Conditional cash transfers (CCT) play a central role in the anti-poverty strategies of low- and middle-income countries around the world, and at the center of these programs stand some of the world's neediest women. Designed to improve the health and education of economically deprived children, break the intergenerational cycle of poverty, and alleviate immediate economic distress, CCTs differ in detail but share many common features. Prominent among them is the policy decision to place major responsibility for achieving program goals on the wives and mothers—often themselves uneducated and socially subservient—of very poor households.  

This choice produces an array of effects, which vary according to features of program design. On the one hand, women’s central role in CCTs appears to contribute strongly to meeting program goals. Numerous studies document favorable outcomes for the low-income children who are CCTs’ main targets and nearly all families eligible for the programs participate. CCTs achieve their aims by giving poor families regular, fixed, cash stipends in return for particular actions intended to better children’s life chances. These include assuring that they attend school regularly and that they, as well as pregnant and nursing women, receive specified health and nutrition care. Results for children include higher school enrollment and attendance, more balanced and nutritious diets, and less illness. Family incomes rise and birth outcomes improve thanks to increased prenatal care, skilled birth attendance and family planning.  

CCTs also directly and indirectly impact the adult women who play so central a role in their success, and here experts find the picture somewhat more mixed. Women benefit directly from the improved obstetrical and reproductive health care and health information that form an integral part of the programs. Many report that taking part increases their sense of empowerment, their standing in their local communities, their access to health and nutritional information, and in some cases, their decision making power within their own households. Some have used the extra income to start tiny businesses. A few have built on the contacts and experiences gained at CCT-related meetings to organize and press local political demands.  

On the other hand, participation imposes obligations on individuals often already heavily burdened with work, which many participants perceive as stringent and onerous. Because the programs provide a new source of money that is controlled by women, they can upset authority relationships in patriarchal households, sparking conflict between spouses and exacerbating domestic violence.  

Both types of results arise from a single central feature of the programs: the decision to pay the stipends to the female head of each participating household. Planners based this policy on studies suggesting that women are much likelier than men to spend added income on children and the family rather than on personal consumption, an observation that many women participants strongly endorse. Accepting the stipend makes each woman the de facto supervisor of her family’s compliance with the educational, health and other conditions. Program planners also assume that she is also the person who will spend the new income.
**Complex consequences**

Research shows that CCTs’ consequences for females depend on their age, position in the family, and personal circumstances. For example, participation substantially increases girls’ chances of getting secondary education, in part because the incentives provided for teenage girls to stay in school are generally larger than those for boys of the same age. More schooling of course opens to girls a broader range of life choices and opportunities than their mothers experienced. A study in Malawi found, furthermore, that CCT-motivated school attendance decreases adolescent girls’ likelihood of initiating sexual activity, marrying early, or becoming pregnant—changes important not only for economic progress but for reducing HIV exposure in countries heavily affected by the epidemic.

Researchers examining the programs from the standpoint of their impact on adult women participants note, however, that these advantages for daughters result from requirements that tie the mothers on whom the programs depend more tightly into traditional, limiting and specific domestic and maternal roles instead of encouraging other possible endeavors that could expand the women’s own opportunities. CCTs, these scholars emphasize, are designed to boost social investment primarily in the next generation, using “mothers as the key to securing improvements in the life chances of their children,” writes Maxine Molyneux, professor of sociology and director of the Institute for the Study of the Americas at the University of London.

A large literature on CCT performance and results has grown up since Brazil launched the first such program in the mid-1990s. But, notes Molyneux, “the overwhelming majority of evaluations focus on children, and they are not designed to evaluate gender impacts on all household members.” The evaluation literature in fact generally ignores impacts on women, implying either that they do not exist or are favorable, add Sarah Bradshaw, principal lecturer in development studies at Middlesex University, and Anan Quiros Viquez, director of Centro de Informacion y Servicios de Acesorio en Salud, in Managua, Nicaragua. The literature on gender impacts, Molyneux notes, contains both “generally positive findings” and “more critical appraisals,” but “detailed evidence” is “far from sufficient to make any accurate estimate” of the programs’ overall effect on women. Of 73 evaluations of Mexico’s program done over a 6-year period, for example, just 9 explicitly looked at impacts on adult women and even fewer at household relationships.

From the beginning, of course, influencing household behavior has been the CCTs’ explicit goal. Families are selected to participate according to formal criteria of poverty and must agree to fulfill all program conditions in order to receive stipends. Failure to do so results in loss of benefits and even ejection from the program. Mexico’s Oportunidades program, which has served as a model for many other countries, calls the conditions “co-responsibilities,” implying that the state and the participating families are voluntary parties to a mutually binding contract rather than a powerful governmental entity and low-income recipients of government payments. The women, however, generally have little role in determining the “co-responsibilities” necessary to receive the stipend.

**Questionable assumptions**

The policy of placing responsibility for meeting the conditions on women rests on two fundamental—and, critics argue, problematic—assumptions about recipients’ lives. The first of these unquestioningly reinforces the traditional, gender-based division of labor within families. Thus, critics argue, it makes no contribution toward the goal of a greater gender equality, which, Molyneux notes, is “proclaimed in [the Oportunidades program’s] self description.” Changes in intrahousehold relations brought about by the program appear to be modest,” state Michelle Adato and co-authors of the International Food Policy Research Institute.

By assigning no responsibilities to men, except, in some cases, to receive certain specified health care, critics add, the programs give official sanction to the notion that childcare is an exclusively feminine activity. CCTs create “dependency on a subsidy which confirms mothering as women’s primary social role,” Molyneux writes, and thus “do little [to help women] secure sustainable livelihoods” or develop a broader conception of their role in society. Though the programs aim to help the next generation earn more than their parents, they do not reduce the women’s own “risk for remaining in poverty for the rest of their lives.”

Nonetheless, “there are many reasons for focusing scarce resources on children and for acknowledging gender differences in household responsibility,” Molyneux acknowledges. “However, in meeting children’s needs by depending upon and reinforcing a maternal model of care and household responsibility, these programmes [sic] might fall short of their claims..."
to empower women.” [Emphasis in original.] The stipends do generally increase women’s domestic purchasing power, but without altering the fundamental bases of their social and economic subservience. Thus they cannot increase women’s equality or autonomy, which critics view as essential to true empowerment rather than the feeling or appearance of empowerment.

The second basic assumption underlying CCTs is that women have sufficient time available for the required tasks, ignoring the many wives and mothers who work for pay, either for wages or by producing or marketing goods for sale. Conflict between program demands and the need to earn money can become especially severe for women who provide sole or major support for their families and who have no other adult available to meet the program requirements. In Nicaragua, for example, a third of one-earner families have female breadwinners. Many such families, despite having very limited resources caused by poor women’s low earning potential, have had to drop out of CCTs or did not sign up in the first place. The programs may not even invite them to join because the mothers are away at work when program staff come to inspect the home. In other cases, women must give up moneymaking endeavors in favor of fulfilling the “co-responsibilities.”

Program changes that better accommodate women earners’ schedules could help solve such problems. Even fulltime housewives, however, can find CCTs’ time demands burdensome. The requirements often include special trips to receive payments in addition to going on specified schedules for health checkups for various family members. The “co-responsibilities” further demand that participating women attend regular, often monthly, informational meetings and lectures about health, nutrition, family planning and similar topics, and, in some places, that they also provide “volunteer” work in support of the program. Duties can include cleaning or maintenance work at schools or clinics or serving as an unpaid but official organizer or promoter of local meetings and overseer of compliance within the community. Receiving payments requires written proof of compliance, which may entail additional travel and waiting time to obtain the needed documents or to complete paperwork, which in itself can pose a challenge for people who may lack literacy or even command of the national language.

Other burdens may befall women because, though schooling can increase children’s future earning power, it can also deprive families of the current income or family labor youngsters would produce if they went to work instead. Research in Mexico indicates that as children devote more time to schoolwork and less to tasks at home, their mothers’ workloads rise. The education stipends are clearly designed to make up for loss of children’s paid or unpaid labor, and those tied to education generally rise with the child’s age, in recognition of adolescents’ increasing value as workers. Even parents who recognize the long-term value of education may not be able to spare all their children to go to school, however; the need for a substitute housekeeper while the mother works, for example, can keep an adolescent daughter at home.

Follow the money
The fate of the money that families receive also inspires scholarly debate. Some programs, such as Oportunidades, provide sums that form a significant part of recipient families’ budgets—up to 20% of pre-stipend income in the Mexican case, although some programs provide less. Families are strongly urged to spend these funds to benefit the children, especially for school supplies and clothing and nutritious foods such as fruits, vegetables and meat that are otherwise beyond the family’s means. The programs assume that the additional funds will increase the total resources available to the family at large, that the woman will decide how to spend them, and that this will increase her influence within the household.

Many women do report experiencing greater respect within their communities, especially from merchants who regard them as better and more credit-worthy customers. Research in Nicaragua, which has a CCT called Red de Proteccion Social (RPS) (or Social Safety Net) that resembles Oportunidades, shows, however, that the assumptions about the fate of the payments do not hold in households strongly dominated by men, many of whom do not allow the CCT stipends to result in an increase in the amount of money available for the needs of the other family members. In Mexico, research also suggests that some men whose families receive stipends cut back on their own income-producing work.

The meetings and informational sessions that women must attend also have the intention—and often the effect—of empowering them to take more control of their lives. The opportunity to leave home and to meet regularly with other women and discuss issues of common concern adds a new dimension to many women’s lives, as well as new skills in
enunciating needs and organizing action. Research finds women more empowered, for example in regard to getting better medical care. Whether this extends to other realms of life is less clear. Women strongly appreciate the new information and insights into health, healthcare, nutrition and related subjects that the sessions provide, but many report a deep desire for much broader educational opportunities.

CCTs thus affect the women who participate in complex, variable and at times paradoxical ways. Program design, perhaps unwittingly, most benefits women who fit the profile of a married mother not economically active outside the house rather than of single mothers or wives who must work to support their families. Those excluded households, ironically, are often in greater need than the recipients. “Though conditional cash transfer programmes [sic] do place a significant burden on women, and particularly on mothers,” write Augustin Escobar Latapi and Mercedes Gonzalez de la Rocha of the Centro de Investigaciones y Estudios Superiores in Antropologia Social in Guadalajara, Mexico, “participation, ...has nevertheless generated a number of positive outcomes for women of different age groups.”

Further clarifying those mixed effects will require more research. As the effects become clearer, program changes that pay attention to issues salient to women could improve the programs’ impacts. Studies of a microfinance scheme in South Africa—which also provides women an independent source of money that upsets the established gender roles in patriarchal households—show, for example, that training around issues of gender and violence substantially reduced domestic violence. With improved design, therefore, CCTs could bring even greater benefit to the people whose work makes the programs work.
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