EXPLORING THE LINKS BETWEEN THE CHILD SUPPORT GRANT AND CHILDREN’S DIETS, NUTRITION AND FOOD SECURITY IN SOUTH AFRICA

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BACKGROUND

• The Child Support Grant (CSG) is the largest cash transfer in Africa, transferring cash to more than 12 million beneficiaries a month in South Africa.

• Regarded to be the S.A Government’s foremost poverty alleviation strategy

• Stated goal of meeting the nutritional needs of children from poor households

• Current evidence about the impact of cash transfers, and particularly the CSG, on child nutrition, food security, and child growth is mixed

• Not much evidence on the dietary quality and diversity of foods consumed by CSG recipients

• There is a need to understand the role the CSG plays in shaping recipients’ choices about food –when, where, and what food to buy for their children, and how that translates to children’s diets and household food security
METHODS

Aim

• To examine and understand the relationship between the CSG, children’s diets and nutrition, and food security in poor households in South Africa.

Specific Objectives

• To explore whether and how the CSG affects recipients’ choices about what food to buy, when to buy it, where and how much food to buy

• To explore the role of local informal enterprises in CSG recipients’ ability to access food, and whether the presence of the grant affects the way in which these enterprises stock, price and avail credit for food items.
METHODS

Sampling frame

• Sample drawn from the PURE Cohort in rural Mount Frere, Eastern Cape and Langa township, Western Cape
• 40 in-depth interviews (20 Langa, 20 Mount Frere) with CSG recipients
• 10 in-depth interviews with CSG non-recipients
• 7 Focus Group Discussions
• Interviews with spaza owners
FINDINGS

Diets are mostly starchy, with little diversity.

“They [children] eat whatever is in front of them. Porridge, rice, potatoes as well. Milk no, they only get it when I have money, then I’ll buy them then...right now they drink Rooibos [tea]” (CSG recipient, Langa)

“Yesterday, early morning she ate her porridge when she woke up...for lunch she ate her pap and soup..........for dinner she ate sour milk with umphokoqo.........there is nothing she eats [between meals], she likes drinking water sometimes...” (CSG recipient, Mount Frere)

“I feed him sour milk, I mix it with phuthu....but I also make him porridge and add margarine in the morning for breakfast...” (CSG recipient, Langa)

“I don’t buy meat regularly.. I buy it on the day we get the grant or sometimes after weeks, I mean it is not something common that we eat meat....” (CSG recipient, Mt Frere)

And then what I do; if she’s hungry, then she likes Maas and pap. I make pap for her... if there’s none then I make it with bread. Otherwise I make her noodles, she likes that... or whatever it is that’s been cooked; like stiff pap. My mother likes to make her veg... a mixture of all the veg; like butternut and whatnot. She adds them together. But another thing that she currently likes is... this thing {Err}... Pilchards fish paste. But now, she even eats meat; because she asks for it by name if she doesn’t see it on her plate (CSG Recipient, Langa)
FINDINGS

Caregivers go to great lengths to buy what they think is suitable food for their children, especially in the first 6 months when the child’s diet is different from the household’s:

“I was breastfeeding him….. and then whenever I managed to get a piece job somewhere then I would buy formula milk…..he started [formula milk] before 6 months, I would give him breast milk and then I would do piece jobs in order to buy him [formula] milk and Nestum…..I would mix formula milk with Nestum and feed him, then when that runs out I would let him survive on breast milk alone, until I find another job then I would buy for him again and so I would keep doing that. Each time I went out to work, I would leave him with my disabled sibling..” (CSG recipient, Mt Frere)

“From when she was born she drank her [formula] milk, she ate Purity, Nestum and vegetables….mixed vegetables…..She started eating solids very early…..she started at 4 months” (CSG recipient, Langa)
FINDINGS
Clinics generally advise EBF for the first 6 months and avoidance of formula and sugary cereals, but mothers believe this is insufficient

“….they said to me when a child breastfeeds, they are cheaper and they save a lot of money” (CSG recipient, Langa)

“Well at the clinic after delivery you get advised, after birth nurses advised us that breastfeeding is the best way and they told us that feeding children with that milk like NAN it’s not healthy because the child can get sick easily unlike a child that is breastfed because the child gets all of the vitamins from the breast…. [the advice] its fine (laughing), but I didn’t want him to get hungry or not have enough to eat……” (CSG recipient, Langa)

“[fed her formula] mixed with Nestum. I was going to feed her with formula only but because it was clear that she was not getting enough with milk only, I decided to [add Nestum]….. She was always crying and licking her fingers and hands and I could see that she was not getting enough [food], she was in fact hungry and when I fed her Nestum she would eat it” (CSG recipient, Langa)

“[she] loved drinking bottled [formula] milk, from my point of view they [grandmothers] saw that she wasn’t getting full so they decided to feed her mealie-meal porridge and then I started buying Nestum and Purity….” (CSG recipient, Langa)
FINDINGS

But one mother was persuaded to EBF

....If you do not breastfeed then you will have to feed them formula and you are able to use 10 tins per month which could cost about R900. In a month I receive R340 so I am unable to buy formula milk all of the time, I can not take her off breast milk and put her on formula and also buy porridge in bulk because I am unable to afford that since I do not work and I am a single parent. Then I thought to myself that I should take the clinic’s advice and only feed her when she is 6 months old and when you breastfeed your child it is rare that they get sick all of the time. (CSG recipient, Langa)
**FINDINGS**

Some caregivers knew that certain feeding practices were incorrect but engaged in them to make the food last longer

“[at first] I wouldn’t mix it.....I would make a bottle for him, unmixed. And then it appeared that the [formula] milk would get finished [quickly]...it gets finished quickly... yho, the [baby formula] milk...:] Because when you make the child a bottle of only [formula] milk, he just quickly suckles it until it’s completely finished. I was told: “No mother, try mixing it now.”.... And so I mixed it, and he would eat it.’ (CSG recipient, Mount Frere)
FINDINGS

School nutrition programme at crèches important in providing children with two of the three daily meals

“They make them… this thing… breakfast. There is usually breakfast…porridge… they said it is porridge…..Or otherwise, there is also a Morvite day.” (CSG recipient, Langa)

“In the afternoon they eat rice, with soya mince to make it seem more i think. Or they get fed samp and beans and then again rice and mince because they repeat meals during the week and once a week they eat chicken” (CSG recipient, Langa)

“They eat rice with mixed veg and tinned stuff like pilchard, sometimes they eat samp with beans, but most of the time they eat tinned staff….. they usually have mixed veg, maybe carrots on the side, or potatoes on the side” (CSG recipient, Langa)
FINDINGS

Choices about where to buy food influenced by price and convenience

“We buy hampers........We buy it from the Somalis......It has mealie-meal, sugar, flour, rice, oil, samp and beans....its R300 and something...[we also buy] things for mixing with pap or rice.......... At Shoprite Usave......things to mix with [pap and rice] like fish, beef stock, chicken, and soya mince.... U Save is nearer and other wholesalers are far. We go to the nearest Wholesaler” (CSG recipient, Langa)

I buy mealie meal, flour, rice, potatoes, butternut, cooking oil, samp, onion, carrots, I buy a few things....[at Boxer stores]....I buy at Shoprite as well [because] the veg at Shoprite looks fresh almost every time I buy it and they sometimes the have certain items on sale” (CSG recipient, Mt Frere)

“We shop at U Save when there’s money available, if the money is less we go to the nearest spaza shop..... The Spaza shop is nearer, and there isn’t enough money to buy at U Save...” (CSG recipient, Langa)
FINDINGS

Some caregivers demonstrated an astute awareness of how some shop owners used the grant to manipulate prices to maximise profits

“All the shops in town raise their prices on the day when we get the grant – some of them you can even see that they have scratched out the old [lower] price [on the product] and replaced it with a higher price. They do this for the first 3 days after we get paid, then they lower the prices again......[as a result] no matter how hungry I am I try to wait until those first 3 days pass before I do my shopping.......it is not fair because this grant money is already so small, its not like we are teachers or nurses who earn big salaries, the shop owners should raise the prices on the 20th of the month when people with a lot of money like teachers get paid, not when its poor people like us....” (CSG FGD 1, Mt Frere)
FINDINGS

Costs associated with accessing food also influenced where some caregivers bought food

“No I do not buy my groceries in town, I only buy zishebo in town…. I usually buy 5kg chicken; a bag of potatoes; 5l sour milk and then the money runs out once I buy those things. The trouble is with loading everything on a taxi, they will charge for each of the big items. The only items you do not pay for are those that are in plastic bags…. ” (CSG recipient, Mt Frere)
**FINDINGS**

Mothers’ choices about what food to buy were influenced by convenience, clever marketing, and price

“However, the best bet is to use Instant Porridge just like I do…..like my child leaves very early [for daycare], so I don’t have time to stand over the stove to cook very early in the morning whilst the transport is hooting outside, so Instant is very good for that…. I can also say morvite is far better than any other porridge, it has vitamins……one has to be clever about what you feed the child, because things like meat are very expensive, we only eat it on Sundays……” (CSG FGD2, Langa)

“Morvite only costs R15 per packet it and you get a lot when you mix just a little bit of it and the child stays full for longer” (CSG FGD2, Langa)
FINDINGS

Households often run out of groceries half way through the month.

“Its better here [at the Somalians’] because when I run out I can go back to them and ask for them to give me a 2kg or a 1kg….on credit of course. When I get paid I pay them back…. [I] pay for all the things I’ve taken during the month. I take the R350 hamper, when it is finished I go again……they also know that on the 1st Mam’ Mamjoli will pay them” (CSG recipient, Langa)

“when there is no money we often go to bed on pap and tea. We go to bed like that… when I was working we would have pap and meat and potatoes, we had good zishebo. Now it is difficult for us, we eat whatever is available… then sometimes I make homemade bread and we eat that with tea, so I bake the bread –we do all of this to make sure that we do not run out of food quickly…..we must make sure that the food only runs out when its close to month end” (CSG recipient, Mt Frere)
FINDINGS

Women demonstrated agency and resourcefulness when they ran out of food; they leveraged the grant in reciprocal exchanges that kept them from destitution.

“We ask around in the village, maybe someone you know, like a neighbour. You say “Can you please give me some maize meal”, you know that you are going to mix that with whatever you have in the house, maybe next time she will also need the same from you…we swap items -maybe you have mealie-meal or potatoes and maybe that is just what she needs”(CSG recipient, Mt Frere)

“[On Christmas day] they help us here, the children [neighbour] make a party, you see especially this one [neighbour] she can cook really well, she cooks here at Mjoli’s and dishes out for us and so we are able to eat well on Christmas day” (CSG recipient, Langa)

“What I usually do when there is no food is to wash and leave this [15 month old] child with the younger children and then I walk to eNcinteni… I go to my sisters in-law -my husband’s brothers’ wives and come back with things I can cook for the kids, like potatoes, then I make the fire outside in the three-legged pot and I cook for my children and they go to bed having eaten” (CSG recipient, Mt Frere)
FINDINGS

Some food items, like sugar, though unhealthy, were regarded as highly valuable, as they made the most basic food edible.

“……..you must always have some sugar, we need to have sugar because when there is nothing else you can always just make pap and tea and the kids could just eat that and go to bed, they do not have a problem” (CSG recipient, Mt Frere)
DISCUSSION

CSG clearly not enough to meet the nutritional needs of recipients

- But women leverage it to access more food on credit, from their social networks
- School nutrition programme plays a big role in ensuring that children from poor households do not completely starve, even though the nutritional quality and adequacy of the food are unclear
DISCUSSION

Clinics seem to be giving appropriate advice about IYCF, but

- Caregivers make their own choices based on affordability and what they think is best for their children

- Most cited reason for mixed feeding in the first 6 months is fear of the children not getting enough from just breast milk or formula
DISCUSSION

Popularity of grocery ‘hampers’ or ‘combos’ – cheap, enable caregivers to buy in bulk

- Reflects the important role that small [informal] traders (spaza shop owners) play in the food system – their hampers often made up of inferior products enable them to keep prices down – some caregivers were aware of the inferior quality of the products but felt that they had no choice but to go with what is cheap

- Most of the respondents bought their staples from Spaza shops – preference for Somalian-owned shops; and bought small items like soup, tinned food, margarine, baby foods (including Instant Porridge and Morvite) from Shoprite/Shoprite USave
CONCLUSION

• The CSG is an important nutrition-sensitive intervention in poor households, however
• It is too small to, on its own, meet the dietary needs of children from poor households
• Other nutrition-specific interventions like the School Nutrition Programme hold a lot of promise in helping to meet the food needs of children from poor households; but
• The dietary quality and adequacy of the food served at crèches and schools needs to be assessed
• Women who receive the CSG demonstrate agency and resourcefulness to use the little that they have to meet the needs of their children