



RESEARCH ARTICLE

A Systematic Literature Review of Conditional Cash Transfer and Behaviour Changes Using the ADO Model

Mohd Suffian Mohamed Esa^{1*}, Hairunnizam Wahid², Salmy Edawati Yaacob³

^{1,2,3} Universiti Kebangsaan Malaysia, 43600 Bangi Selangor, Malaysia

ARTICLE INFO	ABSTRACT
Received: Aug 17, 2024 Accepted: Oct 5, 2024	<p>This study systematically synthesizes the existing literature on Conditional Cash Transfer (CCT) and behaviour changes over the past decade to identify various related constructs using the Antecedents, Decisions, and Outcomes (ADO) model. It also highlights research gaps and suggests directions for future research. The study employs a rigorous systematic literature review (SLR) process, adhering to the PRISMA framework, to select 16 full-text articles relevant to CCT and behaviour changes. The review, conducted for studies published between 2014 and 2024, includes only journal (research articles), excluding books and conference proceedings. This review provides an organized overview of the antecedents, decision processes, and outcomes of CCT and behaviour changes. This review found that most studies focus on health conditionalities, with Brazil and India being the primary countries where these studies are conducted. This is likely due to their pioneering roles in CCT programs and their significant socio-economic challenges. This study provides essential insights into how CCT program conditionalities influence behaviour changes, offering valuable guidance for policymakers. It advocates for further research into the mechanisms driving behaviour change to enhance program effectiveness. A nuanced, interdisciplinary approach to designing and studying CCT programs is recommended to meet the diverse needs of target populations effectively.</p>
<p>Keywords</p> <p>ADO Model PRISMA Framework Systematic Literature Review Conditional Cash Transfer Behaviour Changes</p>	
<p>*Corresponding Author: suffianesa@gmail.com</p>	

INTRODUCTION

Conditional Cash Transfer (CCT)

Conditionalities in cash transfer programs refer to the specific requirements or conditions that beneficiaries must adhere to in order to receive financial assistance. These conditions are strategically designed to encourage actions that will enhance the recipients' future economic prospects and overall well-being. The concept of conditionalities hinges on the notion that merely providing financial aid is insufficient for sustainable poverty alleviation; instead, encouraging beneficiaries to invest in health, education, and other critical areas is crucial for achieving long-lasting improvements (Fiszbein & Schady, 2009; Ford, Lourenço, Cobayashi, & Cardoso, 2020; Saucedo Delgado, Kadelbach, & Mata Mata, 2018).

The primary purpose of CCT programs can be delineated into direct and indirect objectives. CCT programs are designed to alleviate poverty by offering immediate financial assistance to low-income households. This direct assistance helps beneficiaries meet their basic needs, such as food, shelter, and clothing, thereby improving their overall quality of life. Simultaneously, CCT programs directly aim to develop human capital by encouraging actions that led to better health, education, and employability outcomes. The primary indirect goal of CCT programs is to foster behaviour change among

beneficiaries. By linking financial aid to specific conditions, these programs incentivize households to prioritize education, health, and skill development. Over time, these changes can lead to a culture of valuing education and health, which can have far-reaching impacts on community development and societal progress (Fiszbein & Schady, 2009; Kabeer, Piza, & Taylor, 2012).

The overarching long-term objective of CCT programs is to break the cycle of intergenerational poverty (Ford et al., 2020; Kitaura & Miyazawa, 2021). By investing in the education, health, and employability of the current generation, CCT programs aim to equip them with the tools and opportunities necessary to escape poverty. When children grow up healthier, better educated, and more skilled, they are more likely to secure stable employment and achieve economic self-sufficiency. This, in turn, reduces the likelihood that they will pass on poverty to the next generation. Furthermore, the behaviour changes promoted by CCT programs can lead to a shift in societal norms and values. As communities begin to prioritize education, health, and self-sufficiency, the benefits of CCT programs can extend beyond individual households to foster broader social and economic development (Fiszbein & Schady, 2009).

Background of Conditional Cash Transfers (CCTs)

Conditional Cash Transfer (CCT) programs have emerged as a pivotal strategy in addressing poverty and enhancing human development across various socio-economic contexts. These programs provide monetary assistance to impoverished households on the condition that they meet specific requirements, such as regular school attendance or health check-ups (Son, 2008). By linking financial aid to the fulfilment of these conditions, CCT programs aim to alleviate immediate economic hardships while simultaneously promoting long-term human capital development. Conditionalities can be broadly categorized into several dimensions, each targeting a different aspect of human development. The primary dimensions include education, health, and employment, each with its own set of specific conditionalities aimed at fostering positive and enhancing human capital (Kabeer et al., 2012; Son, 2008).

Conditional Cash Transfer (CCT) programs aim to promote behaviour changes among beneficiaries by implementing conditionalities in health, education, and employment. These conditionalities can be categorized into two main approaches for each dimension: investment in human capital and outcome-focused conditions (Andre, Delesalle, & Dumas, 2021; Jones & Presler-Marshall, 2015).

In the education dimension, the investment in human capital approach emphasizes active participation in the educational system. This includes conditions for school attendance and enrolment, where parents are required to ensure their children attend school regularly (Catubig & Villano, 2017). By mandating school enrolment and consistent attendance, CCT programs aim to increase enrolment rates, reduce dropout rates, and foster a culture of regular attendance. This foundational approach helps develop a skilled workforce crucial for long-term economic growth. The achievement-focused conditions, on the other hand, prioritize academic performance and milestones. These conditions require students to meet specific educational targets, such as achieving passing grades or certain scores on standardized tests. By focusing on academic outcomes, CCT programs encourage students and parents to prioritize education, ultimately enhancing overall educational quality and fostering critical skills like problem-solving and critical thinking.

In the health dimension, CCT programs also employ an investment in human capital approach, emphasizing preventive care through regular health check-ups and vaccinations. Conditionalities may include prenatal check-ups for pregnant women and ensuring children receive necessary vaccinations (Peñalba, 2019). These measures instil a culture of preventive health practices, helping to monitor maternal and child health and address nutritional deficiencies. The outcome-focused approach in health aims for measurable improvements in health indicators, such as reducing maternal and infant mortality rates and addressing malnutrition. By focusing on specific health

outcomes, CCT programs promote practices that ensure the well-being of mothers and children, ultimately leading to better overall health and reduced healthcare costs in the long term.

In the employment dimension, CCT programs seek to enhance employability and income-generating capacity through skill development and job search facilitation. The skill development approach includes conditionalities for beneficiaries to attend workshops on essential soft skills like communication, teamwork, and problem-solving (Miller et al., 2015). These skills are increasingly important in today's job market. The second approach in employment focuses on supporting beneficiaries in their job search efforts, requiring them to actively seek employment, participate in job fairs, and attend workshops on resume writing and interview techniques (Miller et al., 2016). These activities provide beneficiaries with the tools to navigate the job market effectively, increasing their chances of securing employment.

In summary, CCT programs address immediate and long-term goals across education, health, and employment dimensions through investment and outcome-focused conditionalities. By implementing these strategies, CCT programs can contribute to the holistic development of beneficiaries, ultimately fostering sustainable behaviour changes and economic growth.

Historical development and global implementation of CCTs

Conditional Cash Transfer (CCT) programs, initially introduced in Latin America, have significantly evolved and expanded globally since their inception. One of the earliest adopters was Chile with its *Subsidio Unitario Familiar* program launched in 1981, emphasizing health and education (Ibarrarán et al., 2017). Brazil and Mexico later implemented their well-known CCT initiatives, *Bolsa Família* and *Progresá* (later renamed *Oportunidades*), respectively.

In Asia, India's *Apni Beti Apna Dhan* program, initiated in 1994, included educational, health, and marriage-related conditionalities for adolescent girls (Fiszbein & Schady, 2009). Bangladesh launched the *Female Secondary School Assistance Program* in the same year, focusing on education and marriage for adolescent girls. Indonesia's *Jaring Pengamanan Sosial*, introduced in the 1990s, concentrated on education (Fiszbein & Schady, 2009; Kabeer et al., 2012; Jam et al., 2010). Europe saw early programs like the United Kingdom's *Education Maintenance Allowance* in 1999, which targeted education, and Luxembourg's *Childbirth* and Finland's *Maternity Grant* programs in the late 1990s, both focusing on health (Verbist & Matsaganis, 2014; Jassim et al., 2024).

From 2000 to 2010, the implementation of CCT programs surged globally, with six African countries developing such initiatives: Tanzania, Burkina Faso, Kenya, Nigeria, Jamaica, and Ghana. Jamaica's *Programme of Advancement through Health and Education*, established in 2001, primarily focused on education, while Tanzania's *Social Action Fund (TASAF)*, developed in 2010, targeted both health and education. Most African CCT programs during this period prioritized health and education, but Nigeria's *Care of the Poor* program, launched in 2008, also included vocational training and sanitation. Several Asian countries also implemented CCT programs, including Indonesia, the Philippines, India, Cambodia, Yemen, Bangladesh, and Pakistan. Initially, most of these programs focused on a single al conditionality. However, Indonesia's *Program Keluarga Harapan* (2007) and the Philippines' *Pantawid Pamilyang Pilipino Program* (2008) covered multiple dimensions. In Europe, eight countries began developing CCT programs: Turkey, France, Hungary, Macedonia, Belgium, Bulgaria, Austria, and the United Kingdom. Generally, European CCT programs concentrated on health and education, with France uniquely focusing on employment. In the Americas, 14 countries established CCT programs between 2000 and 2010. Nicaragua led with its *Red de Protección Social* program in 2000, focusing on health and education. The most recent initiatives during this period were Argentina's *Universal Child Allowance for Social Protection* program and Bolivia's *Bono Juana Azurduy* program, both launched in 2009. Argentina's program addressed health and education, while Bolivia's focused solely on health (Fiszbein & Schady, 2009).

Notably, all 17 CCT programs implemented across the American continent during this decade incorporated a health dimension.

Between 2011 and 2020, the expansion of CCT programs tapered off as numerous countries had already established these initiatives. In Africa, only two programs were developed: Kenya's Kakamega County CCT Program in 2013, focusing on health, and Egypt's Takaful Program in 2015, addressing both education and health. In Asia, China initiated the MCH CCT in 2013, concentrating on health. In Europe, Italy launched the Accoglienza Orientamento Supporto (AOS) program in 2016, focusing on employment. In the Americas, Brazil introduced The Emergency Aid program in 2020, targeting health, and Bolsa Verde in 2011, focusing on the environment. Chile implemented The Ethical Family Income program in 2011, covering health, education, and employment, while Colombia initiated the Youth in Action program in 2012, emphasizing education (Fiszbein & Schady, 2009).

Overall, the implementation of CCT programs has typically involved three primary dimensions of behavioural conditions: education, health and employment categories. During the early stages (1980-1999), 11 countries across the Americas, Asia, and Europe adopted CCT programs, with no participation from African countries. From 2000 to 2010, the development of these programs expanded rapidly to 35 countries across all continents. Initially, most CCT programs focused on health and education dimensions. Employment-related conditions were initially uncommon, but their adoption significantly increased between 2000 and 2010. This trend was especially prominent in the Americas, where CCT policy implementation was first pioneered. From 2011 to 2020, the focus shifted slightly as countries like Italy began implementing employment-focused CCT policies, while Chile and Brazil introduced additional interventions to address evolving social and economic needs.

Arguments for Conditional Cash Transfers and Their Impact on Behavioural Changes

CCT programs are grounded in two primary sets of arguments for imposing conditions on cash transfers. The first set concerns the suboptimal private investment in children's human capital. This underinvestment can occur if parents have incorrect perceptions about the returns to education and health investments or if they discount future benefits too heavily. Evidence from countries like Mexico and the Dominican Republic shows that parents often underestimate the financial returns of education (Attanasio & Kaufmann, 2011; Jensen, 2010). This misperception can lead to lower investments in their children's education and health than what is privately or socially optimal.

Additionally, there may be a conflict of interest within households, where parental objectives do not fully align with those of their children. For instance, in many South Asian countries, girls' education is often undervalued due to societal norms and economic considerations such as dowry costs. CCT programs that require parents to send their daughters to school address these gender disparities by mandating behaviour that aligns with broader social goals of equity and efficiency.

The second set of arguments relates to the broader social benefits or externalities of education and health. Investments in these areas often yield positive spillover effects, such as reduced crime rates and improved public health. However, the private optimal level of investment may fall short of the social optimum. By conditioning cash transfers on behaviours that enhance human capital, CCT programs help bridge this gap, ensuring that individual actions contribute to broader societal benefits (Fiszbein & Schady, 2009).

Behavioural Changes Facilitated by CCT Programs

CCT programs are particularly effective in inducing behavioural changes that lead to improved human capital outcomes. For instance, education-related conditionalities often require children to maintain regular school attendance and achieve specific academic milestones. These requirements not only increase enrolment rates but also reduce dropout rates and improve overall educational

outcomes. In the long run, this contributes to the development of a more educated workforce, which is essential for economic growth and competitiveness.

Health-related conditionalities, such as mandatory prenatal check-ups and child vaccinations, promote preventive care and healthier behaviours among beneficiaries. These conditions have been shown to reduce infant and maternal mortality rates, control the spread of diseases, and enhance overall community health. By improving health outcomes, CCT programs also reduce future healthcare costs and increase the productivity of the workforce.

Employment-related conditionalities focus on enhancing beneficiaries' employability and income-generating capabilities. Requirements such as participation in job training programs and financial literacy workshops equip individuals with the skills needed to achieve economic independence. This not only reduces reliance on financial aid but also fosters a culture of self-sufficiency and entrepreneurship (Fiszbein & Schady, 2009; Kabeer et al., 2012; Son, 2008).

Importance of studying CCT and Behaviour Changes

Conditional Cash Transfer (CCT) programs represent a significant policy tool in the fight against poverty. These programs provide financial aid to impoverished household's contingent on meeting specific behavioural requirements, such as regular school attendance or routine health check-ups. The rationale behind CCTs is twofold: immediate poverty alleviation through financial support and long-term poverty reduction through the development of human capital. However, the efficacy of CCTs hinges not merely on the provision of financial resources but significantly on the behavioural changes they intend to instil. Studying these behavioural changes is crucial for several reasons, warranting a detailed and critical examination.

Firstly, understanding the behavioural changes induced by CCTs is essential for evaluating the effectiveness of these programs. CCTs are predicated on the assumption that poor households underinvest in their children's education and health due to various barriers, including financial constraints and lack of awareness about the long-term benefits. By imposing conditions, CCTs aim to overcome these barriers and promote behaviours that are expected to yield positive outcomes (Mookherjee & Napel, 2021; Watts & Fitzpatrick, 2018). However, the actual behavioural responses of households to these conditions need rigorous assessment. Are the conditions effective in promoting school attendance and healthcare utilization? Do they lead to improved educational achievements and better health outcomes? Without comprehensive studies on these behavioural changes, policymakers cannot accurately measure the success of CCT programs or make informed decisions about their design and implementation.

Secondly, studying behavioural changes helps to identify and address unintended consequences of CCT programs. While the primary aim of CCTs is to encourage positive behaviours, there is a risk of unintended negative effects. For example, the pressure to meet program conditions might lead some families to prioritize immediate compliance over long-term benefits (Artuc et al., 2020). In extreme cases, this might result in stress, reduced household welfare, or even gaming the system, where households might find ways to superficially comply with conditions without genuinely changing their behaviours. By critically examining these behavioural responses, researchers can uncover such unintended consequences and suggest modifications to program design that mitigate these risks.

Moreover, studying behavioural changes is vital for understanding the differential impacts of CCT programs across various demographic groups. The effectiveness of CCTs can vary significantly based on factors such as gender, age, socioeconomic status, and regional differences. For instance, conditions related to school attendance might have different impacts on boys and girls due to cultural norms and gender-specific barriers (Stampini, Martinez-Cordova, Insfran, & Harris, 2018). Similarly, healthcare conditions might be more challenging to meet in remote areas with limited access to medical facilities. By analysing how different groups respond to CCT conditions, researchers can

provide insights into tailoring these programs to better address the needs of diverse populations, thereby enhancing their overall effectiveness.

Furthermore, examining the long-term behavioural changes induced by CCT programs is crucial for assessing their sustainability and impact on intergenerational poverty. The ultimate goal of CCTs is not just to alleviate poverty temporarily but to break the cycle of poverty across generations. This requires sustained changes in behaviours that lead to improved human capital and economic opportunities for future generations. Longitudinal studies on behavioural changes can reveal whether the positive impacts of CCTs persist over time and are transmitted to the next generation (Alves, Machado, & Barreto, 2019). Such insights are invaluable for policymakers aiming to design programs that create lasting change and truly eradicate poverty.

Finally, studying behavioural changes in CCT programs contributes to the broader understanding of social policy and human behaviour. CCTs operate at the intersection of economics, psychology, and sociology, providing a unique lens to study how financial incentives can influence behaviour (Dwyer et al., 2018). Insights gained from CCT research can inform other areas of social policy, such as health interventions, educational programs, and labour market policies, where behaviour change is a critical component (Premand & Barry, 2022). By deepening our understanding of the mechanisms through which financial incentives affect behaviour, researchers can contribute to more effective policy design across various domains.

In conclusion, the study of behavioural changes facilitated by CCT programs is of paramount importance for evaluating their effectiveness, identifying and mitigating unintended consequences, understanding differential impacts, assessing long-term sustainability, and contributing to the broader field of social policy. Comprehensive and critical examination of these behavioural changes is essential for ensuring that CCT programs achieve their dual goals of immediate poverty alleviation and long-term poverty reduction, thereby improving the lives of impoverished households and fostering equitable development.

Based on the arguments, the overall objective of this study is to systematically review the relationship between Conditional Cash Transfer (CCT) programs and behaviour change, with a particular focus on human capital development. To achieve this, the research will address three primary questions:

RQ1: In what ways have the antecedents of Conditional Cash Transfer (CCT) programs, such as dimensions of education, employment, and health, been premeditated in previous studies on CCT and behaviour change?

RQ2: Expanding on the antecedent and decision components of CCT programs, what key literature on the impact of specific CCT conditions on behaviour change can be derived?

RQ3: What are the forward trends in the area of Conditional Cash Transfers (CCT) and their influence on behaviour change?

METHODOLOGY

Systematic Literature Reviews (SLRs) play a pivotal role in academic research by synthesizing and summarizing existing knowledge within a specific field. They provide a comprehensive overview of current research, enabling researchers to identify gaps for further investigation. By facilitating theory building, SLRs help in analysing patterns and inconsistencies across multiple studies, contributing to the development of robust theoretical frameworks. Incorporating frameworks such as Antecedents, Decisions and Outcomes (ADO) Model enhances the organization and presentation of review findings, making them more impactful. The methodological rigor inherent in SLRs ensures transparency, replicability, and the minimization of bias, thereby increasing the credibility of the results. Furthermore, SLRs support evidence-based decision-making by providing a solid foundation for research, policy development, and practice, enabling stakeholders to make informed choices. Additionally, SLRs reduce duplication and redundancy in research efforts, promoting a more focused

agenda and efficient resource utilization. Ultimately, they enhance the overall impact of research by offering comprehensive insights that guide future inquiries, leading to the advancement of knowledge within the field (Paul, Khatri, & Kaur Duggal, 2023). To underscore the various aspects of Conditional Cash Transfer (CCT) programs and their influence on behaviour change and human capital development—such as the dimensions, conditionalities and execution styles—researchers have utilized a comprehensive framework. – Antecedents, Decisions and Outcomes (ADO) devised by (Paul & Benito, 2018). Data collection for this study adhered to the PRISMA protocol (Preferred Reporting Items for Systematic Reviews and Meta-Analyses), as illustrated in Fig. 1 (Moher, Liberati, Tetzlaff, Altman, & Group, 2010). The PRISMA process encompasses four stages: identification, screening, eligibility, and inclusion. This methodology ensures a transparent and systematic review process (Lim, Yap, & Makkar, 2021; Moher et al., 2010). The detailed procedures involved in these stages are explained below.

Identification

The systematic review process for selecting relevant articles in this study involved three primary stages (Moher et al., 2010). The initial stage focused on identifying keywords, followed by a thorough search for related terms using thesauruses, dictionaries, expert consultations, and past research. In July 2024, search strings were developed for the Scopus and Web of Science databases after finalizing the relevant keywords. This process successfully retrieved 52 articles from these databases. Additionally, manual searches using similar keywords were conducted on other databases, such as SAGE and Emerald, yielding an extra 22 articles. In total, 74 articles were obtained during the first stage of the systematic review process. This review covers a decade-long period, from 2014 to 2024. The keywords used in the database for the compilation of the relevant articles were “Conditional Cash Transfer”, “CCT”, “Bolsa Familia”, “Behavior Change”, and “Behaviour Change”.

Data Screening and Eligibility

Stage 2 of the PRISMA protocol involved screening the compiled articles using the inclusion and exclusion criteria outlined in Table 1. Titles, abstracts, and keywords were thoroughly examined to apply the exclusion criteria, excluding non-article literature and eliminating duplicates. At the end of Stage 2, 44 articles advanced to Stage 3. In Stage 3, the remaining articles were read in full and re-evaluated using the inclusion and exclusion criteria. Only those articles directly relevant to the study were forwarded to the final inclusion stage. This rigorous assessment led to the exclusion of 28 articles that did not meet the eligibility criteria for article type and content relevance.

Table 1 The inclusion and exclusion criteria

Criteria	Inclusion	Exclusion
Document Type	Journal articles (research)	Journals (review), book series, book, chapter in book, conference Proceeding
Language	English	Non - English
Publication Year	Between 2014-2024	Before 2014

Inclusion

During the inclusion stage, each article's content was thoroughly examined to confirm its relevance for synthesis. 16 articles were ultimately selected for consideration. The study employed a qualitative content analysis approach to synthesize the research findings, as this method effectively combines qualitative and mixed-method data to derive meaningful insights (Bearman & Dawson, 2013). Due to the heterogeneity in study designs and outcome measures, qualitative content analysis was chosen over meta-analysis. The analysis was conducted using the ADO (Antecedents, Decision, and Outcome) framework.

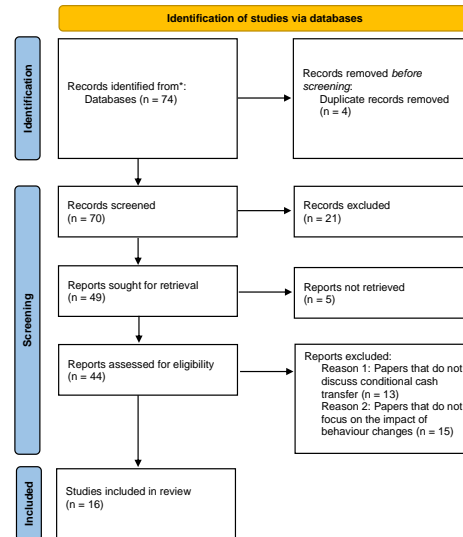


Fig. 1 Flowchart illustrating the selection procedure following the PRISMA protocol.

Reporting

The study follows an ADO framework-based analysis to report the results. We employ this framework to derive findings and insights, pinpoint research gaps, and propose future research directions. It is essential to understand that the dimensions of ADO (Antecedents, Decisions, Outcomes) are interconnected. For instance, a study by Paul & Benito (2018) finds that factors related to home and host countries (Antecedents) influence decisions such as location choice and entry mode (Decisions), which subsequently affect performance outcomes (Outcomes). Therefore, comprehending the interrelationships between these dimensions is as crucial as the dimensions themselves in generating new knowledge.

RESULTS

Background of the Selected Studies

Classification and Analysis of the Literature. This section includes 16 selected research studies based on publication year, CCT programs, location of study, type of conditionality dimension, type of research and data. Thus, it will be expedient to understand the literature available on CCT program and behaviour changes in this context.

Dimension of Conditionality. The majority of previous studies have concentrated on the health dimension of conditionality, with 15 studies dedicated to this area. In contrast, 9 studies have focused on education, while only 2 have examined the employment dimension. Many of these studies have evaluated behaviour changes within CCT programs, specifically assessing their impact on health-related outcomes.

Table 2. Article included in the review

Study	Program	Country	Dimension		
			Health	Educatio n	Employmen t
(Arenas et al., 2019)	Progresra, then Oportunidades, then Prospera - CCT-POP	Mexico	/	/	
(Hadna, Ardiansyah, Habib, 2023)	& Program Keluarga Harapan	Indonesia	/	/	

(Guimarães et al., 2023)	Bolsa Familia	Brazil	/	/	
(Makusha & Gittings, 2024)	DREAMS programme	Sub-Saharan Africa	/		
(Sharma et al., 2024)	RajPusht	India	/		
(Grijalva-Eternod et al., 2023)	The Cash for Improved Nutrition in Somalia	Somalia	/		
(Packel et al., 2021)	NA	Tanzania	/		
(De Lima, Brondízio, Nardoto, & Do Nascimento, 2020)	Bolsa Familia	Brazil	/	/	
(Perez, Pagatpatan, & Ramirez, 2020)	NA	Philippines	/		
(Camlin et al., 2022)	NA	Uganda	/		
(Pandey, 2018)	Safe Delivery Incentive Programme (SDIP)	Nepal	/		
(Layton, 2020)	Bolsa Familia	Brazil	/	/	
(Reininger & Castro-Serrano, 2021)	The Ethical Family Income (IEF)	Chile	/	/	/
(Gaur & Anand, 2015)	The Ladli Scheme	India	/	/	
(Rath & Wadhwa, 2017)	Odisha Girls Incentive Programme	India		/	
(Yang & Hendra, 2018)	Family Rewards & Work Rewards	USA	/	/	/

NA – CCT programs are not mentioned specifically

Year of Publication. Among the 16 selected articles, the majority were published in 2020 (4 articles), while the remaining articles were published between 2015 and 2024, with 1 to 2 articles per year (see Fig. 2).

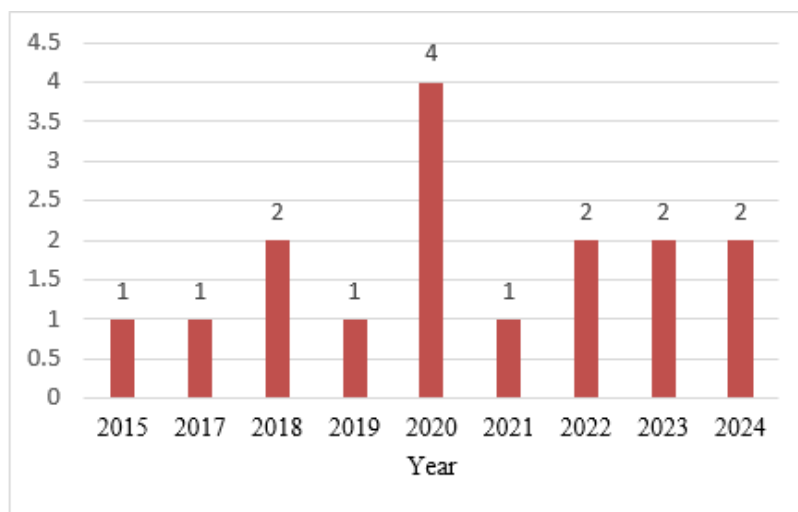


Fig.2 Year of Publication.

Country of Research Papers. Furthermore, regarding the countries where the studies were conducted, Brazil and India emerged as leading contributors with three studies each. This prominence is likely due to Brazil being a pioneer in implementing CCT programs and India being one of the earliest adopters of CCT initiatives in Asia (see Fig. 3).

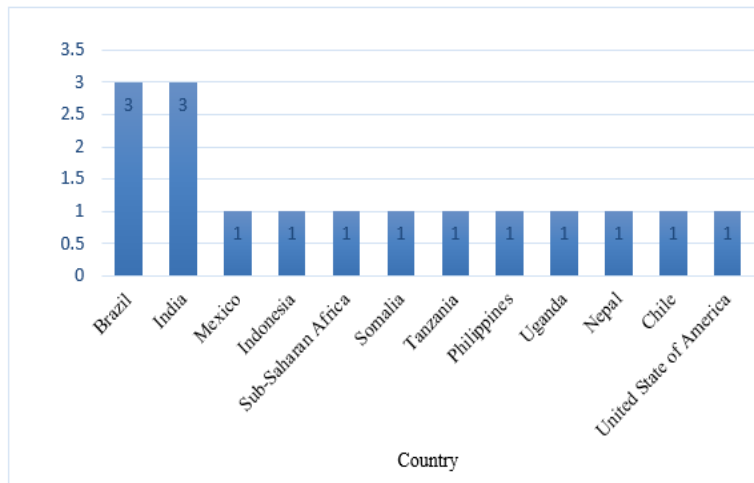


Fig.3 Country of Selected Data.

Type of Study. The author categorized the studies into three types: qualitative, quantitative, and mixed methods. As shown in Table 3, most studies employed quantitative data (8 studies), followed by qualitative approaches (6 studies), and mixed methods (2 studies).

Table 3 Types of Study

Types of Study	No. of Papers
Quantitative	8
Qualitative	6
Mixed method	2

Types of Data Used. Table 4 demonstrates that most studies utilize primary data sources (10 studies), while only six research papers rely on secondary data sources.

Table 4 Types of Data

Types of Data	No. of Articles
Primary	10
Secondary	6

Antecedents, Decisions and Outcomes of Conditional Cash Transfer and Behaviour Changes

This section synthesizes and integrates information obtained from a systematic literature review of Conditional Cash Transfer (CCT) programs and behaviour changes associated with education, health, and employment factors. These factors influence decisions on designing conditionalities such as school attendance, clinic attendance, HIV testing, antenatal care (ANC) compliance for mothers, maintaining full-time work, and health screenings for children. Using the Antecedents, Decisions, and Outcomes (ADO) model (Fig. 4) and study samples (Table 2), the review examines how these

conditionalities lead to various positive and negative outcomes in CCT programs and behaviour changes.

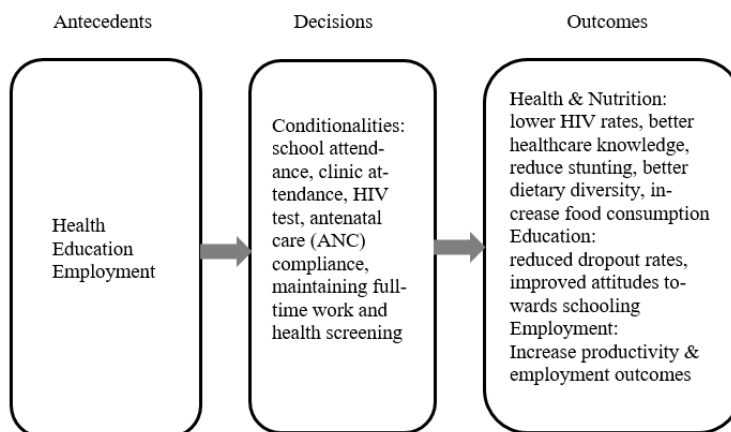


Fig. 4 ADO Framework for CCT and Behaviour Changes

Antecedents (A)

Health issues are a primary concern addressed through Conditional Cash Transfer (CCT) programs related to behaviour changes. For example, in Mexico, the CCT program (originally Progresa, then Oportunidades, and now Prospera, CCT-POP) focuses on nutritional problems among children. This is due to the prevalence of stunting in children under 5 years old (21.4%), which is higher among beneficiaries of Mexico's CCT-POP than in the general population (14.1%) (Arenas et al., 2019). A similar situation occurs in Indonesia, where the prevalence of stunting is significant, especially within Indonesia's poverty eradication programs, particularly the Program Keluarga Harapan (PKH), since 40% of stunted infants come from poor households in rural areas (Hadna et al., 2023).

Additionally, some previous studies have highlighted the primary focus on health dimensions related to human immunodeficiency virus (HIV) issues. Globally, discussions have found that poverty and social inequality exacerbate most HIV/AIDS indicators, serving not only as determinants or contributors to new infections but also as barriers to effective HIV management (Guimarães et al., 2023). This situation becomes particularly critical considering that nearly four decades into the HIV epidemic, adolescents and young people in sub-Saharan Africa experience alarmingly low rates of HIV diagnosis, linkage to care, and treatment adherence (Makusha & Gittings, 2024). Among the groups at high risk of HIV infection are female sex workers. Previous research across 50 countries found that sex workers had an average HIV prevalence of 11.8%, with this figure rising to 30% in countries with medium to high background HIV rates (Packel et al., 2021).

Numerous studies on health dimensions also focus on female respondents (Gaur & Anand, 2015; Packel et al., 2021; Pandey, 2018; Reininger & Castro-Serrano, 2021; Sharma et al., 2024). This is due to various issues affecting women, particularly those in poverty. For example, high maternal and child mortality rates are prevalent in countries such as Nepal (Pandey, 2018) and India (Sharma et al., 2024). Additionally, there is a notably high gender ratio in India (Gaur & Anand, 2015), as well as significant health issues among female sex workers worldwide ((Packel et al., 2021).

Education issues are the second most frequently discussed topic concerning CCT programs and behaviour changes (Gaur & Anand, 2015; Rath & Wadhwa, 2017; Reininger & Castro-Serrano, 2021). A significant problem is school dropout rates, particularly among female students in India. In the 2011-2012 academic year, just before the introduction of the OGIP, 5.5% of boys and 15.2% of girls who completed Class 8 did not enrol in Class 9 in Rayagada. These enrolment figures were even worse for girls from the Scheduled Castes (SCs) and Scheduled Tribes (STs), with approximately 24% of ST girls and 25% of SC girls failing to join Class 9 (Rath & Wadhwa, 2017).

The root cause of this issue is the high cost of education due to inflationary pressures, making it particularly difficult for families to provide education for their daughters (Gaur & Anand, 2015). Furthermore, discussions have highlighted the necessity of achieving good educational outcomes in Chile. This is crucial as it addresses the problem of the majority of the poor population remaining trapped in poverty (Reininger & Castro-Serrano, 2021).

According to previous studies, there are not many CCT programs that focus on employment dimensions (Mohd Suffian M.E, 2023). One of the earliest programs to do so was Family Rewards in the United States, which began in 2007. Discussions in earlier research highlighted that a significant issue leading to the development of conditional cash transfer programs in New York City was the high costs associated with conducting surveys. These costs prompted research teams to either reduce the number of surveys or rely more heavily on administrative records. The creation of conditional cash transfer programs in New York City was driven by the understanding that using multiple data sources can improve policy assessments. By integrating diverse data streams, policymakers can more effectively evaluate program performance, pinpoint areas needing improvement, and ultimately enhance the overall impact of social interventions on employment outcomes (Yang & Hendra, 2018).

Decisions (D)

In exploring the impact of Conditional Cash Transfer (CCT) programs on behaviour changes, the Decisions component of the ADO (Antecedents, Decisions, Outcomes) model is essential. CCT programs generally impose various conditionalities to promote desired health behaviours. For example, Mexico's CCT initiatives (initially Progresa, then Oportunidades, and Prospera) mandate primary health care (PHC) clinic attendance as a condition for receiving benefits, using these clinics as platforms for behaviour change communication (BCC) strategies (Arenas et al., 2019). Similarly, other studies underscore conditionalities such as children's school attendance, annual HIV testing, maintaining HIV status, and involvement in community projects (Guimarães et al., 2023). These decisions, which include health screenings, reproductive health measures, and educational requirements, are designed to encourage specific actions that align with the objectives of the programs.

Moreover, other examples emphasize the range and effect of these conditionalities. In certain initiatives, early registration for antenatal care (ANC), adherence to ANC guidelines, and institutional deliveries are required (Sharma et al., 2024). Another program focuses on health screenings for young children, maintaining a child health record card, and using an mHealth intervention that delivers audio messages about health and nutrition (Grijalva-Eternod et al., 2023). Innovative approaches, such as offering escalating cash incentives for achieving and maintaining virological suppression, showcase the strategic use of financial rewards to promote health-related behaviours (Camlin et al., 2022).

The Ethical Family Income (IEF) programme categorises cash transfers into non-conditioned, duty-conditioned, and achievement-conditioned types, while also providing socio-employment support to encourage economic independence (Reininger & Castro-Serrano, 2021). In Haryana, India, cash incentives are available to parents of girl children who fulfil conditions such as immunisation and school registration. The programme is perceived to be more effective among mothers with higher educational qualifications (Gaur & Anand, 2015). These conditionalities exemplify the Decisions aspect of the ADO model, illustrating how CCT programmes utilise specific requirements to influence. By imposing health-related conditions, these programmes aim to achieve broader goals, including improved public health, enhanced health outcomes, and increased economic independence.

Within the framework of Conditional Cash Transfer (CCT) programmes and their influence on behaviour change, the Decisions component of the ADO (Antecedents, Decisions, Outcomes) model plays a crucial role, especially in relation to educational conditionalities. Initiatives such as the Ethical Family Income (IEF) programme highlight various types of cash transfers contingent upon specific

conditions. These include dignity transfers (unconditional), duty transfers (conditional on child health compliance and school attendance), and achievement transfers (conditional on academic success and graduation). By enforcing these educational conditionalities, these programmes aim to ensure that children attend school consistently and perform well academically, ultimately fostering long-term educational attainment and economic self-sufficiency (Reininger & Castro-Serrano, 2021).

In Haryana, India, parents of girls born on or after 20 August 2005 can receive cash incentives irrespective of their socio-economic status, provided they fulfil certain conditions, such as registering their children in school (Gaur & Anand, 2015). This initiative emphasizes the value of education by tying financial rewards to school attendance, motivating parents to give priority to their daughters' education. Additionally, mothers who possess higher educational qualifications and a better understanding of the scheme's advantages view it as more effective in encouraging behaviour change, which illustrates how parental education can significantly impact the effectiveness of such programmes.

A significant illustration is the Odisha Girls' Incentive Programme (OGIP) in India, aimed at supporting girls from Scheduled Castes (SCs) and Scheduled Tribes (STs) who are in Class 9. This program links cash transfers to a minimum attendance rate of 75% each month, directly connecting financial incentives to educational engagement (Rath & Wadhwa, 2017). Such a strategy not only enhances school attendance but also helps to mitigate dropout rates, ensuring that girls remain in the education system. The impact of these conditionalities is further strengthened when teachers show flexibility in attendance requirements for students facing particular challenges, such as pregnancy, allowing them to finish their exams and continue their studies. Together, these educational conditionalities demonstrate how CCT programs implement specific criteria to encourage educational participation and success, ultimately driving meaningful behaviour changes and supporting wider social and economic development objectives.

In the context of Conditional Cash Transfer (CCT) programs, the Decisions element of the ADO (Antecedents, Decisions, Outcomes) model is prominently represented by employment conditionalities that aim to facilitate behaviour change and foster economic independence. For instance, the Family Rewards initiative provides cash incentives to low-income households based on their children's educational achievements, the family's engagement in preventive health care, and the work and training efforts of adults (Yang & Hendra, 2018). This program not only motivates positive behaviours related to education and health but also encourages employment by financially rewarding adults who maintain full-time jobs or complete approved training programmes. In a similar vein, the Work Rewards initiative focuses on low-income recipients of government rent subsidies under New York City's Housing Choice Voucher program, offering cash incentives for sustained full-time employment and involvement in job training activities over a two-year timeframe (Yang & Hendra, 2018). These conditionalities are strategically designed to promote lasting employment and skill enhancement, ultimately seeking to bolster the economic stability of the families involved.

Furthermore, the Ethical Family Income (IEF) program incorporates a socio-employment support element that obliges participants to create employment or entrepreneurial plans in partnership with socio-employment professionals (Reininger & Castro-Serrano, 2021). This strategy not only provides individuals with financial aid but also equips them with the essential skills and guidance needed for achieving economic self-sufficiency. By requiring the formulation of comprehensive employment or entrepreneurial strategies, the IEF program encourages a proactive stance toward job training and business growth. These employment conditionalities illustrate how CCT programs utilize specific requirements to foster sustainable behavioural changes that enhance economic independence and improve living standards for low-income communities. Through such initiatives, CCT programs effectively harness financial incentives to stimulate meaningful involvement in employment and skill development activities, thus supporting broader socio-economic development goals.

Outcomes (O)

Positive Outcomes of CCT Program and Behaviour Changes

Most studies have concentrated on the health dimension. Research by Arenas et al. (2019) found that the CCT program implemented in Mexico led to substantial enhancements in the knowledge of primary healthcare providers, as well as improvements in counseling related to breastfeeding and dietary supplementation, along with caregivers' practices regarding complementary feeding.

In addition, numerous previous studies have examined CCT programs in relation to behaviour changes concerning HIV (Camlin et al., 2022; Guimarães et al., 2023; Makusha & Gittings, 2024; Packel et al., 2021). Research conducted by (Guimarães et al., 2023) in Brazil indicated that receiving cash transfers was linked to a reduction in HIV incidence, particularly when the program required participants to undergo HIV testing and remain engaged in HIV care. These findings highlight the potential of cash transfer initiatives to positively impact HIV incidence and improve retention in treatment. Similarly, (Makusha & Gittings, 2024) study in sub-Saharan Africa demonstrated that integrating behaviour change components into CCT programs—such as fostering respectful relationships and promoting safer sexual practices—effectively engages Adolescent Boys and Young Men (ABYM) in HIV prevention strategies. These behaviours change interventions aim to challenge detrimental masculine norms, provide appropriate sexual health education, and encourage safer sexual behaviours among ABYM to mitigate their risk of HIV infection. The results indicate that integrating behaviour change strategies with structural considerations in CCT programs can significantly enhance the effectiveness of HIV prevention efforts for Adolescent Boys and Young Men (ABYM) in sub-Saharan Africa. A study conducted by (Camlin et al., 2022) in Uganda revealed that participants reported that the incentives helped them stay committed to their antiretroviral therapy (ART) and reduced instances of missed clinic visits caused by transportation costs. The findings also suggest that the impact of these incentives on behaviour may depend on additional factors. Positively framed, the psychosocial elements that contribute to successful engagement in care include the intrinsic motivation to adhere to ART. Finally, (Packel et al., 2021) conducted a randomized controlled trial (RCT) to assess the impact of cash incentives on changing sexual risk behaviours among a high-risk group of sex workers in Tanzania. The findings suggest that this intervention has potential for effectively reducing risk behaviours, thereby lowering the incidence of sexually transmitted infections (STIs) and HIV in this vulnerable population. Participants reported a notable decrease in the number of clients they saw each week, along with a significant increase in the proportion of clients with whom they used condoms throughout the study. Moreover, nearly 20% of the respondents indicated that they had ceased sex work during the study, and many of the female sex workers expressed their intention to maintain these altered behaviours even after the intervention concluded.

Other studies have focused on health issues such as stunting, dietary impact, nutrition, and access to health facilities. For instance, research by (Hadna et al., 2023) in Indonesia indicates that Conditional Cash Transfers (CCTs) alone are insufficient to address the prevalence of stunting. To enhance the effectiveness of CCT schemes, it is essential to consider factors such as the mother's age at childbirth, education level, employment status, the sex of the household head, and geographical conditions. In a separate study conducted by (Sharma et al., 2024) in India, it was found that over half (55.2%) of pregnant women across five states in Rajasthan met the minimum dietary diversity standards. Additionally, the average dietary diversity score reported in this study showed an upward trend. Consequently, the implementation of social and behavioural change interventions aimed at improving knowledge, raising awareness, and fostering an enabling community environment is vital for achieving positive and sustainable behavioural changes. Recent findings in Brazil have revealed that conditional cash transfers are linked to an increase in the consumption of industrially processed foods among rural communities. Despite this rise in the intake of certain processed foods, the findings indicate that women receiving assistance have not substituted these items for staple foods in their

diets. This suggests that, contrary to observations made in other regions of the Amazon, local social and environmental contexts play a significant role in shaping the effects of the Bolsa Família Program (BFP) on dietary habits, land use, and social interactions (De Lima et al., 2020). Furthermore, a study by (Perez et al., 2020) in the Philippines found that incentives such as free maternal health services and cash grants encourage mothers to seek antenatal care and facility-based deliveries.

Other studies have also examined the impact of Conditional Cash Transfer (CCT) programs from an educational perspective. For instance, (Rath & Wadhwa, 2017) highlights the Odisha Girls' Incentive Programme (OGIP), which aims to lower dropout rates and encourage girls to pursue secondary education through cash transfers contingent on attendance. While the CCT program has positively affected dropout rates, some girls continue to leave school for various reasons, including health problems, lack of interest, or family circumstances. This underscores the necessity for a more nuanced approach to fostering behavioural changes. The program, combined with counseling strategies, has been pivotal in shaping parental decisions, altering girls' perceptions of education, and facilitating overall behaviour changes towards schooling. It demonstrates the significance of implementing supportive measures beyond just financial incentives. The program's success in promoting behaviour change can be attributed to its efforts to address barriers such as school distance, parental literacy levels, and a lack of parental engagement in education, illustrating the multifaceted strategy needed to improve educational outcomes and promote behavioural shifts.

Two studies focus on the impact of employment within the framework of Conditional Cash Transfer (CCT) programs (Reininger & Castro-Serrano, 2021; Yang & Hendra, 2018). Study in Chile indicates that program participants are encouraged to invest in their human capital by engaging in training, skill development, and educational opportunities to enhance their productivity and access higher-quality employment. Additionally, involvement in the program's psychosocial support aims to improve the well-being of individuals and their families by addressing various psychosocial challenges to facilitate social integration (Reininger & Castro-Serrano, 2021). Meanwhile, (Yang & Hendra, 2018) found that the Family Rewards program primarily boosted employment in jobs not covered by unemployment insurance. Both studies illustrate how CCTs can effectively promote behavioural change, with survey data revealing more favorable employment impacts compared to administrative records.

Negative or No Impact of CCT Program and Behaviour Changes

Despite numerous studies highlighting the positive impacts of Conditional Cash Transfer (CCT) programs on health, education, and employment, with corresponding behaviour changes, a small subset of research indicates that some CCT programs have negligible or even negative effects on human capital development and behaviour. For instance, in Brazil, study by (Guimarães et al., 2023) found no significant differences in adherence to antiretroviral therapy. Similarly, in Somalia, (Grijalva-Eternod et al., 2023) revealed that the intervention failed to enhance measles vaccination rates, complete the pentavalent series, or ensure timely vaccinations. Additionally, there were no observed behaviour changes in the incidence of acute malnutrition, diarrhoea, measles infections, exclusive breastfeeding, or child mortality rates. Finally, study by (Packel et al., 2021) in Tanzania highlighted that those who did not modify their behaviours often cited the necessity of income from sex work as the primary reason for their inaction.

DISCUSSION AND FUTURE RESEARCH AGENDA

Antecedents and Outcomes of CCT and Behaviour Changes.

Conditional Cash Transfer (CCT) programs have been implemented globally to address issues in health, education, and employment, aiming to induce behaviour changes among beneficiaries. The antecedents of these programs are often rooted in addressing pressing socio-economic issues, such as high rates of stunting, school dropouts, and unemployment.

In the health domain, CCT programs like Mexico's Progresa (now Prospera) and Indonesia's Program Keluarga Harapan (PKH) target nutritional deficiencies and maternal health. These programs have shown varying degrees of success, with significant improvements in healthcare provider knowledge and practices related to child nutrition and maternal health (Arenas et al., 2019). Additionally, CCT programs addressing HIV have reported reductions in HIV incidence and improved retention in treatment among high-risk populations, including sex workers in Tanzania (Guimarães et al., 2023; Packel et al., 2021). However, some studies indicate limited impact on vaccination rates and child health outcomes in regions like Somalia, highlighting the complexity of health interventions and the influence of local contexts (Grijalva-Eternod et al., 2023).

While in education, CCT programs such as India's Odisha Girls' Incentive Programme (OGIP) aim to reduce dropout rates by linking cash transfers to school attendance. While these programs have effectively decreased dropout rates, ongoing challenges such as health issues and familial circumstances underscore the need for comprehensive support beyond financial incentives (Rath & Wadhwa, 2017). Moreover, initiatives like the Ethical Family Income (IEF) program in Chile and the Family Rewards program in the U.S. have shown positive impacts on educational outcomes by encouraging school attendance and academic success (Reininger & Castro-Serrano, 2021).

Employment-focused CCT programs, though less common, also demonstrate the potential for significant behaviour change. Programs like Family Rewards and Work Rewards provide financial incentives for sustained employment and job training, thereby enhancing economic stability for low-income households (Yang & Hendra, 2018). However, the disparity between survey data and administrative records on employment impacts suggests the need for more robust data collection methods to accurately assess program effectiveness.

Despite these positive outcomes, some studies highlight the limited or negative impact of CCT programs. For instance, the lack of significant improvements in antiretroviral therapy adherence in Brazil and the failure to enhance child health outcomes in Somalia indicate that CCT programs alone may not suffice to induce desired behaviour changes (Grijalva-Eternod et al., 2023; Guimarães et al., 2023). These findings stress the importance of integrating comprehensive support measures, such as psychosocial interventions and community engagement, to achieve sustained behaviour changes and improve human capital development.

In conclusion, while CCT programs have shown promise in improving health, education, and employment outcomes, their effectiveness is often contingent on addressing broader socio-economic factors and providing holistic support. The mixed results underscore the necessity for a nuanced and context-specific approach to designing and implementing CCT programs, ensuring they are tailored to the unique needs and challenges of the target populations.

Future Research Agenda

The ADO (Antecedents, Decisions, Outcomes) model provides a structured framework for examining Conditional Cash Transfer (CCT) programs and their impact on behaviour changes, yet future research must delve deeper into its nuances to optimize these interventions. Antecedents highlight the socio-economic and cultural contexts that influence the efficacy of CCTs, suggesting a need for localized research to tailor programs to specific community needs. Decisions, which encompass the conditionalities imposed, should be scrutinized to identify which conditions most effectively drive positive behaviour changes without unintended negative consequences. For instance, integrating psychosocial support and community engagement could enhance adherence and long-term outcomes. Outcomes must be rigorously evaluated using diverse data sources to capture the true impact on health, education, and employment. Future research should also explore the long-term sustainability of behaviour changes induced by CCTs and the mechanisms through which these changes occur. By focusing on these aspects, the ADO model can guide the development of more

effective, context-sensitive CCT programs that address the multifaceted challenges faced by target populations.

Implications

This study provides critical insights for policymakers and researchers by highlighting the need for context-specific Conditional Cash Transfer (CCT) programs. For policymakers, the findings emphasize that CCT programs must be tailored to local socio-economic and cultural conditions to be effective. For instance, in Indonesia, addressing factors like maternal education and geographic conditions is crucial for reducing stunting. Similarly, in Brazil, the impact on diet varies by local social contexts, showing the necessity for adaptive strategies.

For researchers, the study underscores the importance of investigating the mechanisms behind behaviour change in CCT programs. Future research should focus on identifying which conditionalities, such as health screenings or educational attendance, are most effective. The mixed results on CCT effectiveness, such as the lack of impact on HIV adherence in Brazil and vaccination rates in Somalia, highlight the need for interdisciplinary approaches and longitudinal studies to understand and improve these programs.

In essence, the study advocates for a nuanced, context-aware approach to designing and researching CCT programs, ensuring they effectively address the diverse needs of target populations.

CONCLUSION

Overall, this study systematically synthesizes the existing literature on Conditional Cash Transfer (CCT) programs and their impact on behaviour changes over the past decade. The findings underscore the importance of tailoring CCT programs to local socio-economic and cultural contexts to enhance their effectiveness. Health conditionalities are the primary focus of most studies, particularly in Brazil and India, reflecting their pioneering roles in CCT implementation and significant socio-economic challenges.

The review reveals that CCT programs have demonstrated varying degrees of success in health, education, and employment domains. While health-focused CCTs have improved maternal and child health outcomes and reduced HIV incidence in high-risk populations, their effects on vaccination rates and child health outcomes are inconsistent. Education-focused CCTs have successfully reduced school dropout rates, yet ongoing challenges necessitate comprehensive support beyond financial incentives. Employment-focused CCTs show promise in enhancing economic stability but require robust data collection methods to accurately assess their impact. Despite these positive outcomes, the study highlights the need for integrating comprehensive support measures, such as psychosocial interventions and community engagement, to achieve sustained behaviour changes.

The ADO (Antecedents, Decisions, Outcomes) model provides a structured framework for examining CCT programs, emphasizing the necessity for localized research, rigorous evaluation, and long-term sustainability of induced behaviour changes. In conclusion, the study emphasizes the need for context-specific strategies and interdisciplinary research to enhance CCT program effectiveness and achieve sustainable behaviour changes in target populations.

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