Cash Transfers Improve the Mental Health and Well-being of Youth: Evidence from the Kenyan Cash Transfer for Orphans and Vulnerable Children

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INTRODUCTION
Approximately half of all mental health disorders begin by age 14, and three-quarters by age 24 (Kessler et al., 2005). Among adolescents, depression is one of the leading contributors to morbidity, while suicide and interpersonal violence are among the leading causes of mortality (World Health Organization [WHO], 2012). Young people with depression are at increased risk of educational underachievement and unemployment, later anxiety disorders, and attempted suicide (Fergusson and Woodward, 2002).

Family well-being, strong community ties, and access to youth-friendly social services are believed to be protective of mental well-being, while poverty or economic insecurity, violence, and being orphaned are important risk factors for depression and poor mental health (Morgan et al., 2008; WHO 2004; Cluver, Gardner and Operario, 2007).

Mental ill-health also reinforces poverty through decreased productivity and loss of earnings, increased health expenditures, and social stigma (see Figure below) (Lund et al., 2010). Since the evidence on the effects of poverty-alleviation programmes on mental health have been inconclusive, there is a need for research on specific poverty-alleviation interventions for vulnerable groups who are more at risk for poor mental well-being (Lund et al., 2011).

THE KENYAN CASH TRANSFER FOR ORPHANS AND VULNERABLE CHILDREN (CT-OVC)
The CT-OVC is an unconditional cash transfer (UCT) programme, which was scaled up in 2007 by the Department of Children’s Services at the Ministry of Home Affairs of Kenya (Mwasiaji, 2015). Households qualify for the programme based on the following characteristics: 1) the presence of at least one orphan or vulnerable child (OVC) under the age of 18 with at least one deceased parent, or whose parent or main caregiver is chronically ill; and 2) being ultra-poor, defined as belonging to the lowest expenditure quintile. By June 2012, the CT-OVC was estimated to cover approximately 150,000 households, or nearly 50 per cent of the ultra-poor OVCs across 69 programme districts, with representation in all 47 counties of Kenya. Eligible households are provided a monthly cash sum of 1,500 Kenyan Shillings (Ksh, USD $21), which is equal to approximately 20 per cent of monthly household expenditure.

STUDY DESIGN
The study was designed as a randomized controlled trial and covered 28 Locations (14 treatment and 14 control) from seven districts in Kenya. The analysis included 1,960 youth aged 15-24 years (1,408 treatment and 598 control) and used logistic regression techniques to determine the impact of cash transfers on mental health and well-being.

In particular, the authors examined the prevalence of depressive symptoms among youth using the short form of the Center for Epidemiologic Studies Depression Index (CES-D 10). This scale incorporates 10 questions scored on a 1-4 Likert Scale from 'rarely' to 'all the time', for a range of 0-30 points. A score of 10 or more points was used to define depressive symptoms. Other outcomes investigated were two measures of self-reported physical health, morbidity within the past month and health compared to one year ago, and a measure of psychosocial health, using the Hope Scale, in order to...

This value was increased to Ksh 2000 in 2011-12 to adjust for inflation.
capture adolescents’ perceptions of hope and optimism. The Hope Scale was administered using a 1-5 Likert scale; scores greater or equal to the median score of 22 indicated hopefulness. In addition, school enrolment and employment were explored as mediators to identify potential pathways from the cash transfer to mental health. The study also analysed specific groups separately including orphans, males and females, and age groups in order to further explore any differences in depressive symptoms.

RESULTS
Among the full sample of youth, those living in households that had received the UCT were 24 per cent less likely to have depressive symptoms compared to those who did not receive the UCT. The UCT had the greatest effect on men aged 20-24 years, and there was no measurable programme effect among women of the same age group. In addition, the UCT decreased depressive symptoms more amongst orphans in comparison to non-orphans. The positive income shock from the cash transfer may have played an important role in buffering orphans in the treatment group against depression due to parental loss and resulting economic losses (Ssewamala, Han and Neilands, 2009).

Young men in households that received the UCT also reported feeling physically healthier compared to one year ago, and having more hope and optimism compared to their counterparts in non-intervention households. There were no significant effects of physical well-being in the previous month for men or women.

CONCLUSION
This study assesses the impact of a large-scale UCT in sub-Saharan Africa on youth mental health and well-being. The study adds to evidence from a study that investigates the effects of conditional versus unconditional cash transfers on mental health outcomes of adolescent girls in Malawi (Baird, de Hoop and Özl er, 2013). The latter study too finds that, compared to receiving no cash transfers, unconditional transfers result in a pronounced reduction in psychological distress, while effects of transfers conditional on school attendance are weaker on average. Given the inextricable link between poverty and mental well-being, the global research agenda should prioritize exploring the role of poverty-alleviation programmes, such as social cash transfers, on mental health in different settings. Addressing factors that impede mental health in a timely manner and understanding better the pathways through which these programmes operate will be crucial to creating effective policies to promote youth mental well-being.

REFERENCES
World Health Organization (2004). Prevention of mental disorders: effective interventions and policy options: summary report / a report of the World Health Organization Department of Mental Health and Substance Abuse; in collaboration with the Prevention Research Centre of the Universities of Nijmegen and Maastricht.