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## Research snapshot: Impacts of cash-plus programs on child marriage

Elrha R2HC Programme

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## Impacts of cash-plus programs on child marriage

A cluster randomised controlled trial in Wajir County, Kenya demonstrates that multisectoral cash-plus interventions can significantly reduce the incidence of adolescent childbearing and marriage.

### Multi-sectoral approach leads to sustained impact

The Adolescent Girls Initiative–Kenya (AGI-K) study evaluated the long-term impacts of a multi-sectoral ‘cash plus’ intervention targeted at adolescent girls aged 11 to 14 years in a chronically drought-affected region of Kenya.

Findings demonstrate that multisectoral interventions containing a conditional cash transfer component, designed to holistically address girls’ needs, could drive sustained positive impacts on health and well-being if delivered in early adolescence. Similar intervention models could be considered to improve health and well-being outcomes for marginalized adolescent girls residing in humanitarian and drought-prone settings.



Girls from the AGI-K program sitting in a classroom during one of the safe space sessions. Credit: Save the Children.

### Background

While globally child marriage rates have improved, (from 1 in 5 girls married as children to 1 in 4 over the past decade), this is still not on track to meet global targets. In addition, progress has varied across contexts, with child marriage rates remaining higher in certain humanitarian settings. AGI-K provided two-year intervention packages containing training sessions on health, life skills and economic empowerment, as well as conditional cash transfers (CCT: ‘cash plus’), aiming for sustained positive impacts on delayed marriage, fertility, and education. The intervention ran for two years between 2015-2017. A follow-up survey was carried out two years after the intervention ended (2019).

### How the research was conducted

The interventions evaluated were **V-group**: Violence prevention only (control group); **VE-group**: Violence prevention + education/ CCT, **VEH group**: Violence prevention + education/ CCT + health clubs, and **VEHW-group**: Violence prevention + education/ CCT + health clubs + wealth creation. 2,147 girls from 80 villages were randomly assigned to one of the intervention groups for two years. Quantitative outcomes measured included if the girl had ever been married, pregnant, and enrolled in school.

### Key findings

- When compared to the control group (V-only group), among girls who were out of school at baseline, girls in the three arms with a conditional cash transfer (CCT) were almost three times as likely to be in school (45% vs. 16%), half as likely to be married (30% vs. 50%), and a third as likely to have had their first child (16% vs. 45%), than girls in the control group.
- Four years after the intervention ended (2021) the positive results were sustained. Girls who were out of school at baseline, across the three groups with a CCT, were two thirds less likely to be married (48% vs. 68%) and have had their first child (36% vs. 52%), and five times as likely to be in school (36% vs. 7%). Girls in the program were significantly less likely to have had a still birth (3% in VEHW compared to 10% in V-only).

## Implications for humanitarian practitioners and policymakers

The study demonstrates that multisectoral and multilevel programming can significantly reduce the incidence of adolescent childbearing and marriage, which is likely to result in reduced adolescent deaths, improved child health outcomes and improved economic empowerment.

It also indicates that it is effective to incorporate short-term cash transfers as a component of adolescent multi-sectoral and multilevel programming, that is delivered during early adolescence. All three intervention groups that showed significant findings had a CCT component. The study demonstrated that cash transfers can still be effective in the long term if delivered only during early adolescence which is a critical window of vulnerability.

The results indicate that there is potential to use the AGI-K model to improve health and well-being outcomes for marginalized adolescent girls residing in humanitarian and drought-prone settings, experiencing low-school enrollment rates, high prevalence of child marriages and early pregnancies.

## Recommendations for future research

Future studies should include a cost-effectiveness analysis to allow program implementors to compare the cost and health outcomes of AGI-K compared to other programs and make informed decisions on the allocation of limited resources to achieve maximum impact.

In addition, due to the current small number of in-school adolescents having children, further follow-up surveys will provide a clearer understanding of the effect of the interventions on the children of adolescents, as more girls finish school and start having their families.

## About the study team

The co-Principal Investigators, based in Nairobi, Kenya, are Dr Karen Austrian (Population Council Inc) and Dr Beth Kangwana (Population Council-Kenya). The partner organisations in the study were from the African Population and Health Research Centre and Save the Children International – Kenya Programme.

## Keywords

Adolescents, child-marriage, conditional cash transfers, multisectoral programming, school enrolment, teenage pregnancy, humanitarian setting, chronic drought

## Articles and further reading

Project page on the Elrha website:

<https://www.elrha.org/project/population-council-adolescent-girls-wajir-kenya/>

Project page on the Population Council website:

<https://www.popcouncil.org/research/adolescent-girls-initiative-action-research-program>



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<http://www.elrha.org/programme/research-for-health-in-humanitarian-crises/>