Arch Argent Pediatr 2024;122(2):e202310248

Unconditional cash transfers: Is it possible to reverse the cost of poverty during childhood?

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It is estimated that 333 000 000 children worldwide (15.9%) live in extreme poverty.[1] This is a global problem, which is especially worrisome because of its cumulative nature: the lack of care and deprivations lead to a lack of opportunities that perpetuate the poverty cycle throughout life.[2] In addition to the lack of money, poverty exposes people to various biological and psychosocial risks. Its association with short- and long-term disease has long been known.[3] Although hypotheses on the causative mechanisms of its deleterious effects are relatively new, various efforts to mitigate it have been underway for decades.[4]

Along these lines, Sperber et al.[5] recently published an article describing the results of an intervention consisting of unconditional cash transfers for children from families in poverty, which is novel both in terms of design and type of intervention.

In relation to the intervention, conditional cash transfers have been used traditionally as a palliative factor to fight poverty for families with young children; however, this is administratively costly and the conditions attached to these interventions have not been shown to be effective themselves. From an ethical perspective, the "conditional" modality raises some concerns, such as the fact that it should be cancelled in the event that families do not comply, thus leaving a particularly vulnerable group without such coverage. Furthermore, these are interventions that imply a certain extent of dependency, instead of promoting the autonomy necessary for families, specifically adult members, to break the circle of exclusion implied by the context of poverty.[6]

In relation to the design, although other previous studies have been conducted on this subject, only one was a clinical trial, but it was done approximately 30 years ago and studied conditional transfers.[4] It is therefore also innovative that, on an eminently social issue, an attempt is being made to assess interventions as accurately as possible, and according to a quantitative paradigm, which could later be adopted as public policies. Even so, in this case, and in spite of the standards of a clinical trial, in which each participant of the same group is offered the "same intervention," it cannot be denied that the provision of money may imply, for each family, a particular intervention, depending on their own possibilities, resources, conceptions, and priorities.

It is also worth mentioning that the restrictions to the included populations are a limitation because families affected by issues relevant to the context of adversity implied by poverty were

doi: http://dx.doi.org/10.5546/aap.2023-10248.eng

To cite: Serra ME. Unconditional cash transfers: Is it possible to reverse the cost of poverty during childhood? *Arch Argent Pediatr* 2024;122(2):e202310248.

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not eligible, such as those whose mothers were not in a position to guarantee minimum care or those who were not healthy term infants, probably leaving out children and families at a greater social risk. This is clearly reflected in the number of years of education completed by the mothers (almost 12 years on average), which could be considered a marker of "low risk" or better care. It is also worth noting that information on some potentially confounding factors was not collected, such as attendance to a daycare center.

The authors found no differences in sleep and child health outcomes between the groups that received higher and lower cash transfers, with the exception of fresh food consumption at 2 years of age. This may be due to several reasons, from a (biased?) sample selection to the fact that the amounts of money delivered are not sufficient to change the situation of participants (in fact, it is not enough when considering structural issues), the fact that the most noticeable effects are those observed in the long term, or the bias implied by the fact that results are reported by the mothers. This may even be explained by a conceptual problem: in this study, "being poor" was defined by a given family income, but poverty is currently understood as a situation of adversity broader than the lack of money, and deprivations and violation of rights are considered for its analysis.[2] A cash transfer does not necessarily improve these aspects.

These limitations may be interpreted as signs of the complexity around this issue. It is therefore promising to know that this study is part of a larger project (Baby's First Years),[7] whose primary objective is to assess neurodevelopment at 4 years of age, the quintessential outcome variable of studies on social adversity in childhood. The Baby's First Years reports will allow to obtain a deeper understanding of the problem and of the mechanisms through which the proposed intervention does or does not work, including its assessment using qualitative methods.

Thus, it is possible that, in the future, we will be able to face the challenge of alleviating the harmful effects of childhood poverty more successfully, knowing that there may not be a single answer, but rather different possible alternatives depending on the characteristics and contexts of each family and community. ■

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