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# Systematically excluded: Young women's experiences of accessing child support grants in South Africa

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## ABSTRACT

Unconditional cash transfers have risen in prominence for their potential to improve the health of the world's most marginalised and bring them into a relationship with the state. Typically, challenges to accessing grants are described in terms of technical issues such as access to documents and distance to offices. This paper explores the challenges of 30 young, poor, black South African women in accessing the Child Support Grant (CSG), an unconditional cash transfer provided by the South African government. Data suggest that while there were 'technical' issues, young women were systematically excluded from accessing the CSG in two ways. First, women were symbolically marginalised by state officials, who humiliated them, forcing women to sit quietly and acquiesce to state power to access the CSG. Second, there were large distances for women to travel to access state services, despite these being geared to serve the poor. Rather than promoting the active citizenship of the poorest in South Africa, accessing the CSG reinforced marginalisation. Transforming this will not be achieved through technical solutions, rather the barriers to access need to be recognised as political.

## ARTICLE HISTORY

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Social protection; citizenship; biopower; state; gender

## Background

Over the past decade, unconditional cash transfers have become an 'evidence-based' intervention to improve the health and well-being of the most marginalised groups in society (Garcia, Moore, & Moore, 2012; Haushofer & Shapiro, 2013; UNDP, 2015). By 2011, it was estimated that government- and donor-funded cash transfers reached over one-billion people in low- and middle-income countries (Haushofer & Shapiro, 2013).

Research has suggested wide-ranging health benefits for children whose caregiver receives a cash transfer, including improved educational outcomes, reduced sexual risk behaviours, delayed first pregnancy and improved child nutrition (Aguero, Carter, & Woolard, 2007; Handa et al., 2014; Rosenberg, Pettifor, Thirumurthy, Halpern, & Handa, 2014). For caregivers, health benefits may include a reduction in women's experiences of violence and an expansion of women's autonomy (Haushofer & Shapiro, 2013).

South Africa has embraced unconditional cash transfers, both as a way to reduce poverty, but also to establish formal citizenship rights for all in the post-apartheid context (Plagerson, Harpham, & Kielmann, 2012). Central in this shift is the Child Support Grant (CSG), which under apartheid was limited to a small section of the population, but post-1997 expanded to all. At the time of the

research, the CSG was valued at R330 (~US\$30) per month and reached an estimated eleven million children (DSD, SASSA, & UNICEF, 2012). The CSG is available for the primary caregiver of a child and the majority of recipients are women (DSD et al., 2012). The process of registering and disbursement of the CSG is undertaken by the South African Social Security Agency (SASSA).

Reflecting global research, children whose caregiver accesses the CSG in South Africa have better growth and reduced hunger (Aguero et al., 2007) and are more likely to be enrolled and progress in school (Coetzee, 2013). Additionally, adolescents have reduced sexual activity, pregnancy, alcohol use, age-disparate sex and transactional sex (Cluver, Boyes, Orkin, Molwena, & Sherr, 2013; DSD et al., 2012; DSD, SASSA, & UNICEF, 2011). Studies also suggest female caregivers shift from dependents to breadwinners, in some cases transforming household relationships and power dynamics (Patel & Hochfeld, 2011).

In South Africa, uptake of the CSG is estimated at around 65–70% of those eligible (Cluver et al., 2013; Zembe-Mkabile et al., 2013). Studies suggest access to the grant varies on a number of axes; caregivers of older children are more likely to receive the grant (DSD et al., 2012), as are older female caregivers compared to younger caregivers (Makiwane & Udjo, 2006). Barriers to access include the lack of vital registration documents for both primary carer and child, as well as distance from SASSA offices where people must go to register for the grant (DSD et al., 2011; Twine, Collinson, Polzer, & Khan, 2007; Zembe-Mkabile et al., 2013), as well as the complexity of the application process (DSD et al., 2011).

While there are real material benefits of cash transfers, there is simultaneous interest in the politics of cash transfers and their potential to shape state–citizen relationships. One strand of research argues that cash transfers make the poorest ‘visible’ to the state (Devereux, McGregor, & Sabates-Wheeler, 2011) and cash transfers enable a form of active citizenship through making claims against the state through demanding – and securing – social grants (Devereux et al., 2011; Plagerson et al., 2012). This was a key argument supporting the emergence of social grants post-1994 in South Africa (Plagerson et al., 2012). Moreover, qualitative research suggests that many poor South Africans understand grants as a way of being ‘seen’ by the state (Plagerson et al., 2012).

In contrast, other research on state–citizen interactions from a Foucauldian perspective emphasises how poverty alleviation programmes are ways for the state to impose its power on the poor (Ferguson, 1994) and in so doing create new, or reinforce existing forms of subjectivities (e.g. Cooke & Kothari, 2001; Rose, 1998). Broadly, a ‘Foucauldian’ perspective recognises how power is not necessarily ‘physical’ in its use, but how power is also achieved through bureaucratic apparatus, the creation of particular forms of identities (subjectivities), and how people come to internalise these (Foucault, 1994; Rose, 1998). The process of form filling, proving identity and being ‘recognised’ by the state is a way for the state to ‘see’ and assert control over its citizens (Gupta, 2012) and is a form of biopower – the assertion of power over people’s bodies – in this case through the bureaucracy. Recent scholarship on bureaucratic processes has sought to complicate the idea of state power/biopower, emphasising that states are not monolithic entities, nor able to achieve their vision of complete control of a population (Gupta, 2012).

This study sought to understand the challenges young women faced in applying for and securing the CSG in South Africa. Within this broad objective, there were a number of aims, including to understand the material and technocratic challenges to accessing the CSG, and to understand how state–citizen interactions functioned, and how this engendered particular forms of subjectivities for the women.

## Methods

### Participants

Participants were black African women aged 18–25 from three urban informal settlements in eThekwin Municipality, South Africa. Informal settlements were at least a 20-minute public taxi ride away

**Table 1.** Participant descriptions.

Name	Age and children	Accessing CSG?
Nompilo	24 years old, 1 child who is 3	Yes – had challenges as moved from the Eastern Cape, but overcame them
Siphokazi	24 years old, 2 children aged 18 months and 5	Yes – challenges related to birth certificates with wrong surnames and distance to SASSA offices
Sbongile	20 years old, 1 child	Yes – struggled to get a birth certificate as delivered at home
Thembi	19, 2 children, aged 3 and 1	1 child receives grant – had to go back repeatedly, long distances
Gugu	One child who is 5	Yes – three trips to SASSA and long distances
Nonto	18, has 2 children, aged 7 months and 2 years	No – challenges getting birth certificates, costs
Sizwe	24, 1 child aged 8 years	No – never tried
Zama	24, 1 child aged one and a half years	Yes – officials tried to chase them away from the office, but they were patient so were helped
Jali	18, 2 children, aged 3 years and 4 months	No – don't have money to get birth certificates
Sibi	24, 3 children, aged 8, 6 and 2 years	No – challenges around her ID book
Thandi	24, 2 children aged 6 and 2	Yes – long queues and travel distance
Nomfundo	22, 1 child aged 5	Yes
Andile	24, 1 child, aged 8	Yes – repeat visits, but positive experience
Rosa	22, 2 children, aged 5 and 3	Yes – long queues and ask intrusive questions
Nonjabulo	20, 1 child, aged 2	Yes – kept getting delayed for a year
Khanyisile	20, 3 children, aged 4, 2 and 1	No – used to receive for 1 child but re-registration happened and dropped off. Issues with birth certificates
Mpucuko	24, 2 children, aged 7 and 3	Yes – took a while for first one as did not have an ID book
Siphesihle	24, 1 child, aged 6	Yes – had to apply for ID, but smooth process
Vuyokazi	19, 2 children, aged 3 and 1	No – needs to get own ID
Zodwa	18, 1 child aged 1	No – does not have own ID
Pinky	18, 1 child, aged 3	No – child doesn't have birth certificate as not delivered in a health facility
Sindiswe	24, 1 child, 3	Yes – no challenges described
Zoleka	23, 1 child, 4 years	Yes
Zinhle	18, 1 child, 7 months old	No – lost birth certificate and ID

from an 'urban hub' and a further 20 minutes to the main city centre. All women had at least 1 child and were eligible to receive the CSG (Table 1). Young women in urban informal settlements have a particularly challenging life, with studies suggesting high rates of crime, and violence against women in these settings (Jewkes et al., 2014). In addition, earnings are incredibly low. In a non-representative sample of young women living in urban informal settlements in eThekweni Municipality, one study reported that earnings in the past month were R174 (US\$15), approximately half of the CSG (Jewkes et al., 2014).

### Data collection

Thirty women undertook in-depth interviews; 20 received the CSG and 10 women, while eligible, were not receiving the CSG (Table 1). All women were accessed through purposive sampling via contacts and relationships they had with a small women-focused NGO operating in one of the informal settlements.

Interviews lasted between 30 minutes and 1 hour and were conducted by an experienced female fieldworker. Interview topics included livelihood strategies, relationships, children, stories of accessing the CSG and use of the CSG. Interviews were conducted in isiZulu, digitally recorded, and then transcribed and translated into English.

### Ethics

Ethical approval was secured from the Ethics Committees at the University of KwaZulu-Natal, and the South African Medical Research Council. Participants signed informed consent forms. Women received R100 reimbursement for participation. For women not accessing the CSG, once the interview was completed, we supported them through the provision of small amounts of cash, transport

and practical suggestions about how to overcome the barriers they faced in accessing the CSG. If necessary, we connected them to appropriate services to further support them.

### Data analysis

Data were analysed in two ways. First, data were analysed using thematic content analysis, drawing on Attride-Stirling's (2001) thematic-network analysis approach. Thematic-network analysis seeks to make connections between disparate codes, by drawing on theory to create global frameworks. Transcripts were read repeatedly, and initial codes developed based on short phrases or words. Codes were clustered into basic themes, and basic themes were then clustered into global themes.

Second, to construct a meaningful dialogue between concepts, we wrote case studies of each woman's experience. We identified five divergent case studies of young women's experiences of accessing the CSG to represent the totality and complexity of women's struggles to access social grants. Thematic analysis risks reducing complicated lives of people to simple codes and descriptions, while case studies enable a more comprehensive picture of people's lives to be described (Lewis, 2007; Shirani & Henwood, 2011). In presenting the data, we prioritise the case studies and weave the thematic-network analysis into the case studies, to highlight in-depth additional themes and provide nuance.

### Results

The thematic-network analysis (Figure 1) and case studies demonstrate how a range of factors overlap and intersect to shape access to the CSG. Factors ranged from material barriers, such as the distance people lived from SASSA offices, including the cost of travelling to offices, and the length of queues. Technocratic reasons, such as the wrong documentation or a lack of documentation, were also important barriers. Families and partners played a mixed role, for some they supported women's access, through providing knowledge about systems and going with women as moral support, and providing cash, but where these networks were absent, it further hindered access. Finally, treatment by state institutions was critical in access, with women reporting being humiliated by service providers, experiencing multiple historical exclusions, and a lack of support to access the CSG. All these

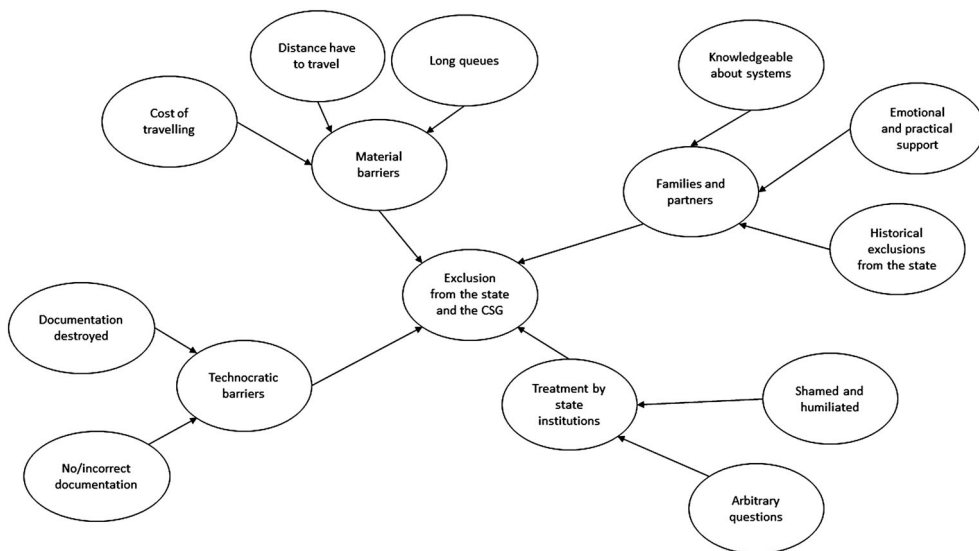


Figure 1. Challenges in accessing the CSG.

combined to exclude women from accessing the CSG, and they highlight how interactions with state bureaucrats shape women's identities in relation to the state.

### ***Sbongile (aged 20, 1 child, accessing the CSG)***

Not all women struggled to access the CSG. Sbongile described the process as 'not that difficult, even though they wanted a lot of things and it took a long time.' For Sbongile, it was easier as she had the documentation (such as an identity book (ID) for herself, birth certificate for her child and proof of address) required for an application. Additionally, she was supported by her family in the application; her sister-in-law told her what to take and what to expect when she went to apply.

While Sbongile described the process of going to the SASSA offices as long, she felt SASSA staff were supportive. Describing SASSA officials in positive terms she contrasted them to other state officials she came into contact with, particularly at clinics:

- Sbongile: I think these different departments were set up to help people but more and more you find that people who work there are not very helpful and actually they behave like they are doing you a huge favour.
- Interviewer: How do you mean?
- Sbongile: Like at the clinics, they shout at us and chase us away.

Other women also described a relatively easy experience in applying for the CSG. For Nomfundo (22, 1 child, accessing the CSG), she just described collecting the documentation as a challenge, but the rest of the process was easy:

It was difficult initially because they want a lot of things, you have to go to the police station and get affidavits, certify everything, birth certificates, ID, so that things will be okay and then you are able to register. But once inside [the SASSA office] it was not difficult.

### ***Vuyokazi (aged 19, 2 children, not accessing the CSG)***

Vuyokazi's struggle and ultimate inability to access the CSG for her 2 children, contrasted sharply with Sbongile's experience, emphasising how for her the lack of access to the CSG was the culmination of wider challenges experienced throughout Vuyokazi's life. In South Africa, an ID book is a fundamental document that, while not a precondition for citizenship, becomes the document through which access to services is granted. Having an ID book is a requirement for applying for the CSG and Vuyokazi had never managed to secure one for herself:

- Interviewer: So you don't have an ID yet?
- Vuyokazi: No I don't.
- Interviewer: Why not?
- Vuyokazi: There was no one to help me get an ID. My mother is in the Eastern Cape (Province), they were registering for IDs there and they told me to come with her. And if she's not there I must bring her ID. And if I can't do that I must go get a letter of where I went to school. I told them I never went to school and they said I must get a letter from the hospital where I was born and I've never done that.
- Interviewer: Why not? Is it because you were born at home or is it because you've never been to the Eastern Cape since?
- Vuyokazi: My mother cannot speak so I can't ask her where I was born.

Vuyokazi experienced systematic exclusion from state institutions, from not attending school, through to accessing of health systems. In light of the continued failure of state systems to support her, she had grown disillusioned with the state:

- Vuyokazi: There is a letter you get from the clinic [after you have given birth] but I've now thrown those away because they said you should do the birth certificate not later than a month after the birth.
- Interviewer: Have you ever tried to get people to help you sort out this birth certificate thing or your ID?
- Vuyokazi: No

- Interviewer: Why not?  
 Vuyokazi: I last tried when I came here to do the ID and I was told to go get a letter from the hospital [where I was born] and I thought there is no one to help me! So I left it because it's not like I have someone I can ask. Even the people from Home Affairs said they can't go to hospitals on my behalf, they said I have to come with the document and then they can help me.

Her increasing marginalisation and disillusionment with state services and the treatment she experienced entrenched her unwillingness to engage with state systems. When she was pregnant with her youngest child, she resisted attending antenatal care at the clinic; because she thought without an ID book, she would be poorly treated:

- Vuyokazi: But I really can't say because I usually start pre-natal care at seven months or sometimes eight  
 Interviewer: Why do you wait so long?  
 Vuyokazi: Because I don't have an ID; last time after I gave birth they shouted at me and told me that I should go to Home Affairs (Department) and get an ID and should never again come to deliver another baby when I don't have an ID because next time they won't accept me. Even with Nqobile [second child] they said the same thing after I had seen there was no where I could go to deliver so I took my chances and went there.

In addition, she had not been able to apply for birth certificates for either of her children as 'I was told that I needed to get an ID first.'

For Vuyokazi, her struggle to access the CSG, was not simply a technocratic challenge rectifiable through efficient bureaucratic structures, but rather a result of her, and her family's, estrangement from the state. This first emerged for black South Africans under apartheid, and while the current democratic system had worked successfully to enfranchise many black South Africans, it has left many of the poorest out of the new political dispensation (Bond, 2006). Citizenship, and access to the state, became a function of an identity document, rather than a right.

### ***Pinky (aged 18, 1 child, not accessing the CSG)***

Pinky lived with her child in a shack, she was not working and had not secured the CSG for her 2-year-old child. Pinky's challenges were linked to a set of relationships shaped by her living situation, including her relationship with the father of her child. She did not initially get a birth certificate for her child as when she went to register her child at the hospital where she had given birth, the office was closed and she was told to return on Monday. She did not return quickly to the hospital, partly because of the challenging logistics of preparing to leave the house with a newborn child, but also because of 'culture', which prescribes that mothers and newborn children should not leave the home for the first month (Ngunyulu & Mulaudzi, 2009).

As with many young women living in urban informal settlements in South Africa, Pinky survived partly through receiving support from her child's father. When the relationship with her partner broke down, Pinky lost this source of support. Her reduced financial stability meant any money she had she spent on survival and did not use it to travel to a government office to get her child's birth certificate which would have facilitated access to the CSG:

- Pinky: I kept saying I'll go, I'll go. Then his father and I had a fall out and then broke up when the child was still young, then I raised my child. The little bit of money I got I would spend it on the child. The little bit I get I would buy things I needed at home, and I never got the chance to take some of the money and go to the hospital and go sort out the child's things ...

The high cost of travelling to and from home to the SASSA offices was a major burden that many of the women described, particularly if they, or their family were not working much.

- Nonjabulo: There were problems because we didn't have money to go to SASSA all the time. My mother is not working and getting transport money was a problem at times. It was so difficult that at times that we would not go [to SASSA].



Another woman, Thembi (aged 19, 2 children, only one receiving the CSG) simply described how she could not afford the cost of transport to go to the SASSA office, as everyday survival was of more pressing concern for her money: ‘My problem is that I don’t have bus fares. The little money that I get I take and buy nappies and things like that for her.’

For people living in urban informal settlements, the precarious nature of material life is constant, with many daily hazards including fire (Chance, 2015). Pinky’s shack burnt down, destroying her ID book and her child’s road to health clinic card (a document provided by the Department of Health which children are required to retain and present for access to schooling, healthcare, etc.). While Pinky secured a new road to health card, she struggled to get an ID book.

In the midst of these challenges, Pinky was acutely aware of how young single mothers like her were perceived by others in the community:

Pinky: They do talk especially when people are drunk because people drink a lot here, they then swear at us saying we rushed to have children while we were young and now we can’t take care of our children. Maybe if someone goes past a crying child outside they would then say it’s because we don’t take care of our children and we rushed to have children.

Pinky’s challenges could simply be described as poverty, a lack of access to documentation and large distances to government systems, whether the hospital, Home Affairs (to renew her ID book) or SASSA offices. However, the underlying causes were rooted in a broader set of relationships, including high levels of poverty and gender inequalities, placing women in economically dependent relationships with men. Additionally, the lack of formal housing and electricity leading to shack fires, were choices made by the South African state.

### ***Zoleka (aged 23, 1 child, accessing the CSG)***

Zoleka gave birth to her child when she was 16 and never returned to school. Zoleka’s struggle to secure the CSG highlights the ways in which wider representations of young women having children are embedded in everyday discourses of stigmatisation. Like many women, Zoleka gave birth at home as she had been afraid to tell her family that she was starting contractions as she was still ‘in trouble’ for being pregnant. Her decision not to go to a hospital led to her being castigated by nurses:

Zoleka: At the clinic they kept asking me why I didn’t go to hospital, because this thing of just arriving with the baby was not right. I tried explaining that I didn’t know I was in labour and I was also afraid to tell people at home that I was in pain because they were still angry about the fact that I fell pregnant. My aunt and my granny were the ones who helped me with the delivery. I stayed home a week waiting for the umbilical cord to drop and when I got to the clinic they shouted non-stop at why I waited a week before coming to the clinic.

The stigmatisation of young women with children continued when applying for the CSG, where SASSA officials taunted her:

Interviewer: Please tell me about the process of applying for the grant. What was your experience of it?  
 Zoleka: It was not difficult but they kept asking how come I have a child so young; since now the child is four and I’m twenty, so I was sixteen. They kept throwing jabs at me, ‘you have a child when you so young’ they kept talking and passing those remarks.  
 Interviewer: And this was by the staff at the grant office?  
 Zoleka: Yes at SASSA; but I kept quiet because I didn’t know what to say. I just kept saying that the child is mine and they can see on the birth certificate and my ID that I’m the mother. Luckily I didn’t have to stay long and I got the money that first month.

Many other young women reflected on how they had to sit silently in the face of humiliation and symbolic marginalisation by SASSA officials. Belittling and humiliation were not limited to one office or bureaucratic system, but reflected young women’s wider experiences of interactions with state systems. Nonto (aged 18, 2 children, receiving the CSG) commented about state institutions



more widely: 'I think these different departments were set up to help people but more and more you find that people who work there are not very helpful and actually they behave like they are doing you a huge favour.' Only by Zoleka, and other women, choosing to stay silent and accept the abuse and moralising of officials did they manage to access the CSG.

### ***Nonjabulo (aged 20, 1 child, receiving the CSG)***

Nonjabulo's story was, like Zoleka's, one of being systematically shamed by state institutions that hold power over her access to resources and services. It took her over one year to overcome the challenges she faced to receive the CSG. Her challenges related to two factors, first that she had a heart condition and second her young age. In nearly all her interactions with hospitals and SASSA, she was scolded for having a child while young and ill. When she went for prenatal care a doctor challenged her:

Nonjabulo: As soon as I walked in he said, what's wrong with you pregnant so young? How can you get pregnant when you know very well you have a heart condition? What the hell did you fall pregnant for because you know you are sick? I was so embarrassed I came home deflated."

She experienced a similar response from officials as she applied for her CSG, where she and her mother were verbally attacked by SASSA officials, because of her age:

Nonjabulo: ... one of the staff members did not treat us well at all and she spoke something that was not okay to my mother. She said 'you are the ones who send your children to go have babies at a very young age'.

Interviewer: How did your mom respond?

Nonjabulo: She just kept quiet and she only spoke in the taxi home with other people to say, she has never experienced such rude behaviour from a child in her life. And people said that was none of her business, these people should learn to do their jobs and stop judging people.

Interviewer: Why do you think we don't challenge them when they talk to us like that? Are we scared we won't get help?

Nonjabulo: Yes, so you have to grin and bear whatever they throw your way because they can block you and you won't get help because they are the ones in the forefront.

Many of the women described being treated in inappropriate and disrespectful ways by the SASSA officials, not only over whether or not women had the correct documentation, but questioning women about issues that SASSA officials had no right to do:

Siphehile: Even when you've made it inside [to SASSA] there are a lot of questions that they ask you and some of the questions you can see them; for example they ask you why you broke up with the father of your child ...

Because of Nonjabulo's heart condition, she had given birth in a referral hospital which was further away, this meant she had to travel further to secure a letter from the hospital she gave birth in to take to Home Affairs to apply for her child's birth certificate. The travel costs were prohibitive for her:

Nonjabulo: There were problems because the money for transport to and from we didn't have and my mom doesn't work. So it was difficult in such a way that at times we were unable to go ... You see when you go to the SASSA offices, you have to make sure that you take the 5am taxi because it gets so full, so full. You get there and they are still closed but already the queues are so long.

Waking up early, queuing for a day, returning repeatedly because of having 'incorrect' documents was common amongst all the women. As Nompilo (24, 1 child, receiving the CSG) also described as she applied for the CSG in the Eastern Cape Province:

Interviewer: Where did you apply, how were the queues? What was it like?

Nompilo: I applied in the Eastern Cape. I kept going back and going back. They would say I was not successful ... they need a letter from the chief and I go and return, and they would say they need a

letter from the municipality office. I kept going and it was really full the queues were so long that on some days I would not even get in I would end up in the queues until the end of the day and I would be forced to go back home having done nothing

Interviewer: How much was the fare from there to home?

Nompilo: R23 (~US\$2) one way

Nonjabulo's experience of securing the CSG was a challenge in overcoming the stigmatisation she faced in the hospital and the SASSA offices, and the material barriers of the lack of money and distance to offices to secure documentations and make the application. In the face of government officials treating her with contempt, she and her mother knew their only response was to be quiet and accept the judgements/hostility and humiliation thereby accessing the CSG.

## Discussion

Globally, and in South Africa, unconditional cash transfers are conceptualised as a way to overcome multiple health challenges and increase citizen enfranchisement (Cluver et al., 2013; Devereux et al., 2011; Haushofer & Shapiro, 2013; Plageron et al., 2012; UNDP, 2015). In this discussion, we highlight two critiques of the current ways of conceptualising access to the CSG: first, the technical barriers described are fundamentally about larger political and economic processes, which systematically exclude young, poor, black women from accessing the state. Second, the state–citizen interaction described is not one of being 'seen' but a complex process whereby these citizens' ability to act is constrained and women's identities are created as passive actors, rather than active citizens.

Typically, challenges to accessing the CSG are described in technical terms, about 'lack of documentation', 'lack of access' or 'distance from offices' (DSD et al., 2011, 2012; Zembe-Mkabile et al., 2013). Women certainly described each of these challenges, as well as others including the cost of transport, length of queues and changing document requirements, as limiting their access to the CSG. Yet, as highlighted, these technical issues were embedded in a complex intersection of economic, political and social marginalisation women experienced over many years, and even stretching inter-generationally, with histories of exclusion from the state first emerging in their grandmother's generation and continuing through to them.

For instance, the centrality of shack fires in women's stories of documents being destroyed is not a 'random' occurrence. Rather, as Chance (2015) has outlined, shack fires are linked into the state's choices since 2001 to not provide electrification to informal settlements and its, currently unsuccessful, attempts to remove shacks entirely from the urban landscape. Similarly, the high levels of poverty that made travel to and from SASSA offices (and other state institutions) challenging could be described as 'long distances' to offices. But this can only be truly understood as emerging at the intersection of government economic policies, which have failed to transform the South African economy and the conservative gender politics, which have intersected together to leave women dependent on men for their survival (Bond, 2006; Hunter, 2010). The lack of access to documentation for women was merely a symbol of the government's failure to transform the state and economy to the benefit of all, and the wider exclusion of women from the state, which was meant to serve them.

The data highlighted the ways in which access to the CSG and the interactions between state officials and young women shaped women's subjectivities. There was some evidence, reflecting Plageron et al. (2012) work that through accessing the CSG women felt cared for and 'seen' by the state. These forms of interaction are considered in the literature to be ways to create active citizens and visibility of historically marginalised groups.

In contrast, however, the majority of women's stories were not about recognition and visibility by the state, but about how state power was wielded over them. This went beyond Lipsky (1971) conceptualisation of 'street-level bureaucrats' who create policy in their everyday interactions between state and citizen. The 'street-level bureaucrats' were certainly apparent, with decisions and choices being made by SASSA officials, which Gupta (2012) describes as the arbitrariness of bureaucracy.

However, it went further, as women applied for grants, they subjected themselves to being in a hierarchical relationship with the state. Women described sitting passively as they were sent from one bureaucrat to the next, or waiting for hours to be seen, or shouted at or being insulted for daring to have a child. This had two impacts on women's identities, first rather than grants providing access to socio-economic rights and being a platform for women to become active citizens, it emphasised the role of the citizen as one of silence and passivity. Second, through the everyday casualised stigmatisation of young women with children by bureaucrats, this forced a subjectivity on young women, reinforcing the role of the state as a patriarchal institution, benevolently looking after its wayward children. The state therefore became clearly positioned as a patriarchal figure, the protector and provider to women, which could not be questioned. These processes of excluding young, poor, black women are similar and overlapping with their exclusion from the economy, both historically and in the contemporary period.

The extreme levels of concern shown by SASSA officials in providing the 'correct' documentation also parallel arguments made by Foucault (1994) about state's attempts to control the population through the use of biopower. Documentation becomes the way of 'seeing' citizens, even if, as Gupta (2012) notes, the majority of state systems cannot process the documentation to achieve this level of vision. In this way, while the CSG is crucial in enabling women to survive, it also becomes a way for the state to start to document and police the South African population, as they become embraced by the state, which had historically excluded them.

## Conclusion

Global public health has embraced unconditional cash transfers as a central strategy in improving the health of the poorest, and there are claims about the wider political impacts of social grants in transforming state–citizen interactions. This paper has made two arguments. First, that access to documentation and therefore grants is not purely a technical issue, but rooted in wider economic and political domains and institutions actively exclude many women from accessing the CSG. Second, through citizens coming into contact with the state, it produced particular forms of state–citizen interaction, which rather than supporting an emerging form of active citizenship, served to reinforce a hierarchical relationship between citizen and state. While social grants remain a critical tool for improving the health of the population, they also have complicated implications for the relationship between the state and citizens. Transforming access to the CSG will not be achieved through technical solutions; rather the barriers to access need to be recognised as political and tackled as such.

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