 2016). If women and couples desire fewer children over time, but are not able to access family planning services, or continue to experience adverse birth outcomes, reducing family size may not be possible.

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