

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	"To be a woman is to make a plan": A qualitative study exploring mothers' experiences of the Child Support Grant in supporting children's diets and nutrition in South Africa
AUTHORS	Zembe-Mkabile, Wanga; Surrender, Rebecca; Sanders, David; Swart, Rina; Ramokolo, Vundli; Wright, Gemma; Doherty, Tanya

VERSION 1 – REVIEW

REVIEWER	Sophie Plagerson Centre for Social Development in Africa, University of Johannesburg, South Africa
REVIEW RETURNED	30-Oct-2017

GENERAL COMMENTS	<p>The paper reports on the findings of a study to investigate how caregivers in receipt of the CSG, experience the grant in relation to supporting their children's nutrition and food security. The paper is well written and uses an overall structure that is easy to follow. The topic is very important and topical in the SA context, where a large proportion of children receive a grant yet stunting rates remain very high.</p> <p>The following revisions may help to strengthen the paper:</p> <p>Abstract: -p.4, Line 10. Delete 'whether', since this study focuses on the 'how' and understanding possible pathways between receipt of the CSG and child wellbeing/nutrition.</p> <p>Background: - It would be good to include other important literature on the CSG and nutrition, and cash transfers and nutrition, to give a clear overview of what is known about the relationship: (e.g. Agüero et al., 2006, Bastagli et al., 2016). Also figures on stunting among under 5 year olds in SA (see references in Devereux 2017 (reference n12 in paper). This would give a stronger basis for the research question addressed in the study (i.e. despite the potential for cash transfers to address malnutrition, and the wide distribution of the CSG in SA, there remain high levels of stunting and malnutrition...)</p> <p>Methods - The aim of the focus groups as distinct from the 1-to-1 interviews is not clear. Were findings from these 2 methodologies different? How can they be triangulated? - The description of the caregivers of eligible children not receiving the grant is unclear. These study participants are not mentioned in the findings. The study could perhaps be limited to the</p>
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	<p>40 caregivers in receipt of the CSG. If non-recipient caregivers are included, then a note could at least be added to explain why they were not in receipt of the CSG.</p> <ul style="list-style-type: none"> - Does the selection of participants from the cohort introduce any bias to the findings? Are they similar to their communities? - It is implied that the CSG targets women, however it is also available to male caregivers, despite low take up (line 19-20). Given the assumptions in Leroy (p.9, line 22-23) this may be worth clarifying. <p>Table 1 (p.25)</p> <ul style="list-style-type: none"> - Include totals of participants for each site - Since hhs with no CSGs are not included in findings, then this column could be omitted - Add hh size range - Add number of CSGs per households (range and average) - Add relationship of caregiver to child (mothers, grandmothers, ...) - Generally: include factors that affect the grant/nutrition relationship, omit columns that are not relevant <p>Results</p> <ul style="list-style-type: none"> - The structure provided by the Leroy framework is helpful. However, the qualitative analysis is rather thin (more manifest than latent), and though the discussion and conclusion are strong, the findings struggle to support them (particularly section 1 and section 5). It would be beneficial to end each section with a clear summary of the emerging themes, to better support the conclusions. - All sections: Urban/Rural differences/similarities are mentioned. Did any differences between participants/focus groups data emerge? Or by age of caregiver, or by relationship with the child, or by number of CSGs received? Do any of these differences shed light on the pathways between receipt of a grant and food security/nutrition outcomes? - Section 1 (p.11) is a huge and complex topic. Several themes are touched on, but not in a way that suggests a strong thematic analysis. Do any of the complexities emerge from the data (e.g. (Patel and Hochfeld, 2011)). Competing demands on a small amount of money are discussed here, and is also a crucial finding, but gets a bit lost in the section. If it were possible to elaborate more on the nature of decision-making among participants, and how recipients make decisions between competing demands (what motivations, priorities, influences and relationships lead to certain decisions and food-related outcomes), that would strengthen the section. Also did participants mention changes over time? - p.11, Line 55. The small amount is a major conclusion of the study but is only referred to in passing in the results. For example, it could be argued (if the data allows?) that the small amount limits recipients' agency, but that to the extent possible several strategies are used, which revolve around the CSG (e.g. borrowing, swapping) (this section needs more of a story-line linking the themes). - Sections 3&4 are very important in highlighting gaps between interventions that could/should be complementary (CSG and ECD-with meals), but in reality are not planned or implemented in a coherent manner (e.g. CSG get used to pay for ECD services; poor and uneven quality of ECD nutrition). Interesting findings on perceptions and expectation of caregivers around ECD and food-related issues. These could be elaborated further (e.g. why the importance attached to juice). - Section 4: again if the data permits, the analysis could add
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	<p>findings on participants' sources of knowledge on nutrition and influences in food-related decision and how this knowledge and influences interact with the CSG.</p> <ul style="list-style-type: none"> - Section 5. It is not clear how this section contributes to the research question. There is a growing literature on family context that could be touched on here (Patel et al., 2017). - P7, line 42 and P20, Line 3. Add references to show evidence refuting claims of grant misuse, e.g (Makiwane, 2010). <p>Discussion/Conclusion</p> <ul style="list-style-type: none"> - The discussion and conclusion are clear and well-written and make a strong case for the recommendations. As mentioned earlier, the Results need to be presented in a way that clearly supports the conclusions and recommendations. <p>References</p> <ul style="list-style-type: none"> - AGÜERO, J. M., CARTER, M. R. & WOOLARD, I. 2006. The Impact of Unconditional Cash Transfers on Nutrition: The South African Child Support Grant. Cape Town: Southern Africa Labour and Development Research Unit, University of Cape Town. - BASTAGLI, F., HAGEN-ZANKER, J., HARMAN, L., BARCA, V., STURGE, G., SCHMIDT, T. & PELLERANO, L. 2016. Cash transfers: what does the evidence say? A rigorous review of programme impact and of the role of design and implementation features, London, Overseas Development Institute. - MAKIWANE, M. 2010. The Child Support Grant and teenage childbearing in South Africa. Development Southern Africa, 27, 193-204. - PATEL, L. & HOCHFELD, T. 2011. It buys food but does it change gender relations? Child Support Grants in Soweto, South Africa. Gender and Development, 19, 229-240.
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REVIEWER	Juliane Koeberlein-Neu University of Wuppertal, Germany
REVIEW RETURNED	12-Nov-2017

GENERAL COMMENTS	<p>The manuscript presents a qualitative study and focuses on an in-depth examination of the Child Support Grant (CSG). The authors described the study design very transparent and discussed their results very well. They adopted an existing theory framework and used it as a methodological orientation to identify the main themes. There are some minor issues, if addressed, could strength the analysis:</p> <ol style="list-style-type: none"> 1) It remains unclear to me, how many caregivers participated. Authors stated on page 9, that they conducted 40 in-depth interviews. In addition, 5 focus group discussions with app. 8 members per group were conducted and further 9 caregivers of children who were eligible but not in receipt of the grant were interviewed. Where all members of the focus group discussions also interviewed in depth? Table 1 comprises 49 participants (18+5+8+18 if I am right). It would be helpful if authors would add a sentence on page 9 which summarizes the total number of participants. 2) Figure 1 is displayed in very low quality. 3) How many people refused to participate and what reasons were stated? 4) It should be described, if anyone else was present besides the participants and researchers during in-depth interviews. 5) I miss a short discussion on data saturation. 6) Were transcripts returned to participants for comments? If yes, in which language; if no, maybe a short comment could be
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	<p>insert, that transcripts were not returned.</p> <p>7) How many data coders coded the data? Authors only stated on page 10 (L 26), that the lead author read through each of the transcripts.</p> <p>8) What software was used to manage the data?</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

The paper reports on the findings of a study to investigate how caregivers in receipt of the CSG, experience the grant in relation to supporting their children’s nutrition and food security. The paper is well written and uses an overall structure that is easy to follow. The topic is very important and topical in the SA context, where a large proportion of children receive a grant yet stunting rates remain very high.

The following revisions may help to strengthen the paper:

Comment 1:

Abstract:

-p.4, Line 10. Delete ‘whether’, since this study focuses on the ‘how’ and understanding possible pathways between receipt of the CSG and child wellbeing/nutrition.

Response: This has been done, thank you.

Comment 2:

Background:

- It would be good to include other important literature on the CSG and nutrition, and cash transfers and nutrition, to give a clear overview of what is known about the relationship: (e.g. Agüero et al., 2006, Bastagli et al., 2016). Also figures on stunting among under 5 year olds in SA (see references in Devereux 2017 (reference n12 in paper). This would give a stronger basis for the research question addressed in the study (i.e. despite the potential for cash transfers to address malnutrition, and the wide distribution of the CSG in SA, there remain high levels of stunting and malnutrition...)

Response: Additional literature on cash transfers and on the CSG and nutrition has been now been provided. Latest figures on stunting for children under 5 in SA have also been provided. Page 7-8

Methods

Comment 3: - The aim of the focus groups as distinct from the 1-to-1 interviews is not clear. Were findings from these 2 methodologies different? How can they be triangulated?

Response: The focus group discussions were conducted to offer a community level perspective on the role of the CSG in children’s diets and food security, and how women were securing food for their children. In all the groups the majority of participants were CSG recipients and so a lot of them did end up talking about their own experiences in addition to perceptions at community level. A lot of what came up in focus groups had already come up in individual interviews and so we were able to triangulate the information we had. We have added a justification of the inclusion of focus group discussions on page 11.

Comment 4: - The description of the caregivers of eligible children not receiving the grant is unclear. These study participants are not mentioned in the findings. The study could perhaps be limited to the

40 caregivers in receipt of the CSG. If non-recipient caregivers are included, then a note could at least be added to explain why they were not in receipt of the CSG.

Response: The findings reported in this paper are only limited to recipients. We agree with the reviewer that the description is unclear and have therefore removed all reference to the non-recipients in the methods.

Comment 5: Does the selection of participants from the cohort introduce any bias to the findings? Are they similar to their communities?

Response: As far as we are able to ascertain there is no bias because we did not select the participants of the Pure Cohort Study (focusing on non-communicable disease), we selected households that were participating in the cohort that had a child under 5 in them. None of the participants recruited were actual participants in the cohort, although they would have had a family member participating in the cohort. As qualitative research methods often rely on purposive sampling we felt that this was one such method.

Comment 6: It is implied that the CSG targets women, however it is also available to male caregivers, despite low take up (line 19-20). Given the assumptions in Leroy (p.9, line 22-23) this may be worth clarifying.

Response: This has been clarified and text added on page 11 under 'Sampling Frame'

Comment 7: Table 1 (p.25)

- Include totals of participants for each site

Response: Done

- Since hhs with no CSGs are not included in findings, then this column could be omitted

Response: Done

- Add hh size range

Response: Done

- Add number of CSGs per households (range and average)

Response: Done

- Add relationship of caregiver to child (mothers, grandmothers, ...)

Response: We have added the types of caregivers we had overall in the study as the data is not at the individual level

- Generally: include factors that affect the grant/nutrition relationship, omit columns that are not relevant

Response: The table now reflects factors that give a profile of the CSG recipients and non-recipients

Results

Comment 7: The structure provided by the Leroy framework is helpful. However, the qualitative analysis is rather thin (more manifest than latent), and though the discussion and conclusion are strong, the findings struggle to support them (particularly section 1 and section 5). It would be beneficial to end each section with a clear summary of the emerging themes, to better support the conclusions.

Response: Additional analysis has now been provided in the findings to more strongly align with the discussion and conclusion. Each section also ends with a summary of emerging themes.

Comment 8: All sections: Urban/Rural differences/similarities are mentioned. Did any differences between participants/focus groups data emerge? Or by age of caregiver, or by relationship with the

child, or by number of CSGs received? Do any of these differences shed light on the pathways between receipt of a grant and food security/nutrition outcomes?

Response: No clear differences regarding the CSG and children's diets and women's experiences and strategies in ensuring food security for their children emerged between participants and focus groups data. Differences that emerged were about other themes that are not the focus of this manuscript. There were no differences by age of caregiver nor by relationship to the child –caregivers were either biological mothers or grandmothers and in all cases they were similarly committed to the children. There were no clear differences by number of CSGs received –some households where there was only one CSG fared better when it was just the caregiver and the child than households with more children and CSGs but more adults. What emerged as a clear difference was when the CSG was introduced in the context of another source of income, especially where this was an employed caregiver or grandmother, or where there was a big grant like the old age grant. In such households children's diets were more varied. Text has been added to reflect this in theme 2, page 21.

Comment 9: Section 1 (p.11) is a huge and complex topic. Several themes are touched on, but not in a way that suggests a strong thematic analysis. Do any of the complexities emerge from the data (e.g. (Patel and Hochfeld, 2011)). Competing demands on a small amount of money are discussed here, and is also a crucial finding, but gets a bit lost in the section. If it were possible to elaborate more on the nature of decision-making among participants, and how recipients make decisions between competing demands (what motivations, priorities, influences and relationships lead to certain decisions and food-related outcomes), that would strengthen the section. Also did participants mention changes over time?

Response: Additional analysis has been provided to strengthen this section, in particular relating to competing demands, the nature of decision-making around food and nutrition among participants. Participants mentioned change over time in the context of comparing life before the CSG and since receiving the grant, and in such instances the CSG was seen as having brought positive change to households.

Comment 10: - p.11, Line 55. The small amount is a major conclusion of the study but is only referred to in passing in the results. For example, it could be argued (if the data allows?) that the small amount limits recipients' agency, but that to the extent possible several strategies are used, which revolve around the CSG (e.g. borrowing, swapping) (this section needs more of a story-line linking the themes).

Response: Additional analysis has been provided in section 1 regarding the small value of the grant and how this links to agency and the strategies women used to counter the limitations of having a small amount of money.

Comment 11: Sections 3&4 are very important in highlighting gaps between interventions that could/should be complementary (CSG and ECD-with meals), but in reality are not planned or implemented in a coherent manner (e.g. CSG get used to pay for ECD services; poor and uneven quality of ECD nutrition). Interesting findings on perceptions and expectation of caregivers around ECD and food-related issues. These could be elaborated further (e.g. why the importance attached to juice).

Response: further analysis has been provided regarding caregivers perceptions and expectations of food served at ECDs, although not directly relating to the importance of juice as this was not probed further in interviews.

Comment 12: - Section 4: again if the data permits, the analysis could add findings on participants' sources of knowledge on nutrition and influences in food-related decision and how this knowledge and influences interact with the CSG.

Response: It is difficult to directly link caregivers' ideas and decision-making around food with this section as it pertains specifically to food served at ECDs and they never made a direct connection between the two (food served at ECDs and their own ideas/influences/decision-making regarding nutrition). An attempt to link the two feels disjointed and lacks coherence. We have however added more analysis about influences regarding food-related decision making in Section 1.

Comment 13: - Section 5. It is not clear how this section contributes to the research question. There is a growing literature on family context that could be touched on here (Patel et al., 2017).

Response: we agree with the reviewer that this section does not fit well with the research question and have removed it.

Comment 14: - P7, line 42 and P20, Line 3. Add references to show evidence refuting claims of grant misuse, e.g (Makiwane, 2010).

Response: This has been done, thank you.

Discussion/Conclusion

- The discussion and conclusion are clear and well-written and make a strong case for the recommendations. As mentioned earlier, the Results need to be presented in a way that clearly supports the conclusions and recommendations.

Response: Thank you. we hope that the revisions to the results section have addressed the reviewers comments. Reviewer: 2

The manuscript presents a qualitative study and focuses on an in-depth examination of the Child Support Grant (CSG). The authors described the study design very transparent and discussed their results very well. They adopted an existing theory framework and used it as a methodological orientation to identify the main themes.

There are some minor issues, if addressed, could strength the analysis:

Comment 1) It remains unclear to me, how many caregivers participated. Authors stated on page 9, that they conducted 40 in-depth interviews. In addition, 5 focus group discussions with app. 8 members per group were conducted and further 9 caregivers of children who were eligible but not in receipt of the grant were interviewed. Where all members of the focus group discussions also interviewed in depth? Table 1 comprises 49 participants (18+5+8+18 if I am right). It would be helpful if authors would add a sentence on page 9 which summarizes the total number of participants.

Response: The table only includes participants who participated in individual interviews –(40). A profile of focus group participants was not included. Focus group members were not the same as participants interviewed individually. Text has been added on page 12 regarding total number of participants.

Comment 2) Figure 1 is displayed in very low quality.

Response: We have now increased the resolution of Figure 1

Comment 3) How many people refused to participate and what reasons were stated?

Response: There were no refusals in individual interviews, however we did exclude one individual who appeared intoxicated. In one of the focus groups in Langa we had one refusal and the reason stated was that the study was not what she thought it was about and did not elaborate further.

Comment 4) It should be described, if anyone else was present besides the participants and researchers during in-depth interviews.

Response: In some households a family member was present during the individual interviews, in particular in a number of instances where we were talking with a biological mom, the grandmother would be present. In all instances we ensured that the participant was happy for us to continue with

the interview in the presence of another individual. Often the family member would be called upon by the participant to corroborate or remind her of certain facts. Text has been added on page 12.

Comment 5) I miss a short discussion on data saturation.

Response: this has been added on page 13

Comment 6) Were transcripts returned to participants for comments? If yes, in which language; if no, maybe a short comment could be insert, that transcripts were not returned.

Response: No they were not returned. Our ethics protocols encouraged interviewees to raise questions and interviewers were careful to reflect back/summarize comments throughout the interview to ensure accuracy of interpretation. We have clarified this on page 12

Comment 7) How many data coders coded the data? Authors only stated on page 10 (L 26), that the lead author read through each of the transcripts.

Response: Although the lead author coded the data, there was extensive involvement of all authors in the analysis and interpretation of findings/results. Co-authors read the summaries of interviews and looked at some 'raw' transcripts and had several meetings, including two separate 2-day long data analysis workshops to collectively undertake the analysis to ensure its reliability. We have clarified this on page 12.

Comment 8) What software was used to manage the data?

Response: No software was used. A list of all interviews and transcripts was captured in excel and manual copying and pasting of passages of text from Microsoft word was undertaken during the categorisation of data. We have clarified this on page 11-12.

VERSION 2 – REVIEW

REVIEWER	Juliane Köberlein-Neu University of Wuppertal; Germany
REVIEW RETURNED	01-Jan-2018
GENERAL COMMENTS	Thank you for comprehensively addressed reviewer comments .

VERSION 2 – AUTHOR RESPONSE

1. We have revised the title page to include the research question, study design and setting
2. We have revised the strength and limitations section to focus on the methodological strengths and limitations of our study (highlighted in yellow in the manuscript)
3. We have completed the SRQR 21 item check-list
4. We have included a Patient and Public Involvement statement in the main body of the manuscript (highlighted in yellow in the revised copy)
5. We have resubmitted the 2 figures in TIFF format