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UPTAKE OF THE CHILD SUPPORT GRANT: ASSESSING CSG ACCESS AND BARRIERS TO EARLY APPLICATION IN LANGA TOWNSHIP, CAPE TOWN

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PHASA Public Health Association of South Africa

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BUILDING BACK BETTER: PUBLIC HEALTH RESILIENCE AND RECOVERY

BACKGROUND

South Africa, similar to other low and middle-income countries, is faced with high levels of poverty and poor child health outcomes. One of the social protection programmes provided by the South African Government is the Child Support Grant (CSG) which has been recognized as having a strong impact on food security, child growth and child nutritional outcomes. Social grants can reduce poverty and improve physical health, cognitive and well-being outcomes for vulnerable children (Auguero et al, 2007).

Social grants intake has increased from 34.8% in 2003 to 44,3% in 2018, with the CSG increasing from 61,3% in 2014 to 68,2% in 2018 and 80% in 2020, although there is a provincial variation with Gauteng and Western Cape having uptake rates around 65% (StatsSA, 2018). High national take-up rates are evidence that there has been improvement in access to the CSG, however the timing of grant application and receipt remains a challenge. Evidence shows that receipt of the CSG, as early as possible after birth, i.e. within 3 months after delivery, has a protective effect against stunting for children in the first 1000 days (Auguero et al, 2007).

OBJECTIVES

We sought to examine 1) CSG uptake and 2) barriers to early application of the grant faced by eligible mothers.

METHODOLOGY

We conducted a community-based prospective pregnancy cohort study in Langa township, Western Cape, between March 2016 and March 2020. Consented mother-child pairs attending antenatal visits at Langa clinic and Vanguard CHC were recruited during pregnancy. Participants were subsequently followed at home at 3-6 weeks, and 6, 12 and 24 months postpartum. Structured questionnaires were used to interview mothers on CSG eligibility and receipt, and barriers to CSG uptake.

RESULTS

We recruited 526 women during pregnancy and interviewed 453, 374, 367 and 339 participants at the 3-6week, 6 months, 1 year and 2-year visits respectively (Table 1). Majority of the infants were born with normal birth weight and almost half were male. The median (interquartile range) maternal age was 27 (23-31). Majority of the mothers had at least a high school education, identified as single and earned some sort of an income (Table 2)

RESULTS

Only a few eligible mothers (n=7/388, 1.8%) received the CSG between 3-6 weeks postpartum. The CSG uptake increased over time and was 71.0% (n=252/355), 85% (n=289/340), and 93.9% (n=291/310) at 6, 12 and 24 months respectively. Common barriers to CSG application at the 3–6-week timepoint included delays in obtaining birth certificate and/or maternal identification documents, mothers and/or infants not being well, lack of money or time to apply for the grant, mothers stating that the baby was too young to be taken to relevant government departments, and issues with accessing these departments including weather or safety concerns.

Table 1: Cohort profile

Recruitment: 526				
	3-6W	6M	12M	24M
Interviews done	453	374	367	339
Missed visits	13	46	31	0
LTFU:	56	45	22	57
Deaths:	4	2	0	0

Table 2: Participant characteristics

Variable	Total
Infant characteristics	**n (%)**
Sex	
Male	232 (51.2)
Female	221 (48.8)
Missing	73
Low birth weight	
Yes	42 (9.3)
No	410 (90.7)
Missing	74
Maternal characteristics	
Age (years)	
15-19	41 (7.8)
20-24	143 (27.2)
25-29	169 (32.1)
30-34	114 (21.7)
35-39	48 (9.1)
≥40	11 (2.1)
Employed	
Yes	297 (68.8)
No	135 (31.3)
Missing	94
Education	
None	0
≤Grade 11	320 (60.8)
>Grade 12	205 (39.0)
Do not know	1 (0.2)
Marital status	
Single	319 (60.7)
Married	123 (23.4)
Co-habiting	80 (15.2)
Widowed/divorced/separate	4 (0.8)

CONCLUSIONS

Earlier receipt of the CSG, in the first few months of life, may have a greater positive impact on a child's health outcomes than later receipt. Although the CSG uptake in our study increased over time; social, clinical, financial, service delivery and structural barriers to very early receipt were reported. Further research is required to better understand these barriers so that suitable multi-sectoral interventions can be developed.

ADVOCACY MESSAGE

Policy and systems changes needed to remove structural and social obstacles to early application of the CSG and to create an enabling environment for low-income primary caregivers of children to access the CSG within the first month of birth.

ACKNOWLEDGEMENTS

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