

# A REVIEW OF THE ROLE OF CONDITIONAL CASH TRANSFER PROGRAMS ON CHILD DEVELOPMENT AND CHILD PSYCHOLOGY

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## Abstract

Poverty is a multidimensional concept and it also affects the mental health of people. Many studies show that there is a link between psychological problems and poverty. Although it is not very clear whether psychological disorders arise because of poverty or vice versa, psychological or mental disorders are more prevalent in poor groups than non-poor groups. Psychological problems also affect parents' children rearing styles significantly; so it is possible to assume that in poor families, children are affected not only by poverty but also by the poor mood of their parents.

The essential aim of this study is to compare the impact evaluation findings related to child development and child psychology of different countries which implement Conditional Cash Transfer (CCT) program, one of the most used poverty alleviation programs for children in many countries for two decades and in Turkey since 2003. In this context, studies about child poverty, psychosocial problems related to child poverty and impact analysis on CCT programs are reviewed. The data derived from researches from different countries indicate that programs like CCTs can be assumed as effective programs on poor families in the respect of regularity and conditionality especially on child development. Impact analyses show that CCT beneficiaries have better cognitive and motor skills since monetary CCT supports allow families to invest on family members, particularly on children. Besides, poor families and their children gain problem solving abilities by regularly attending to basic services. However, there is little evidence enlightening the effects of CCTs on psychological factors and it can be said that psychological and developmental dimensions should be studied more frequently when assessing the benefits of CCT programs.

**Keywords:** Conditional Cash Transfer (CCT), conditional education and health assistances, poverty, psychological and developmental problems of children, parenting.

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## ŞARTLI NAKİT TRANSFERİ PROGRAMLARININ ÇOCUK GELİŞİMİ VE ÇOCUK PSİKOLOJİSİ ÜSTÜNDEKİ ROLÜNÜN BİR DEĞERLENDİRMESİ

### Öz

Yoksulluk çok yönlü bir kavramdır ve aynı zamanda insanların zihinsel sağlıklarını da etkilemektedir. Pek çok çalışma psikolojik problemler ve yoksulluk arasında bir ilişki olduğunu göstermektedir. Bazı psikolojik bozuklukların yoksulluktan meydana geldiği ya da yoksulluğun bazı psikolojik bozukluklara neden olduğu konusu çok net olmamasına rağmen, psikolojik veya zihinsel rahatsızlıklar yoksul gruplarda yoksul olmayan gruplara göre daha yaygındır. Psikolojik problemler aynı zamanda ebeveynlerin çocuk yetiştirme stillerini de anlamlı şekilde etkilemektedir. Bu doğrultuda yoksul ailelerde çocukların yalnızca yoksulluktan değil, aynı zamanda ebeveynlerinin sağlıksız duyu durumlarından da etkilenmekte olduklarını varsaymak mümkündür.

Bu çalışmanın temel amacı da pek çok ülkede son 20 yıldır, Türkiye’de ise 2003’ten beri uygulanmakta olan en yaygın yoksullukla mücadele programlarından biri olan Şartlı Nakit Transferi (ŞNT) uygulayan farklı ülkelerde yapılmış etki değerlendirme çalışmalarında ortaya çıkan çocuk gelişimi ve çocuk psikolojisi ile ilgili bulguların karşılaştırılmasıdır. Bu bağlamda, çocuk yoksulluğu, çocuk yoksulluğuna ilişkin psikososyal sorunlar konularındaki çalışmalar ve ŞNT etki değerlendirmeleri gözden geçirilmiştir. Farklı ülkelerdeki çalışmalardan elde edilen bulgular, ŞNT benzeri programların düzenlilik ve şartlılık ilkesi sayesinde yoksul aileler, özellikle de çocuk gelişimi üzerinde etkili olduğunun varsayılacağını göstermektedir.

Etki değerlendirme çalışmaları, nakdi ŞNT desteklerinin ailelerin, aile üyelerinde özellikle de çocuklar üzerinde yatırım yapmalarına olanak vermesiyle, ŞNT fayda sahiplerinin daha iyi bilişsel ve motor becerilerinin olduğunu göstermektedir. Bunun yanı sıra, yoksul aileler ve çocukları temel hizmetlere düzenli bir şekilde katılım sağlayarak problem çözme becerileri kazanmaktadırlar. Ancak, ŞNT’nin psikolojik faktörler üzerindeki etkisini ortaya koyan az sayıda çalışma bulunmaktadır ve ŞNT programlarının faydaları değerlendirileceği zaman, psikolojik ve gelişimsel boyutların daha sık çalışılması gerektiği düşünülmektedir.

**Anahtar Kelimeler:** Şartlı Nakit Transferi (ŞNT), şartlı eğitim ve sağlık yardımları, yoksulluk, çocuklarda psikolojik ve gelişimsel sorunlar, çocuk yetiştirme.

### Poverty and Child Poverty

The term ‘poverty’ has more than one definition arisen by different methods and approaches. In many of definitions, poverty is commonly defined as not having enough money to meet basic needs including nutriment, clothing and shelter. However, poverty has more aspects than basic needs, much more than just not having enough money or food. The World Bank Organization (WBO) describes poverty in a multi-approach way by emphasizing in different aspects of being in a poor situation (World Bank, 2010). According to WBO definition; poverty is hunger, lack of shelter, being sick and not being able to see a doctor, not having access to school and not knowing how to read, or not having a job, fear for the future or living one day at a time.

And also at the present day, the phenomenon of poverty and its results becomes more dramatic because of urbanization. People who do not belong to equal income levels start to live in the same regions but they cannot reach the same opportunities. Therefore, the migration from rural areas to cities makes the poverty phenomenon more visible today than ever (Erbil-Erdugan, 2010, pp. 12-13; Gurses, 2007; Korukmez, 2008, p. 210). Furthermore, besides the relation between one having enough money to feed himself and poverty, the situation of poverty is also about not being able to participate in recreational activities; not being able to send children on a day trip with their schoolmates or to a birthday party; not being able to pay for medications for an illness. In this view, poverty is not only an economic or political problem; it also affects people's well-being.

While poverty is material in nature, it has also psychological effects such as distress at being unable to feed one's children, insecurity from not knowing where the next meal will come from, and shame at having to go without food that have robust symbolic value (Narayan, Patel, Schafft, Rademacher, and Koch-Schulte, 1999, p. 31). Similarly, it is also possible to mention about the negative effects of poverty on children and adolescent development. Pressure occurs on parents because of poverty affects the attitudes and approaches towards the children and adolescents in the house. Furthermore, these negative effects leave a permanent mark on advanced years and as poverty is transferred from generation to generation, mental and emotional problems may also be transferred through generations.

Children are the ones who are affected most dramatically by situation of poverty on the basic level beginning from the very early stages of life. The studies about the negative effects of poverty on children conducted by Brooks-Gunn, Duncan and Maritato show that when the family is poor, the negative outcomes of this situation occur according to different reasons (as cited in Cukur, 2008, p. 109). Firstly, poor families may not be able to meet the basic needs of children such as food, clothes and toys. According to the study results, this is the most prevalence form of being affected by poverty for children. Another issue is the effect of parents' psychological states on child rearing. Because of the economic depression, parents may be in a bad mood and this may probably impress the child rearing processes negatively. Poor parents may be less patient, more authoritarian and sometimes they may practice violence towards children. In this situation, the developing process of children is affected adversely. Furthermore, parents may work harder and longer for struggling with poverty situation and may have less

and shorter time for dealing with their children. In a poor family, in addition to the lack of meeting basic needs, exposure to the lack of effective communication with mother and father may also take a toll the mental developing process of a child that comprises language developing and self-order. Besides, external factors such as the living area, friends of the child and school also determine child poverty.

A study conducted to attempt to build a scientific ground for revealing severe deprivation based on levels of sufficient nutrition, safe drinking water, decent sanitation facilities, health, shelter, education, and information. Results indicated that, 56% of 1.8 billion children within developing nations were below at least one of these measurements; in Sub-Saharan Africa and Southern Asia, the rate of deprived children enlarged to over 80%. When looked at the global situation in a wide perspective, it is harshly seen that, of the estimated 2.2 billion children population worldwide, about a billion, or every one child in two, live in poverty, and of the 1.9 billion children in developing nations, 640 million are without sufficient shelter; 400 million are without access to safe water; 270 million have no access to health services (Global Issues, 2013). In 2003, 10.6 million children died under the age of five; meanwhile 1.4 million children die each year because of insufficient reach to safe drinking water and decent sanitation whereas 2.2 million die every year from lack of vaccinations. Over 16 percent of children under five lack adequate nutrition and 13 percent of all children have never been to school.

This brief information about child poverty partially remark the serious position of child poverty all around the world and the mentioned variables and explanations may lead the social protection programs which will be developed for struggling with child poverty in the future (as cited in Cukur, 2008, p. 109).

### **Child Poverty, Poor Parenting and Related Psychological Problems**

A study done by Brooks-Gunn and Duncan (1997) revealed that \$10,000 increase to income averaged over the first five years of life for children in low-income families is related with a 2.8-fold increase in the probabilities of finishing high school which is very important for future life achievement. However, stable physical and social circumstances are likely to be among the strongest predictors of socio-emotional development of children and unstable conditions caused by poverty not only affect the children but also every member of the household. Families exposed to long-term deprived conditions face many problems and they share some common features.

Materially disadvantaged parents are a different phenomenon to be distinguished which is defined as a demographically different group from wealthy parents. These families can experience long periods of poverty while others experience isolated or repeated spells of living on low incomes. Demographic studies show that poor families are more likely to; have non-traditional structures – single parents and parents in reconstituted families, live in households where almost no adult is in employment, be headed by a teenage parent, have at least one sick or disabled child, have a child or children under five years old, and have a large number of children (Katz, Corlyon, La Placa, and Hunter, 2007). These features stacked to poor parents are important parameters related to psychological problems.

Many studies indicate that there is a close relationship between psychiatric symptoms with socio-economic variables and low income; besides, being in an economically disadvantaged position is a threatening condition for mental health. Although the poverty phenomenon, the reasons of poverty and the results of poverty change from country to country or culture to culture, the negative impacts of poverty on mental health is almost the same in the entire world. Even though various methodologies and implementations are used in different countries; the results show that low socio-economic level influences individual's psychological and social well-being and it is related to low life quality and low life satisfaction (Caron, 2012, p. 412).

According to Canadian Community Health Survey conducted in 2002, the prevalence of high psychological distress is 50% higher and the rate of some mental disorders 37% higher for low-income Canadians than for the non-low-income population (Caron and Liu, 2010). According to Gonçalves, in Brazil, by monitoring 5249 adolescents during 11 years (from their birth), it is revealed that there is an important link between socio-economic level and social well-being (as cited in Caron, 2012, p. 412). These two scientific evidences indicate that although the life conditions and life styles of Canada and Brazil are quite different, the relation between low income, low living conditions and psychological and social well-being are unexpectedly similar.

There are also many studies trying to prove the relationship between poverty and high prevalence rate of psychological problems in children of poor families. Apart from the direct impact of poverty on children, the assumptions are based on side effects of poor parenting caused by poverty and its consequences on child

rearing styles. Behind the debate about parenting and poverty is the fact that long-term outcomes for children of parents living in materially disadvantaged situation are less positive than those for children in wealthy families (Bradley, 2002). Besides, there are indications that parenting styles of parents in different economic circumstances may vary. While families in western countries face relative deficiencies not related with basic needs which only have subtle effects on parenting and more difficult to identify, many others in developing and underdeveloped countries face the effects of starvation, inadequate access to clean water, medical care and basic education which are severe and observable.

The pressure arisen on poor family members because of harsh situations may cause certain psychological problems such as depression and low self-esteem. Conflicts and arguments caused by arising psychological problems may occur between spouses, parents and children. Consequently, these conflicts and arguments may be included in the important factors that impress child rearing process of parents negatively. Parents may behave carelessly, inconsistently or aggressively to their children because of their economic problems. This situation may cause bad and inefficient relations between each member of the family. These reasons can be assumed as roots of various child developing problems in poor families.

One of the important variables related to child development is child rearing styles (parental styles) which are formed according to parents' 'accepting/sensitivity' and 'demand-expectation/control' situations (Maccoby and Martin, 1983). One of these two dimensions 'accepting/sensitivity' term defines being sensitive and supportive about the children's needs. 'Demand-expectation/control' is establishing some rules and expecting children to apply the rules and then monitoring children through these rules (Maccoby and Martin, 1983). In the context of these dimensions four different parental styles occur: *Democratic, authoritarian, permissive and neglectful*.

- *Democratic parents* are sensitive about their children's needs and sufficient for establishing rules and making control.
- *Authoritarian parents* establish rigid rules but their accepting and sensitivity is seriously low.
- *Permissive parents'* accepting and sensitivity is high but their demand-expectation/control is not sufficient.

- *Neglectful parents* are not sufficient for both accepting/sensitivity and demand-expectation/control.

Child and adolescent developing problems also can be handled in two groups; internal problems such as depression, anxiety, post-traumatic stress disorder and external problems such as aggressiveness, defiance, using drugs. According to Conger, careless and aggressive parents cause internal problems while inconsistent and authoritarian parents cause external problems in the developing process of the child/adolescent (as cited in Cukur, 2008, pp. 138-139).

Research conducted negative effects of poverty on parenting styles has commonly shown that low-income parents are less likely to be caring or eager to supervise their children effectively, and more likely to use inconsistent, changeable and punitive discipline (Harris and Marmer, 1996). Besides, although abuse and neglect of children can be seen in any income level, it is revealed that low-income parents are four times more likely to feel chronically stressed than parents with higher incomes which is a basic reason for inconsistent behaviours.

On the other hand, there is conflicting evidence that parenting styles or different factors dealt with poverty lead negative results for poor children. In this context, theoretical approaches and empirical studies show that income differences are not the only determinant of parenting capacity and poverty has impact on child rearing styles (Katz et al., 2007). Some studies reveal that mother's depression caused by any reason influences children seriously. There is evidence that the babies of depressed mothers' have low cognitional properties, cry more, are less active and more introverted in their childhood. Because mother is the first caregiver for children, it can be said that mother's well-being is extremely important for children's psychological health. Recent research also supported that although poorer households have poorer health, the impact of income is small, while a much larger role is played by the mother's own health and events in her early life (Propper, Burgess, and Rigg, 2004).

Besides, there is some studies show that mothers in the poor families are closer being depressed than the mothers in non-poor families according to Liaw and Brooks-Gunn and Papero. While the percentage of being depressed for non-poor mothers is 17%, the percentage of being depressed for poor mothers is about 28%. In addition to the negative effects of depression in poverty, family members are often lack of the competency and capabilities for managing with these mood disorders (as cited in Cukur, 2008, pp. 139-140). In light of these information, it

is possible to assume that children in poor families can be influenced not only by poverty but also depression of their parents, especially of mothers.

Another important and very common poverty related social problem is early marriages and poor teenagers having children in early ages. Consistently, women who get married in very young ages and have children are more likely to have low life standards (Lee and George, 1999). Therefore, it is possible to mention about a cyclic relationship between early marriages and poverty, poverty and depression.

In accordance with the evidence that poverty is somehow related with various psychological problems and there is a reciprocal relationship between poverty and attending to education, social assistance programs encouraging poor students to attend education by providing their families regular monetary support are crucial. Most common types of social protection programs consist of Labour Market Interventions, which aim to protect workers, Social Insurance, which aims to alleviate risks associated with unemployment, illness, health, disability, work-related injury and old age, and finally Social Assistance Programs, which aim to transfer cash or in-kind assistances to vulnerable or individuals with risk of poverty or households with no other means of adequate support. Social assistance programs are one of the most important tools for combating poverty directly.

Of many various assistance programs, Conditional Cash Transfers are the most prevalent poverty alleviation programs for fighting against cyclic poverty and used by many countries all around the world. In following section, studies about CCTs and its potential positive effects on child psychology and family well-being will be discussed.

### **Conditional Cash Transfer (CCT) Program**

CCTs are the social assistance programs that transfer cash, generally to very poor households, on the condition that those households make pre-specified investments in the human capital of their children or themselves. Education conditions usually include school enrolment, attendance on 80–85 percent of school days, and occasionally some measure of performance, while health conditions usually include regular health centre visits. CCTs are the tools used to fight poverty cycle by investing in human capital and due to this characteristic it differs from usual assistance programs in which supports are just provided without any perquisite.



In most CCT programs the assistance money is transferred to the mother of the household or to the student in some circumstances. CCT implementations were firstly introduced by more than a dozen countries in Latin America in the mid 1990s. And then, interest in CCT programs increased suddenly and the scope of CCT programs have grown enormously in the 2000s.

Currently, there are more than 20 countries implementing CCTs worldwide. By raising the number of countries which implement CCT programs, an increase has happened in the size of some programs. For example, Mexico's *Oportunidades* launched with approximately 300,000 beneficiary households in 1997, but now covers almost 5 million households. Brazil also started with municipal *Bolsa Escola* programs; today, with the new name, the federal Bolsa Família program serves almost 11 million families (46 million people) (Fiszbein and Norbert, 2009). Turkey is one of these countries by implementing CCT program since 2003 with a stable political support.

In Turkey, CCT program has been implemented by General Directorate of Social Assistance (GDSA) since 2003 with education and health components. By the program, almost 1.5 billion Euros has been allocated to about 3.5 million beneficiary households. Conditions are, students (ages 5-20) have to attend school regularly and children (ages 0-6) have to be taken to health centres regularly. All the compliances are being checked with real-time data by GDSA from the databases of Ministry of Health and Ministry of Education.

### **The Impacts of CCT Programs on Psychological Aspects**

In this section the results of CCT impact analyses from different countries are compared especially in the base of child development and psychology. In this context, the results of Mexico, Nicaragua, Ecuador, South Africa and Turkey's impact analyses are handled.

A study conducted with low-income communities in Mexico examined the effects of CCT (*Oportunidades*, formerly *Progresá*) program on children (Fernald, Gertler, and Neufeld, 2008). The analyses done by also controlling some variables revealed that getting cash transfers through *Oportunidades* Program in Mexico affect children's development significantly including physical, cognitive and language aspects. These outcomes are consisted of 'increased height for age, decreased BMI for age percentile, decreased prevalence of stunting and being overweight, and increased performance on one scale of motor development, all

cognitive function subscales, and language development'. The findings continued to remain significant after controlling some variables (family structure and socioeconomic status). In this view, these data contribute to the evidence that CCT program in Mexico is positively associated with child wellbeing by helping progression on physical and psychological development.

Another study examining the effects of Mexico's CCT on intimate partner violence showed that women in households that are eligible are more likely to actively participate in decision making processes over the use of contraceptives, which indicates that they are subject to lower levels of psychological abuse by the hands of their intimate partners, in comparison to women residing in non-eligible households. Moreover, it was observed that effect becomes larger when households' status of actual participation into the program is taken into account (Garcia Aísa, 2014).

According to another study, which examines the relationship between marital issues and CCT, there is no significant difference between eligible and non-eligible communities in the proportion of women in unions or marital unions (Bobonis, 2011). Besides, it is observed that within CCT beneficiaries, tendency of getting divorced in educated married women and getting in a new relationship in single non-educated women were higher than non-beneficiary group. Differences observed in relationship/divorce decision tendencies between beneficiary and non-beneficiary women indicate a more powerful woman figure which is probably caused by sending monetary support to directly mothers' account and regularity.

Getting cash transfers through Oportunidades revealed a 10% decrement in aggressive/oppositional symptoms within beneficiaries. But it was not associated with significant decrements in anxiety/depressive symptoms or total problematic behaviours while controlling for some variables. Effects of treatment did not differ by children's gender or ethnicity (Ozer, Fernald, Manley, and Gertler, 2009). There is also evidence that program plays an important role to decrease depression of mothers in poor families which is the most determinant factor for all members of the family (Ozer, Fernald, Weber, Flynn, and VanderWeele, 2011).

A study conducted in South Africa examined the impact of the big expansion in pensions after 1995 (Gertler, Woolard, and Barungi, 2005). The results show that; if the money is sent to a grandmother, granddaughters' health is improved, but it was not valid for grandsons. When money is paid to grandfathers there was no significant difference in health conditions. Through this finding, it is possible

to say that for obtaining useful effect of cash transfers, the member of household taking the cash transfer is an important determiner. Besides, it is revealed that the program has an important effect on child health. While the program was on the implementation, the number of reported illnesses decreased by about 25%. By this study, two other health issues were also observed; anaemia and height. Anaemia decreased by about 13% after 12-18 months and there was also an increase in height for children under three and there was no significant impact on stunting.

In 2003, the impact of the program on school readiness was analyzed. The results show that by improved nutrition, better cognitive development was supplied and by this way school readiness was improved. The results revealed that children's physical abilities, motor development and health were improved significantly by the effect of the program, but no cognitive development. It is thought that it is related to the limited intellectual stimulation in the children's living area and improvement of cognitive abilities during early childhood development is required. Besides, one of the most important results is school attendance and there was also an improvement in school attendance and in continuing from primary to secondary school.

Another study conducted in Nicaragua has some important results. In the study, it is shown that 'the CCT program had a substantial positive impact on both personal-social and language development only after nine months.' Besides, program is more efficient for older children in some aspects of child development. Furthermore, it is shown that when assessing the benefits of conditional cash transfer programs, achievements in early childhood development shouldn't be waived or ignored (Macours, Schady, and Vakis, 2008).

The study also showed that 'households who benefited from program transfers increased expenditures on some of the inputs that are commonly believed to affect early childhood development, such as nutrient-rich food. Treated households also appear to have provided earlier stimulation to their children, and made more use of preventive health care.' Positive effects of the improvements in some of these parameters are bigger than expected, the program is not only simply ensuring children to move along the curves that relate food and stimulation to overall expenditures, it is also affecting households' budget allocation which is more important than other aspects. Regardless of the improvements in child achievements, very large interruptions still continue in cognitive outcomes

in sample even after the treatment. In conclusion, it can be assumed that, the program did not play an important role for household savings in early childhood.

By a study conducted in Ecuador by Paxson and Schady (2007), it is found that cash transfer program had positive, although modest effects on the physical, cognitive and socio-emotional development of the poorest children and cognitive development includes language acquisition, short and long term memory and visual integration. Comparing to the control group, children in the treatment group showed better cognitive outcomes and less behavioural problems. And also they have higher haemoglobin levels and better motor control. Furthermore, the nutritional conditions of families were evaluated better in the treatment group.

## Turkey

The CCT program in Turkey can be regarded as a successful endeavour in some aspects. It has proved its advancement in the context of targeting poor families and in raising attendance rates for both genders which have also been supported by three different impact studies conducted in 2007 (Adato et al., 2007; Ahmet et al., 2007; Ozdemir et al., 2012). According to the impact analysis, the CCT program in Turkey;

- Decreased nonattendance days by 50% and this positive impact rate is higher in rural areas
- Nonattendance decreased twice as much among girls as among boys
- The rate of mothers taking their children for regular health check increased
- Increased the awareness of families in the area of health, and frequency of their doctor visits
- Had a positive impact on the empowerment of women, women's participation in social life, financial liberty and participation in decision-making at the household level

Nevertheless, any psychological aspect related to CCT program was studied neither in these three impact analyses nor in other studies. But it can be assumed that increased school attendance, health care visits and more influential women in poor families have subsidiary effects on parents' and children's psychological well-being according to the results of studies mentioned before that revealing relationship between maternal deficiency, education and poverty.

There is also some other studies done on the effectiveness of CCT in Turkey. In a study examining the effects of CCT in Turkey on women's social status, it was revealed that beneficiary women were not in a better condition than non-beneficiary ones. Besides, no evidence for an empowering or transforming influence of CCT on the social status of women was found (Emir, Erbaydar, and Yuksel, 2013). On the contrary, in alternative study done by using qualitative methods an increment in children's self-esteem was reported on the basis of beneficiaries' statements. It is also stated that by the means of limited financial liberty provided by CCT payments, women were exposed to less violence from their husbands and this situation positively contributed to peace at home (Yildirim-Ocal, 2012). The results revealing that CCT payments empower women's position in the family is parallel with three impact analyses results. Besides, because mothers' well-being is significantly more effective for a stable psychological state for the family than other members of the family, it is an important finding for poor families' all well-being.

## Discussion

In the humanity history, poverty phenomenon has created the identity of 'poor'. In the context of Social Identity Theory (Hogg and Abrams, 1998), all people belong to certain social groups in the base of their some similar qualities. Belonging to social groups provide many advantages for people for their well-being; but when they compare themselves with other groups and if they feel that their group is worse or less powerful, they try to change their positions. Improving the current group's status or moving from one group to another are two possibility of this change. In this context, poor group members usually evaluate their groups negatively and they do not have positive identities towards their socio-economic groups. When poor people try to cope with this problem, one of these coping strategies is 'social mobility' (but quite difficult) and the most important social mobility tool is education. But many poor people cannot try the social mobility chance by education because of economic problems. In this side, CCT may create a chance to break the cycle of poverty by its education component and may also provide some positive effects as discussed.

However, education might be the most, but not the only problem in the situation of poverty and it is the fact that poverty is a multidimensional concept which mostly affects children and women devastatingly and cannot be defined

with just one aspect. It also affects the mental health of people and there is a link between psychological problems and poverty. Families struggling with poverty related psychological problems also redirect their problems to their children by poor parenting and distress. So, it is possible to assume that in poor families children are affected not only by poverty, but also by the bad mood of their parents. Therefore, programs like CCTs which support families regularly might have positive effects in all aspects.

CCTs are conditional assistance programs being used by many countries. Different from usual interventions in which cash is just allocated without any conditions or monitoring, with CCTs it is aimed to invest on human capital through conditions by reinforcing beneficiaries to attend basic education and health services. Although there is only little evidence revealing the positive effects of CCTs on psychological factors, there is many studies indicating positive effects in numerous aspects and CCTs can be assumed as effective programs on poor families in the respect of regularity and conditionality. By providing regular cash transfers, it helps poor people spend on basic family needs, on the other hand, by making beneficiaries actively attend to basic services it gives chance to poor families to gain problem solving abilities. Results show that families with more capable of solving problems are less likely to develop psychological problems.

As studies revealed, maternally disadvantaged families face higher levels of stress in their everyday environments. According to the family stress model, poor families experience significant economic pressure as they struggle to pay bills and are forced to cut back on daily expenses (Magnuson and Votruba-Drzal, 2009). This economic pressure creates high levels of psychological distress, including depressive and hostile feelings in poor parents.

When parents have psychological stress and problems they are more likely to exhibit worse child rearing, as being 'on average more punitive, harsh, inconsistent, and detached as well as less nurturing, stimulating, and responsive to children's needs'. Children with poor parenting by the early years of life are more likely to struggle with various psychological problems. Although none of the impact studies on CCTs indicated any direct relationship between parenting and CCT program, in Mexico it is found that program helped to decrease intimate partner violence in beneficiary families (Garcia Aísa, 2014). Practicing and exposing to violence is one of the important factors that influences family's all well-being, besides even

witnessing has catastrophic influences on children. Parents with reduced violence can be seen as candidates to practice more desired parenting techniques to their children which have permanent positive effects on future life of the children.

Reaching to basic education and basic health services are also very hard for poor families. However, as the studies revealed, it is proved that by regular cash flow and conditionality side, it is possible to achieve significant improvements in school attendance and positive health indicators in poor families. This improvement can also be seen as influential for current and future psychological features of poor families. Firstly, by regular health care visits, a healthier development process for children is guaranteed and by attending to education, children have more chance to gain problem solving techniques both for daily life and emotional problems or even communication problems with others. Moreover, because graduating from higher schools increases one's chance to be employed; and being employed will ensure a stable income, it is possible to assume that children of CCTs are more likely not to have chronic poverty related psychological lifecycle compared to non-CCTs.

In most of the CCT implementations, cash is directly transferred to mothers' accounts, which gives mothers a financial power to participate in decision-making processes of family issues more frequently and more influentially. It is also a remarkable issue to be discussed with possible further psychological effects. As discussed earlier, despite the fact that women's well-being is a more powerful determiner for families' well-being, women and as a result children are the psychologically most affected ones from poverty situation. Therefore, it is possible to say that by increasing women's participation in social life, economic freedom and participation in decision-making at the household level, CCTs are playing an important preventive role for women from psychological problems. As studies revealed, because mothers' depression directly affects children and all the family members, it can be assumed that getting regularly paid not only provides a stable income, but also a stable psychological well-being for poor families.

In conclusion, studies indicate that CCTs have been widely studied in the economic literature on developing countries, however psychological and developmental dimensions were not taken into consideration as it should have been. It is clear that these aspects of CCTs should also be taken into account when assessing the benefits of conditional cash transfer programs. Besides, in the

context of the results gathered from different studies, it can be said that CCTs are not directly interrelated with decreasing or preventing psychological problems, or CCTs by itself are not capable of solving poverty problem, nevertheless it provides poor families a stable climate and a chance to solve their problems.



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