POLICY BRIEF NO. 12

GENDER AND AGE-RESPONSIVE SOCIAL PROTECTION: THE POTENTIAL OF CASH TRANSFERS TO ADVANCE ADOLESCENT RIGHTS AND CAPABILITIES

SUMMARY

Adolescence is recognized as a window of opportunity for offsetting childhood disadvantage and altering life trajectories. With more than one billion adolescents in the world, and many countries in the Global South experiencing a youth bulge, there is increasing urgency for national governments and donors to provide greater support, services and programming to this age group. Evidence on the economic and social impacts of cash transfers (CTs) highlights that such programmes can reap multiple dividends across the lifecycle—including in terms of school and health service uptake, intra-household decision-making and intimate partner violence. There is growing interest in how to leverage these programmes to improve adolescent well-being across the second decade of life and beyond. This policy brief reviews the effects of CTs on the rights and capabilities of adolescent girls and boys (10–19 years) using a gender and capability lens and focusing on three key capability domains: education; sexual and reproductive health; and freedom from violence. Based on this evidence, the brief highlights the importance of a 'cash plus' approach to enhancing adolescents' multi-dimensional well-being and achieving the 2030 Agenda for Sustainable Development.

Introduction

Adolescence is a life-stage that brings about rapid physical, cognitive and psycho-emotional changes. It offers an important window of opportunity to offset childhood disadvantage and alter an individual's trajectory across the second decade of life. Many countries in the Global South are experiencing a youth bulge due to continued high fertility. National governments and donors increasingly recognize the need to support and invest in the world's largest generation of adolescents to reap the demographic dividend that a youthful population offers. Within this context, as evidence mounts that cash transfers (CTs) can have multiple positive impacts on developmental outcomes, it is important to understand how these programmes can be leveraged to strengthen the rights and capabilities of adolescents and to effect progress towards the Sustainable Development Goals (SDGs), including poverty eradication (SDG 1), health and well-being (SDG 3), quality education (SDG 4), gender equality (SDG 5) and reducing inequality (SDG 10).

To this end, this brief reviews how CTs take account of the age- and gender-specific risks faced by adolescent girls and boys (10–19 years) across three key capability domains: education; sexual and reproductive health; and bodily integrity and freedom from violence.[1] Framing the discussion of social protection, gender and adolescence around a capabilities approach is critical as it acknowledges the importance of enjoying economic and social rights across the lifecycle, including the right to a decent standard of living and social protection, while placing a strong emphasis on the ability to enjoy these rights in practice.

Social protection, gender and adolescence

Social protection programmes (ranging from cash and in-kind transfers to public works to social health insurance) aim to reduce vulnerability and promote individual, household and community resilience to shocks and stresses through improved household income and access to basic and social services. Such interventions have spread rapidly across the developing world since the mid-1990s, with CT programmes being the most popular social protection modality in countries throughout the Global South.[2] However, feminist scholars have highlighted that social protection is yet to fulfil its transformative potential for women and girls.[3] To do so, it must go beyond a narrow focus targeting women in their capacity as mothers and support women's and girls' empowerment and gender equality aims more strategically across the lifecycle, including vis-à-vis domestic and care work within the household, access to income and asset generation opportunities, agency and voice within and beyond the household and participation in community decision-making.[4]

A gender lens is especially important for the adolescent cohort. Gendered social norms become increasingly salient during adolescence, as girls and boys are propelled along feminine and masculine pathways to adulthood and as a result face distinct gendered opportunities but also disadvantage.[5] CTs and other programming concerned with adolescent well-being therefore need to be cognizant of adolescents' gendered needs and the ways in which these may intersect with other

forms of discrimination (e.g., based on disability, ethnicity or refugee status). They also need to be transformed to promote young people's rights more effectively and to ensure that they benefit directly from adequately provisioned social protection policies and programmes.

How adolescent- and gender-responsive are CT programmes?

School dropout, unmet sexual and reproductive health (SRH) needs and gender-based violence are three key areas of gendered disadvantage that often become particularly salient in adolescence. To what extent are these risks and vulnerabilities being addressed in CT programme design and outcomes?

Educational enrollment

The risk of educational dropout due to domestic and care work responsibilities as well as pressures to marry as children (in the case of girls) and to support household livelihoods (in the case of boys and, in some contexts, girls) is a critical vulnerability facing many adolescents in developmental and humanitarian contexts.[6] A growing body of evidence suggests that CTs improve adolescents' school enrolment and attendance.[7] In Brazil, for example, Bolsa Familia—a conditional CT that provides larger stipends to older adolescents—has increased enrolment among urban 16-year-old boys by 15 per cent[8] and by 22.5 per cent for older rural girls.[9] Malawi's Social Cash Transfer Programme (SCTP)—which provides a stipend for every child enrolled in school, with secondary enrolment worth twice the amount for primary enrolment—has improved girls' and boys' secondary school enrolment by 16 per cent.[10]

In some cases, social protection programmes specifically target improving the enrolment of adolescent girls. The Bangladesh Female Stipend Program (FSP)—which includes direct payment of secondary school fees contingent on attendance and exam scores, and bi-annual deposits into girls' savings accounts—is the largest of these programmes, reaching 2 million girls annually. Programme participation has increased girls' enrolment by up to 1.2 years.[11] In Malawi, the Zomba CT Program (ZCTP), which offered grants to girls aged 13–22, had "large and durable impacts" on girls out of school at baseline, helping them return to school and improve their skills.[12]

Programmes that take a 'cash-plus' approach, where CTs are combined with complementary programming components, may have even larger impacts (see Box 2). For example, a programme in Zimbabwe that provided orphaned girls with school fees, supplies, uniforms and menstrual hygiene products, as well as assigning adult mentors to help girls tackle barriers to school attendance, reduced dropouts by 82 per cent.[13]

Sexual and reproductive health

The evidence that CTs have had positive effects on adolescent girls' and boys' sexual and reproductive health needs is also relatively strong.[14] Findings are, however, more complex in terms of adolescent pregnancy. Cash transfers reduced adolescent pregnancy in Mexico,[15] Malawi's Zomba programme,[16] Kenya,[17] South Africa[18] and Zimbabwe,[19] but their effect was insignificant in Brazil,[20] Malawi's Social Cash Transfer Programme,[21] United Republic of Tanzania[22] and Zambia[23]. Key challenges in these cases were linked to a disconnect between shifts in knowledge about contraception and actual behaviour[24] and to inadequate transfer amounts.[25] In the case of maternal health care, while CTs have been effective in improving uptake of antenatal and delivery care in general,[26] there is inadequate evidence of programme impacts on adolescent girls specifically.

Some evidence suggests that CTs can reduce HIV and other STIs among adolescent girls,[27] as well as age of sexual debut,[28] number of sexual partners[29] and the likelihood of transactional sex,[30] but these outcomes appear context-dependent. In South Africa, a rigorous trial found no impacts on HIV incidence rates,[31] while in Malawi[32] and United Republic of Tanzania,[33] adolescents and young adults reported no change in self-assessed HIV risk. Impacts on boys' SRH are more rarely reported but similarly mixed.[34]

Bodily integrity and freedom from violence

Although there is a growing body of evidence exploring the impacts of cash transfers on women's experiences of gender-based violence,[35] the evidence on whether they protect adolescents' bodily integrity and freedom from violence is thin and not always conclusive (see Box 1). A review of the impacts of CTs on violence against children in low- and middle-income countries found only 11 rigorous studies[36] and concluded that cash can reduce violence against children (particularly when paired with more targeted interventions), largely by reducing household stress and eliminating children's risky behaviours. More specifically, the authors found cash reduces sexual exploitation, sexual violence and intimate partner violence—particularly for girls—in part because it reduces adolescents' engagement with transactional sex. Moreover, pathways for reduced vulnerability to violence appear to differ for adolescent girls and adult women. In South Africa, for example, the impacts of a conditional CT on violence against girls were driven by a reduction in girls' sexual activity—not, as is the case for adult women, by higher levels of empowerment.[37]

BOX 1

The complex links between cash and child marriage

Impacts of cash transfers on child marriage are complex and largely depend on whether interventions aimed at keeping girls in school are included, given that education is a powerful protector.[38] Bangladesh's Female Stipend Programme (FSP), for example, has been shown to not only delay marriage among girls but also to reduces the spousal age gap.[39] However, besides impacts mediated by education, cash alone is probably the least effective intervention strategy in terms of altering the value families place on girls marrying young. For example, an evaluation of *Apni Beti Apni Dhan*, an Indian conditional CT that paid $380 to unmarried girls at age 18, found the programme inadvertently encouraged early marriage by effectively financing girls' weddings soon after their 18th birthday.[40]

How can CTs be more adolescent- and gender-responsive?

Overall, the emerging evidence suggests that cash transfers alone are not enough to empower adolescents and support them to reach their full capabilities. CT programmes that focus on household poverty alleviation more broadly may have positive spillover effects on some dimensions of adolescent well-being, but this is not consistently the case. Outside of providing higher payments to the caregivers of secondary school students and, in some cases, to secondary school-aged girls, there is little evidence that large-scale CT programmes take adolescents' age- and gender-related needs into account. Where CTs are conditional on uptake of health services, conditions are almost exclusively aimed at maternity care and well-child visits for younger children. Similarly, unconditional CTs appear to involve scant if any messaging around the need to invest in adolescents' rights and needs. Moreover, the impacts of social protection programming on adolescent well-being—beyond improvements in education and health—are still poorly understood and based to date largely on small-scale experimental adolescent girl-focused CTs.

BOX 2

The Adolescent Girls Initiative-Kenya

The AGI-K, a randomized control trial involving 6,000 girls between 11 and 15 years, compares the effects of multisectoral intervention packages across four arms:[43] (1) violence prevention only; (2) violence plus education (cash and in-kind support conditioned on girls' school attendance); (3) violence plus education plus health (weekly safe space meetings covering health and life skills); and (4) violence plus education plus health plus wealth (financial education and savings opportunities).

Midline results, which captured impacts immediately after the intervention ended, were positive. In urban communities, different combinations of the programme improved household wealth, reduced girls' exposure to violence and improved secondary school transitions, knowledge about SRH, help-seeking and self-efficacy, financial literacy and savings. Girls' participation in safe-space programming also positively impacted schooling outcomes. In rural communities, where 25 per cent of girls were out of school at baseline, AGI-K supported girls' primary retention and financial literacy and savings—but, due to community resistance, had minimal impacts on health and life skills.

Given the complexity of adolescent well-being,[41] it is unlikely that cash alone will be transformative. As with transformative social protection approaches more broadly,[42] an integrated cash plus approach that works in tandem with other interventions (e.g., safe spaces, life skills training, opportunities for savings, income generation and vocational training) is required (see Box 2).

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RECOMMENDATIONS

While the evidence base is still nascent and uneven, cash transfers could potentially play an important role in supporting young people's transitions through adolescence into early adulthood and in achieving the 2030 Agenda for Sustainable Development. That support could be more effective and potentially transformational if interventions were informed by more systematic assessments of the intersecting age- and gender-specific risks and vulnerabilities.

1. **Invest in social protection programming which explicitly responds to adolescent- and gender-specific vulnerabilities** to accelerate development and realize young people's rights to an adequate standard of living and protection.
2. **Expand cash transfers for household poverty alleviation,** ensuring that transfers are large enough to make a difference for adolescent health and education. CT payments for enrolment in secondary school should be increased to offset the costs of continued education in adolescence. Depending on context and disadvantage, higher payments for girls/boys should be considered.
3. **Ensure that transfers are sustained and predictable** to respond to the rapid changes that young people undergo during adolescence.
4. **Consider the intersection of context-specific gender- and age-related risks (e.g., high HIV exposure, child marriage, gender-based violence, adolescent motherhood) with other forms of discrimination (e.g., disability, ethnic minority and refugee status) and adjust cash payments to reach at-risk cohorts.** Providing cash directly to adolescents may facilitate agency but have unintended consequences given developmental imperatives (e.g., heightened risk-taking behaviours and peer pressure), so programmes need to be carefully designed, monitored and evaluated.
5. **Invest in transformative cash-plus approaches that link adolescents and their caregivers to information and complementary services,** especially programmes on empowerment (for girls) and progressive masculinities (for boys), using cash to 'smooth' the way for programming that challenges entrenched discriminatory gender norms.
6. **Maximize learning by including adolescent- and gender-specific indicators in monitoring and evaluation and research (of both mainstream and adolescent-focused CTs) to strengthen the nascent evidence base on what works for girls and boys.** This should go beyond a narrow focus on adolescent human capital (education, health and nutrition) and ensure that learning encompasses the multiple capabilities that adolescent girls and boys require to achieve well-being now and to transition into early adulthood—including bodily integrity and freedom from violence, psychosocial well-being and voice and agency in their household and community.

The policy brief series synthesizes research findings, analysis and policy recommendations on gender equality and women's rights in an accessible format. This brief was authored by Nicola Jones, Overseas Development Institute (ODI) and Gender and Adolescence: Global Evidence (GAGE); Elizabeth Presler-Marshall, GAGE research associate; and Muriel Kahane, ODI and GAGE. To see the full bibliography for this brief, go to: http://www.unwomen.org/en/digital-library/publications/2015/12/un-women-policy-brief-series

ENDNOTES

1 See Jones and Presler-Marshall. 2019 forthcoming.
2 ILO 2017; Bastagli et al. 2016.
3 Molyneux 2006; Holmes and Jones 2013.
4 UN Women 2016.
5 GAGE Consortium 2017; Harper et al. 2018.
6 Sabates et al. 2010; UNESCO 2011.
7 Bastagli et al. 2016; Filmer and Schady 2014.
8 Reynolds 2015.
9 de Brauw et al. 2015.
10 de Hoop 2018.
11 Hahn et al. 2017.
12 Baird et al. 2015: 17.
13 Hallfors et al. 2011.
14 Owusu-Addo et al. 2018.
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17 Handa et al. 2015.
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19 Hallfors et al. 2013.
20 Olson et al. 2019
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22 TASAF et al. 2018.
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25 Kohler and Thornton 2012.
26 Nguyen et al. 2012; Lim et al. 2010.
27 Baird et al. 2012.
28 Handa et al. 2014.
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30 Cluber et al. 2013.
31 Pettifor et al. 2016.
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33 TASAF et al. 2018.
34 Heinrich et al. 2017.
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36 Peterman et al. 2017.
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38 Chao and Ngo 2017.
39 Hahn et al. 2018.
40 Nanda et al. 2016.
41 Lancet 2017.
42 Devereux and Sabates-Wheeler 2004.
43 Austrian et al. 2018.

SELECTED RESOURCES

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Peterman, A., A. Neijhoft, S. Cook and T. Palermo. 2017. "Understanding the Linkages between Social Safety Nets and Childhood Violence: A Review of the Evidence from Low- and Middle-Income Countries." *Health Policy and Planning* 32: 1049-1071.

Plank, G. with R. Marcus and N. Jones. 2018. *Social Protection and Gender Norm Change: An Annotated Bibliography.* London: Overseas Development Institute (ODI)/Advancing Learning and Innovation on Gender Norms (ALIGN).