Addressing the Myths:
Social protection and fertility

KEY MESSAGES

- A common concern about cash transfers is that they will increase fertility rates.
- The vast majority of studies show either no impact on fertility, reductions in fertility and/or changes in factors which can reduce fertility.
- Evidence suggests that programme design that limits the size of transfers to larger families will not affect fertility but may have negative outcomes on children by reducing transfer size.

Concerns around the fertility impacts of social protection programs have long been debated and often serve as an impediment to the expansion and scale up of cash transfers. These concerns are especially present in poorer countries where fertility levels are either high or in the midst of transition to lower levels.[1]

WHERE THEORY POINTS

There are theoretical reasons to believe that cash transfers could either increase or decrease incentives to have children.[2] On the one hand, where transfers are targeted to households with children, such that higher benefit amounts are given to larger families, it can be argued they will give families incentives to increase their fertility.

Conversely, with poverty itself is a factor underlying higher fertility rates,[3] as cash transfers impact poverty immediately and increase family incomes over time fertility may fall.[4]

Further, cash transfers can also increase access to services which can have both short and long term effects on fertility. Most immediately, in a number of countries women's lack of access to health care and family planning services affects their reproductive health and limits their ability to make reproductive choices, and cash transfers have been shown to increase women's ability to access these services. Access to family planning services can influence fertility through many factors such as breastfeeding, contraceptive use and birth spacing.[5]

In the longer term, cash transfers can improve access and completion of education of girls, which has been shown to result in women having children later in life and have fewer children over their lifetime.[6]

THE EVIDENCE: IN PRACTICE CASH TRANSFERS TEND TO REDUCE OR HAVE NO IMPACTS ON FERTILITY

Assessing the true relationship between cash transfers and fertility is complex as impacts on fertility can take longer to emerge than the time window of many cash transfer evaluations. A limited amount of research has, however, looked directly at this relationship.[7] Another set of evidence looks at fertility impacts through more indirect factors such as birth spacing, contraceptive use and frequency of unprotected sex.

© UNICEF/UNI119724/Noorani

Impacts of cash transfers on fertility

Research on fertility impacts is limited to Sub-Saharan Africa and Latin America.[8] A significant amount of research on unconditional cash transfers in Sub-Saharan Africa has demonstrated no significant impacts on fertility in Kenya, Malawi, and Zambia.[9] Evidence from South Africa showed that the Child Support Grant led to reductions in fertility through lower second pregnancy rates.[10]

Research in Latin America assessing conditional cash transfers in Nicaragua and Mexico find no fertility impacts. However, in Honduras an assessment of the Family Assistance Program (PRAF) found an increase in the probability of births in recipient households. The authors conclude that this could be linked to the fact that enrolment was allowed even after the program had begun, and transfer amount increased with the birth of a child or an addition of a pregnant woman to the household.[11] It is however important to note that other programs where the transfer size increased with household size, such as in Malawi, Mexico, Nicaragua and South Africa, no effects on increasing fertility were found.

© UNICEF/UNI139070/Markisz

Impact on factors that can affect fertility

In addition to direct impacts on fertility, a broader body of research measures the impact of cash transfers on factors that might affect fertility indirectly, such as birth spacing and contraceptive use. These findings are particularly pronounced in countries where the access to family planning and/or health care are part of the social protection program. The evidence from Nicaragua and Mexico shows cash transfers increasing birth spacing and also contraceptive use, both of which can be expected to decrease fertility over time.[12]

Finally, a body of research across many contexts, from both conditional and unconditional cash transfers, show delays in marriage and sexual debut as well as the frequency of unprotected sex – all of which can be expected to result in longer terms reductions in fertility.[13]

CONCLUSIONS

While theoretically the relationship between cash transfers and fertility are ambiguous, the evidence clearly shows no impacts or decreases in fertility in all but one study, as well as significant changes in intermediate factors that are likely to reduce fertility over time.

While the evidence is clear, there may remain a temptation in programme design to limit increases in transfer size related to the number of children. It is important to note, however, that not only is this unlikely to reduce fertility, but that given the proven benefits of cash transfers there may be some undesirable effects on overall child outcomes due to the lower amounts per child or household member.[14]

In countries where fertility rates are of high concern, improving access to family planning services and education and, where possible, incorporating these aspects into programme delivery can support reductions in fertility in the shorter and longer term.

REFERENCES

1. Guy Stecklov , Paul Winters , Jessica Todd & Ferdinando Regalia (2007). Unintended effects of poverty programmes on childbearing in less developed countries: Experimental evidence from Latin America, Population Studies, 61:2, 125-140.
2. Becker, G. S. (1960). An economic analysis of fertility Demographic and economic change in developed countries (pp. 209-240): Columbia University Press. Becker, G. S., & Lewis, H. G. (1974). On the interaction between the quantity and quality of children. Journal of Political Economy, 81(2), S279-S288.
3. Kim, J., & Prskawetz, A. (2010). External shocks, household consumption and fertility in Indonesia. Population research and policy review, 29(4), 503-526.
4. Becker and Lewis (1974), Op.cit, Bongaarts J (2008) Fertility transitions in developing countries: progress or stagnation? Stud Fam Plan 39(2): 105–110
5. Stecklov et al., 2007, Op.cit.
6. Basu, Alaka Malwade. (2002). Why does Education Lead to Lower Fertility? A Critical Review of Some of the Possibilities. World Development, 30(10): 1779-1790. DFID (2011). Cash Transfers Literature Review. Department for International Development, Policy Division, UK. Fiszbein, A. & Schady, N. (2009) Conditional Cash Transfers: Reducing Present and Future Poverty, With Francisco H G. Ferreira, Margaret Grosh, Nial Kelleher, Pedro Olinto, and Emmanuel Skoufias. Washington, D.C.:World Bank.
7. The actual impact of cash transfers on fertility will depend on factors ranging from the size of transfers, if their targeting is related to household size and how, and the particular situation and opportunities of recipient families.
8. Palermo,T., Handa, S., Peterman, A., Prencipe, L., Seidenfeld, D. for Zambia CGP Evaluation Team (2016). Unconditional Government Social Cash Transfer in Africa Does not Increase Fertility, Journal of Population Economics , pp 1-29. On experimental design based studies -There are only two published studies which address the issue in Latin America and three unpublished studies from Sub-Saharan Africa.
9. Palermo, T. et al. (2016). ibid.
10. Rosenberg, M., Pettifor, A., Nguyen, N., Westreich, D., Bor, J., Barnighausen, T., Kahn, K. (2015). Relationship between receipt of a social protection grant for a child and second pregnancy rates among South African women. As the CSP can be received only after a woman has had her first child, the authors examine the impact on second pregnancy.
11. Stecklov et al., 2007, Op.cit.
12. Stecklov et al., 2007, Op.cit. Todd, J. E., Winters, P., & Stecklov, G. (2012). Evaluating the impact of conditional cash transfer programs on fertility: the case of the Red de Protección Social in Nicaragua. Journal of Population Economics, 25(1), 267-290. Feldman, Becca S.; Zaslavsky, Alan M.; Ezzati, Majid; Peterson, Karen E.; Mitchell, Marc (2009). "Contraceptive Use, Birth Spacing, and Autonomy: An Analysis of the Oportunidades Program in Rural Mexico." Studies in Family Planning 40(1): 51-62. While the research estimates the programs impact on spacing, understanding the exact mechanisms driving the shift in child spacing cannot be precisely identified using the available data. Moreover, the data identifies increases in contraceptive use and/or duration of breastfeeding as important factors, but it's not clear if these actions were deliberately used to increase spacing or whether they affected spacing indirectly.
13. Palermo, T. and Hjelm, L. (2016). Unconditional government social cash transfers in Africa do not increase fertility. Transfer Project Research Brief 2016-02. Chapel Hill, NC: Carolina Population Center, UNC-Chapel Hill. Please contact us for a more complete set of references.
14. The size of transfer relative to the household size is an important factor as impacts tend to decrease with household size especially when the transfer size is flat. Impacts are seen when transfer size is at least 15–20 per cent of household consumption expenditure.

These summaries outline key issues for children in the area of social policy for UNICEF colleagues and partners. They are produced by the Social Policy Section, Programme Division, UNICEF New York. For more information or to share thoughts or comments please contact Alexandra Yuster (ayuster@unicef.org), follow us on twitter (@UNICEFSocPolicy), or visit us at www.unicef.org.