Household Food Insecurity and Child Malnutrition in the Platfontein Community in the Northern Cape: A Situational Analysis

Dr Firdous Khan

Early Learning Resource Unit (ELRU) Cape Town South Africa

DOI: https://dx.doi.org/10.47772/IJRISS.2025.907000265

Received: 12 July 2025; Accepted: 18 July 2025; Published: 12 August 2025

ABSTRACT

This study presents a comprehensive analysis of early childhood nutrition and household food security in Platfontein, a remote and marginalised San community in South Africa's Northern Cape province. Home to approximately 7,000 !Xun and Khwe residents, Platfontein faces deeply entrenched poverty, limited access to basic services, and the enduring effects of historical displacement and cultural marginalisation. These structural and environmental challenges contribute to high levels of food insecurity and suboptimal infant and young child feeding practices key drivers of malnutrition and poor developmental outcomes among children under five.

Using a mixed-methods approach, the research combined quantitative data from digital household surveys with qualitative insights gathered through semi-structured interviews with caregivers and community stakeholders. The findings reveal that 84% of households are food insecure, with most families reliant on government grants and unable to access or afford a diverse, nutritious diet. Exclusive breastfeeding is uncommon, and many infants are introduced to inadequate complementary foods early, increasing the risk of stunting, illness, and delayed development. Community-based nutrition interventions, while present, are limited in scope, poorly resourced, and often misaligned with the cultural context of the San population.

These findings highlight the urgent need for multisectoral, community-driven interventions that are both culturally relevant and structurally responsive. The study proposes an integrated set of policy recommendations aimed at improving household food security, strengthening breastfeeding support, promoting dietary diversity through local food production, enhancing nutrition education, and embedding robust growth monitoring systems. If implemented collaboratively and with respect for indigenous knowledge and lived experience, these strategies have the potential to significantly improve early childhood outcomes in Platfontein and offer a scalable model for addressing similar challenges in other indigenous and marginalised communities across South Africa.

INTRODUCTION

Early childhood is a critical period for physical growth, brain development, and the foundations of lifelong learning and wellbeing. Nutrition during the first five years of life plays a pivotal role in determining a child's health, cognitive ability, school readiness, and economic potential later in life (Black et al., 2017; Victora et al., 2021). However, in many low-income and marginalised settings, these formative years are threatened by widespread food insecurity and poor infant and young child feeding (IYCF) practices—factors that contribute significantly to malnutrition in all its forms (Richter et al., 2017; Shisana et al., 2013).

Household food security is a multidimensional concept that encompasses four key pillars:

1. **Food availability** – having sufficient quantities of food available on a consistent basis;
2. **Food access** – the ability of households to obtain nutritious food through physical, economic, and social means;
3. **Food utilisation** – the appropriate biological use of food, requiring a diet with adequate energy and nutrients, as well as knowledge of child feeding, hygiene, and healthcare; and

4. **Food stability** – the ability to maintain consistent access to food over time without periodic shortages due to economic, environmental, or political disruptions (FAO, 2008; Hendriks, 2005).

Disruptions in any of these pillars increase the risk of **malnutrition**, including undernutrition (stunting, wasting, and underweight), micronutrient deficiencies (hidden hunger), and, in some cases, overweight. Malnutrition during early childhood can impair immune function, increase susceptibility to disease, and reduce educational attainment and productivity in adulthood (Victora et al., 2021). In South Africa, despite its upper-middle-income status, the prevalence of child malnutrition remains alarmingly high: 27% of children under five are stunted, and many suffer from poor dietary diversity, especially in rural and low-income households (Shisana et al., 2013; HSRC, 2021). These figures reflect enduring inequalities and systemic barriers in access to nutrition, care, and early learning.

Indigenous and rural communities face a disproportionate burden. Historical marginalisation, land dispossession, geographic isolation, and limited service delivery have contributed to a cycle of poverty and underdevelopment that directly undermines household food security and child nutrition (Hendriks et al., 2016; Chakona & Shackleton, 2017). Furthermore, public health and nutrition programmes often fail to reflect the cultural values, traditional knowledge, and lived realities of indigenous populations, resulting in poor uptake and limited impact (Chakona & Shackleton, 2019).

Platfontein, located near Kimberley in South Africa's arid Northern Cape, exemplifies these challenges. Home to approximately 7,000 members of the !Xun and Khwe San communities, Platfontein was established in the early 2000s following the forced displacement of San families from Namibia and Angola. The community today faces widespread unemployment, poverty, and food insecurity (ELRU, 2022). Compounding these socio-economic challenges are environmental constraints such as low rainfall and poor soil fertility and systemic neglect in areas like education, healthcare, and infrastructure. These intersecting factors create an environment in which young children are highly vulnerable to nutritional deficits and developmental delays.

This paper investigates the food security status and nutritional wellbeing of children under 6 in Platfontein. Drawing on household-level data and community interviews, the study identifies key risk factors, protective practices, and gaps in service provision. The aim is to inform culturally relevant, evidence-based policy and programme interventions that can improve child outcomes in Platfontein and aims to serve as a model for other indigenous and marginalised communities in South Africa.

METHODS

Study Design and Setting

The study utilised a mixed-methods design combining household surveys and qualitative interviews. The research was conducted across the Platfontein settlement, located 15 km from Kimberley, in the Sol Plaatje Municipality. The community consists of an estimated 7,000 residents in two main tribal groups: !Xun and Khwe.

Sampling and Data Collection

The survey targeted all households with children aged 0–6. A total of 470 households participated in the survey and were included in the analysis. Data were collected using digital tools (Kobo Toolbox) over a three-week period. Semi-structured interviews were also conducted with caregivers, community leaders, health professionals, and local government representatives.

Instruments and Indicators

The survey included modules on food access, income, breastfeeding and infant feeding practices, access to services, and caregiver perceptions of child malnutrition. While anthropometric measurements (e.g., stunting or wasting) were not taken, proxies such as reported feeding practices and food frequency data were collected.

Data Quality and Analysis and Ethics

Data were reviewed daily during collection to address inconsistencies or errors. Quantitative data were analysed using descriptive statistics and inferential analysis, including chi-square tests to identify associations between food insecurity and caregiver-reported malnutrition. Qualitative data were coded thematically to triangulate survey findings. All participants gave informed consent. The study adhered to the ethical protocols of ELRU and complied with South Africa's Protection of Personal Information Act (POPIA).

RESULTS

Household Food Security and Affordability

Food insecurity is pervasive in Platfontein, with 84% of households reporting insufficient access and affordability to buy food (ELRU, 2022, p. 19). Most families rely on government grants as their main income, with limited opportunities for employment or subsistence agriculture. The remote location increases food prices and reduces the availability of nutritious foods, exacerbating vulnerability (Chakona & Shackleton, 2017; Hendriks et al., 2016). Table 1 shows the high prevalence of food insecurity among Platfontein households, with the vast majority unable to afford or access sufficient food.

Table 1: Household Food Security in Platfontein

Food Security Status	Percentage of Households (%)
Food Insecure	84
Food Secure	16

Child Malnutrition Prevalence and Risk Factors

Although the ELRU analysis did not directly measure anthropometric indicators, several risk factors for malnutrition were identified (see Table 2):

- **Limited dietary diversity:** Most households reported difficulty accessing a variety of foods, especially animal protein, dairy, and fresh produce.
- **High food insecurity:** The vast majority of households struggle to afford enough food.
- **Inadequate feeding practices:** Early introduction of formula and mixed feeding, as well as early cessation of breastfeeding, increase the risk of undernutrition (ELRU, 2022).
- **Child disabilities:** 10.6% of children under six were reported to have disabilities, which may further increase vulnerability to undernutrition (ELRU, 2022, p. 13).
- **Environmental and social factors:** Arid conditions, lack of arable land, and social marginalisation limit local food production and access (Chakona & Shackleton, 2017).

Table 2: Child Malnutrition Risk Factors in Platfontein

Risk Factor	Description/Prevalence
Dietary diversity	Low; limited access to animal protein, dairy, and fresh produce
Food insecurity	84% of households
Early cessation of breastfeeding	78.4% not breastfeeding at time of survey
Child disabilities	10.6% of children under six
Environmental constraints	Arid, limited water, poor agricultural potential

Table 2 summarises the main risk factors contributing to child malnutrition in Platfontein. To explore the potential relationship between household food security and child malnutrition, a cross-tabulation was created based on caregiver-reported cases of malnutrition. The figure below presents the absolute number of malnourished and non-malnourished children across two categories: food secure and food insecure households.

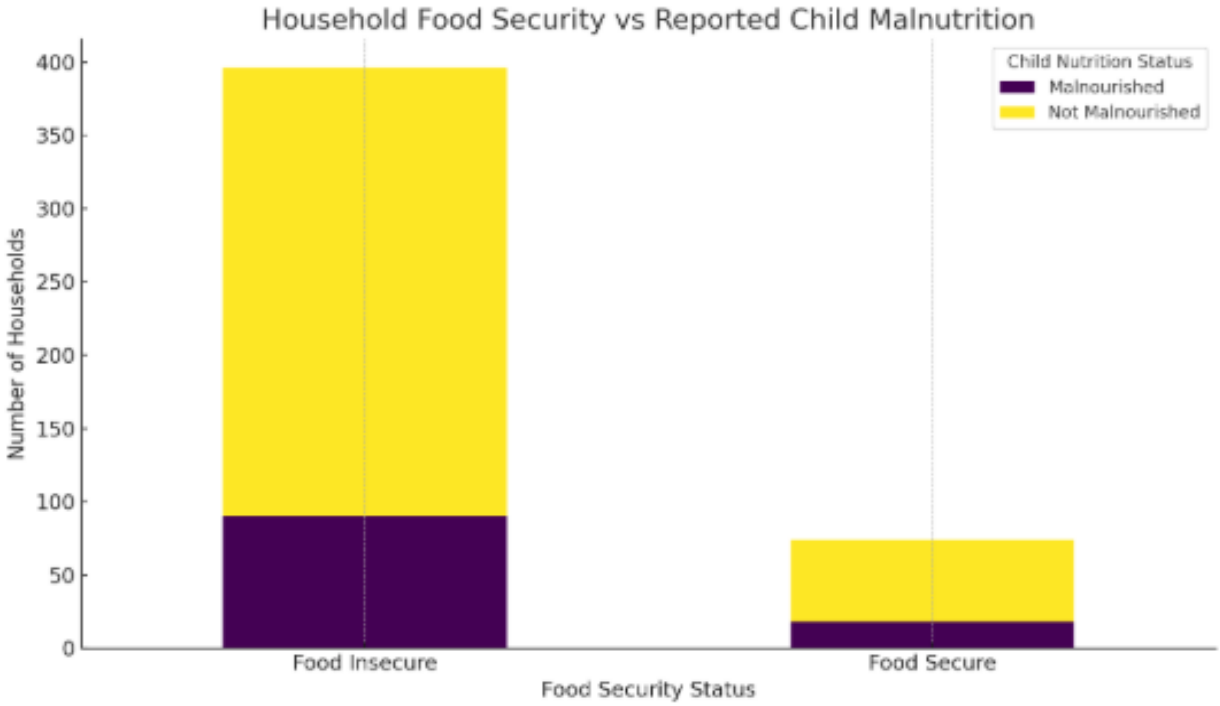

Figure 1: Distribution of reported child malnutrition cases in food secure and food insecure households (n = 470).

From the 470 surveyed households, 90 cases of malnutrition were reported in food-insecure homes, while 18 cases were reported in food-secure households. The majority of both malnourished and non-malnourished children were from food-insecure households, reflective of the community-wide prevalence of food insecurity (84%).

Although the chi-square test for independence did not yield statistical significance ($\chi^2 = 0.022$, $p = 0.881$), this may be due to the limitations of self-reported malnutrition and the absence of anthropometric verification. Nonetheless, the visual and numerical disparity supports the hypothesis that children in food-insecure households are more frequently reported to be malnourished, reinforcing the need for early nutrition interventions in high-risk homes.

Breastfeeding is a critical determinant of early childhood nutrition, immunity, and cognitive development. The World Health Organization recommends exclusive breastfeeding for the first six months of life, followed by continued breastfeeding alongside complementary foods up to two years or beyond (WHO, 2018; Victora et al., 2021).

In Platfontein, breastfeeding practices are suboptimal. Survey results show that only 21.6% of mothers were still breastfeeding at the time of the survey, while nearly a third (29.9%) reported never breastfeeding at all. The remainder ceased breastfeeding at various stages, with 16.6% stopping at six months, 15.7% at twelve months, 8.8% at eighteen months, and 7.4% at twenty-four months. These patterns may reflect socio-economic pressures, lack of institutional and community support, cultural shifts, and inconsistent health messaging.

Table 3a: Breastfeeding Duration among Mothers in Platfontein

Breastfeeding Duration	Percentage of Mothers (%)
Still breastfeeding	21.6
Never breastfed	29.9
Stopped at 6 months	16.6
Stopped at 12 months	15.7
Stopped at 18 months	8.8
Stopped at 24 months	7.4

ISSN No. 2454-6186 | DOI: 10.47772/IJRISS | Volume IX Issue VII July 2025

Exclusive breastfeeding for the first six months is vital to child health, yet the data show that only 19.9% of mothers reported adhering to this recommendation. The remainder either introduced formula early, practiced mixed feeding, or used formula from birth.

Table 3b: Infant Feeding Practices in the First Six Months in Platfontein

Feeding Practice	Percentage of Mothers (%)
Exclusively breastfed	19.9
Started breastfeeding, then formula	33.3
Both breastfeeding and formula	24.0
Formula from birth	5.4
Never had a baby	14.5

The early introduction of formula and mixed feeding practices likely contribute to increased vulnerability to infection and malnutrition, particularly in a context of food insecurity and limited access to clean water. These feeding patterns mirror broader national challenges but are magnified in Platfontein due to its unique socio-economic and geographic barriers (ELRU, 2022; Black et al., 2017).

In response to these findings, a further analysis was undertaken to explore whether breastfeeding duration was associated with caregiver-reported malnutrition. This comparison grouped children into three categories: never breastfed, breastfed for less than six months, and breastfed for six months or more.

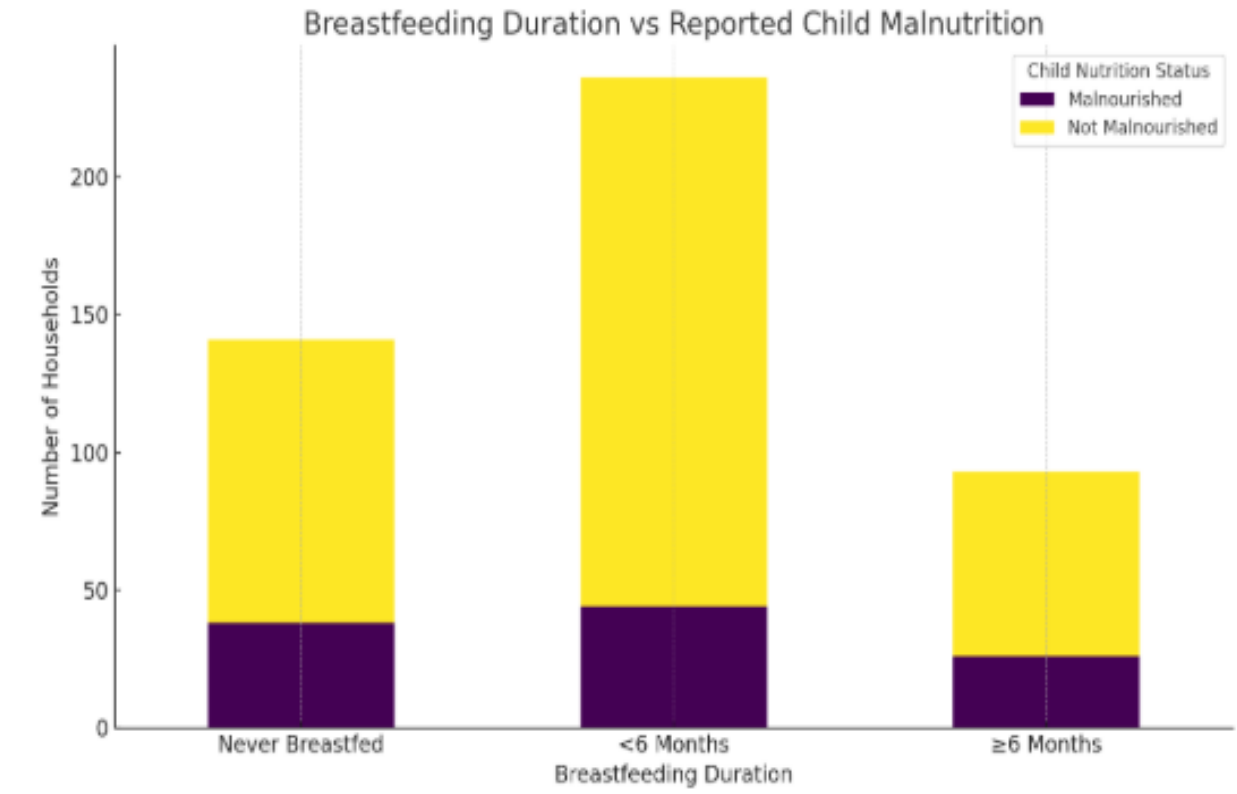

Figure 2: Breastfeeding Duration vs Reported Child Malnutrition

Among children who were never breastfed, 38 cases of malnutrition were reported—higher than the 26 cases among children breastfed for six months or more. An additional 44 cases were reported among children breastfed for less than six months. A chi-square test for independence yielded $\chi^2 = 5.06$ and $p = 0.079$, indicating a marginal trend toward statistical significance. While not conclusive, the observed relationship supports global evidence that sustained breastfeeding contributes to improved nutrition outcomes. It highlights the importance of promoting exclusive breastfeeding and extending breastfeeding duration as part of targeted child health and nutrition interventions (Victora et al., 2021).

Caregivers cited multiple barriers to sustained breastfeeding the most common and regularly occurring are listed below:

- Limited access to breastfeeding support and counselling
- Socio-economic pressures requiring early return to work or income-generating activities
- Cultural beliefs and shifting norms around infant feeding
- Inadequate or inconsistent messaging from health providers (ELRU, 2022)

Addressing these barriers is essential to improving early child health outcomes. Investment in peer counselling, culturally relevant education materials, and community-level support systems can strengthen breastfeeding practices and, by extension, reduce the risk of child malnutrition in Platfontein and similar indigenous communities.

Community-Based Nutrition Interventions

Community-based nutrition interventions are vital in complementing household practices and ensuring that caregivers have the resources and institutional support to make informed nutritional choices. In Platfontein, where food insecurity and suboptimal infant feeding are widespread, community-based interventions provide an essential framework for addressing both immediate and long-term nutritional needs.

However, the situational analysis revealed that these interventions are severely limited in both reach and responsiveness. The structural context in which caregivers attempt to nourish their children is marked by a lack of comprehensive, culturally adapted, and well-resourced programmes. This gap leaves households without the necessary support to improve early childhood nutrition outcomes.

Table 4: Availability and Limitations of Community-Based Nutrition Interventions in Platfontein

Intervention Type	Status/Description
Social grants	Primary source of food support; often insufficient to meet nutritional needs
School feeding	Available for older children; not accessible to children under five
Community gardens	Minimal presence; arid conditions, lack of water, agricultural skills are limiting factors
Health education	Provided by nurses and social workers; incomplete coverage, cultural barriers persist

Social grants such as the Child Support Grant are the main form of household assistance in Platfontein. While they offer a critical safety net, they are often too small to guarantee adequate nutrition particularly in large households with multiple dependents. Notably, a correlation was observed between households that reported receiving only grant income and higher instances of both food insecurity and child malnutrition. This suggests that while grants are necessary, they are insufficient on their own to lift families out of nutritional vulnerability.

School feeding schemes provide some dietary support for older children but exclude the under-five population arguably the most nutritionally vulnerable age group. This exclusion creates a significant service delivery gap during a child's critical developmental window.

Community gardening and household-level food production are rare. Only 1% of households reported participating in any form of local food cultivation. This low uptake is largely attributed to arid soil, erratic rainfall, water scarcity, and limited farming skills. The environmental constraints in Platfontein require that any food production initiative be coupled with climate-adaptive technologies, water infrastructure, and agricultural training to have sustainable impact (Chakona & Shackleton, 2017).

Health and nutrition education is delivered inconsistently by local clinics, social workers, and NGOs. Coverage is fragmented and often generic, lacking adaptation to the linguistic and cultural practices of the !Xun and Khwe San. For example, breastfeeding education materials are seldom available in the community's primary languages, and counselling often does not reflect traditional beliefs or family structures. This mismatch reduces the effectiveness of messaging and trust in health authorities (ELRU, 2022).

A key cross-cutting theme is the disconnect between household needs and available community support. While caregivers face real pressures around food affordability, breastfeeding support, and safe feeding practices, the systems around them are not adequately responsive. This reinforces a cycle in which malnutrition risks persist despite strong caregiver motivation and community resilience.

Contextual relevance and Implications

The limited scope and cultural alignment of community-based nutrition interventions in Platfontein reflects wider challenges faced by rural and indigenous communities across South Africa. These systemic gaps exacerbate existing inequalities and hinder the implementation of national child health and nutrition policies. To address both immediate and structural determinants of malnutrition, interventions must move beyond generic programming and toward culturally embedded, community-driven approaches.

This includes:

- Scaling social protection measures to better reflect household size and nutritional need
- Expanding nutrition interventions to include under-five children
- Supporting climate-resilient community food production with practical training and tools
- Delivering culturally tailored health education that builds on indigenous knowledge systems

For communities like the !Xun and Khwe San, such investments are not only a matter of health but of equity, dignity, and self-determination. Strengthening these community systems is essential for building resilience and breaking the intergenerational cycle of undernutrition (Black et al., 2017; Hendriks et al., 2016; Richter et al., 2017).

DISCUSSION

The findings from Platfontein provide a multidimensional view of the interlinked challenges shaping early childhood nutrition in marginalised indigenous settings. The combination of widespread household food insecurity, suboptimal infant feeding practices, and weak community-based support systems contributes to elevated malnutrition risks among children under six. The convergence of household vulnerability and systemic service gaps paints a compelling picture of nutritional fragility in Platfontein and by extension, similar rural contexts in South Africa.

Food Insecurity and its Ripple Effects

With 84% of surveyed households reporting food insecurity, the nutritional landscape in Platfontein is defined by chronic deprivation. Caregivers frequently reported going without meals or struggling to access diverse, nutrient-dense foods. These patterns reflect deeper structural constraints, including geographic isolation, low employment, and heavy reliance on social grants. As detailed in Section 3.1, households with limited or no income beyond grants were more likely to report both inadequate food access and instances of child malnutrition.

Risk factors linked to this food insecurity include low dietary diversity, which affects 42.5% of households, and limited meal frequency. Children in these households face higher vulnerability to undernutrition, even in the absence of direct anthropometric data. National research has consistently shown that such patterns correlate with stunting, wasting, and cognitive delays (Shisana et al., 2013; Hendriks et al., 2016).

Infant Feeding Practices and Nutritional Risk

The suboptimal breastfeeding and infant feeding practices reported in Platfontein (Sections 3.3 and 3.4) compound nutritional risk. Fewer than one in five mothers reported exclusive breastfeeding for the recommended six-month period, and nearly 30% never breastfed at all. Mixed and formula feeding—especially under insecure food and water conditions—introduces additional risks of diarrhoea, poor nutrient intake, and early growth faltering (Victora et al., 2021).

Further analysis showed a trend toward higher malnutrition reporting in children who were never breastfed or breastfed for less than six months. Though the chi-square result ($p = 0.079$) did not reach statistical significance, it signals a likely association that warrants further investigation with anthropometric data. These findings affirm that breastfeeding support must be prioritised in interventions targeting undernutrition.

Structural Barriers in Community-Based Nutrition Interventions

The disconnect between household-level nutritional needs and available community services emerged as a critical theme. Social grants are the main form of support, but they fall short of meeting dietary needs—especially in large, multi-child households. Community gardens are almost non-existent, due to arid land, water scarcity, and lack of training.

Health and nutrition education efforts, while present, are often linguistically and culturally misaligned with the realities of the !Xun and Khwe San. As Section 3.4 shows, even well-intended health messaging may fail to translate into improved practice when it does not reflect local beliefs or is not delivered in the community's languages.

These gaps are especially concerning given the complete exclusion of children under five from school feeding programmes—leaving them unsupported during the most sensitive period for growth and brain development. The absence of accessible, community-anchored nutrition infrastructure reinforces cycles of poor health and developmental delays.

Broader Implications and National Relevance

The Platfontein findings reflect systemic challenges faced by many indigenous and rural communities across South Africa. Food insecurity, disrupted caregiving practices, and weak institutional scaffolding mirror national patterns—but with intensified impact in marginalised areas. Historical land dispossession, linguistic exclusion, and environmental fragility deepen these vulnerabilities.

Evidence from comparable settings shows that integrated, culturally grounded interventions—especially those delivered through ECD platforms—can transform early nutrition outcomes and reduce disparities in school readiness and long-term health (Black et al., 2017; Richter et al., 2017).

Implications for Early Childhood Development Policy

Addressing the challenges outlined in Tables 1–4 and across Sections 3.1 to 3.4 holds transformative potential for child wellbeing in Platfontein and beyond. Prioritising food security and optimal infant feeding practices can:

- Reduce rates of stunting and wasting
- Improve language and cognitive development
- Enhance school readiness and lifelong learning potential
- Strengthen community resilience to climate and economic shocks
- Advance equity in health and development outcomes (WHO, 2018; Victora et al., 2021)

Robust, multisectoral, and locally relevant policy responses are essential. These must be informed by the lived realities of caregivers and rooted in respect for cultural identity, especially in communities where nutrition intersects with heritage, dignity, and survival.

POLICY IMPLICATIONS AND RECOMMENDATIONS

Building on the insights from the Discussion, it is clear that the challenges identified such as limited breastfeeding support, persistent food insecurity, culturally irrelevant early childhood education, insufficient social grants, and gaps in under-five feeding—require urgent and coordinated responses. These responses must be phased over time, practical, and sensitive to the cultural and structural realities of the communities served, especially indigenous populations.

In the **short term (0–12 months)**, immediate action should focus on stabilising nutrition and caregiver support. This involves rapidly expanding breastfeeding promotion through training community health workers and peer counsellors in culturally relevant methods. Emergency food assistance and improved access to social grants are essential to address acute food insecurity. Early childhood development programmes should introduce culturally appropriate educational materials developed in partnership with local leaders to ensure acceptance and relevance. These steps provide critical relief while building trust and engagement within communities.

Over the **medium term (1–2 years)**, efforts should strengthen and expand the systems that support children and families. Social protection policies need review and adjustment to increase grant amounts and improve targeting for families with young children. Nutrition programmes should embed routine monitoring of child feeding practices alongside culturally sensitive caregiver education. Scaling up early childhood development services, with a focus on training educators to deliver culturally relevant curricula and fostering stronger family engagement, will enhance impact. Addressing structural barriers like transport and language access is necessary to ensure equity, particularly for indigenous and marginalised groups.

In the **long term (2–5 years)**, emphasis must shift to embedding sustainability and equity into all policies and programmes. Institutionalising multisectoral collaboration among health, education, social development, and community organisations will ensure comprehensive support for young children's nutrition and development. Policies should explicitly incorporate indigenous perspectives and promote community-led initiatives that foster empowerment and cultural continuity. Continuous investment in data collection, research, and adaptive programming will allow responses to evolve with emerging needs. These long-term efforts will build resilient, inclusive systems that nurture healthier generations and narrow inequalities.

How to Achieve These Recommendations

1. **Engage Communities as Partners:** Involve indigenous leaders, caregivers, and local workers early to co-design interventions, ensuring cultural relevance and community ownership.
2. **Strengthen Local Capacity:** Provide targeted training and resources to community health workers, peer counsellors, and educators so they can deliver effective, culturally aligned support.
3. **Leverage Evidence for Policy Reform:** Use data from monitoring and community feedback to guide social protection reforms and programme adaptations.
4. **Promote Integrated, Cross-Sector Collaboration:** Create coordination platforms connecting government departments, NGOs, and communities to deliver holistic services.
5. **Remove Structural Barriers:** Implement tailored solutions to language, transport, and communication challenges that hinder equitable service access.
6. **Maintain Continuous Learning:** Establish robust data systems and feedback loops for ongoing evaluation and adaptive management of programmes.

Together, these steps provide a practical and culturally grounded pathway from immediate relief to sustainable transformation.

Table 5 Summary of Short, Medium and Long Term Recommendations

Timeframe	Focus Areas	Recommended Actions	Implementation Highlights
Short Term (0–12 months)	Breastfeeding support, food security, cultural relevance	Train local counsellors in culturally appropriate breastfeeding; expand social grant access; provide emergency food support; introduce culturally adapted ECD materials	Partner with community leaders; mobilise existing resources; focus on frontline workers
Medium Term (1–2 years)	Social protection reform, nutrition monitoring, service scale-up	Review and adjust grant policies; embed feeding practice monitoring; train educators on cultural curricula; address transport and language barriers	Data-driven policy adjustments, strengthen local training; improve equity in access

Long Term (2–5 years)	Sustainability, equity, and multisectoral collaboration	Institutionalise cross-sector collaboration; embed indigenous perspectives; support community-led initiatives; invest in research and adaptive programming	Foster community ownership; formalise coordination mechanisms; maintain continuous evaluation

This phased and integrated approach recognises the urgency and complexity of the challenges but also the clear opportunities for meaningful, lasting change. With commitment and collaboration, these recommendations can transform child nutrition and early development outcomes across diverse communities.

CONCLUSION

The evidence from Platfontein reveals a stark reality: young children in this marginalised San community face intertwined challenges of widespread food insecurity and inadequate infant and young child feeding practices. With 84% of households experiencing food insecurity and low rates of exclusive breastfeeding and dietary diversity, these children carry a heightened risk of malnutrition, stunting, and delayed development.

These challenges are not isolated to Platfontein but reflect the broader structural and cultural barriers indigenous and rural populations face across South Africa. Poverty, geographic isolation, environmental hardships, and limited access to culturally appropriate health and nutrition services perpetuate cycles of undernutrition and social disadvantage.

Yet, the findings also point to a clear and hopeful path forward. By implementing culturally sensitive, evidence-based, and multisectoral interventions that actively involve communities, it is possible to break these cycles. Expanding social protection and targeted nutrition support can reach families most in need, while strengthening breastfeeding through community-based counselling respects and builds on local traditions. Promoting dietary diversity and supporting local food production through climate-smart approaches will enhance food security sustainably. Integrating culturally relevant nutrition and health education, supported by robust monitoring systems, ensures ongoing responsiveness to community needs.

When these strategies are embraced with genuine community participation and respect for indigenous knowledge, the potential benefits are profound. Such efforts can reduce malnutrition and stunting, improve cognitive development and school readiness, and empower caregivers and communities with knowledge and agency. They also build resilience against social, economic, and climate shocks, advancing equity and social justice for South Africa’s most vulnerable children.

Ultimately, Platfontein’s experience demonstrates both the urgency and the possibility of meaningful change. Rooting interventions in cultural relevance and multisector collaboration creates a foundation not only for sustainable improvements in Platfontein but also for a scalable model that can inspire and inform efforts across indigenous and marginalised communities throughout the country.

REFERENCES

1. Black, M. M., Walker, S. P., Fernald, L. C. H., Andersen, C. T., DiGirolamo, A. M., Lu, C., McCoy, D. C., Fink, G., Shawar, Y. R., Shiffman, J., Devercelli, A. E., Wodon, Q. T., Vargas-Barón, E., & Grantham-McGregor, S. (2017). Early childhood development coming of age: science through the life course. The Lancet Global Health, 5(7), e877–e889. https://doi.org/10.1016/S2214-109X(17)30354-9
2. Chakona, G., & Shackleton, C. M. (2017). Local setting influences the quantity of household food waste in mid-sized South African towns. PLoS ONE, 12(12), e0189407. https://doi.org/10.1371/journal.pone.0189407
3. Black, M. M., Walker, S. P., Fernald, L. C., Andersen, C. T., DiGirolamo, A. M., Lu, C., ... & Grantham-McGregor, S. (2017). Early childhood development coming of age: science through the life course. The Lancet, 389(10064), 77–90.

4. Chakona, G., & Shackleton, C. M. (2017). Household food insecurity along an agro-ecological gradient influences children's nutritional status in South Africa. BMC Public Health, 17(1), 1–14.
5. Chakona, G., & Shackleton, C. M. (2019). Food insecurity in South Africa: To what extent can social grants and consumption of wild foods eradicate hunger? World Development Perspectives, 13, 87–94.
6. EARLY LEARNING RESOURCE UNIT (ELRU). (2022). A Situational Analysis of the Early Childhood Development (ECD) Services in the Platfontein community Northern Cape. Final Report
7. FAO. (2008). An Introduction to the Basic Concepts of Food Security. Rome: Food and Agriculture Organization.
8. Hendriks, S. L. (2005). The challenges facing empirical estimation of household food (in)security in South Africa. Development Southern Africa, 22(1), 103–123.
9. Hendriks, S. L., et al. (2016). What is the value of food security in South Africa? Development Southern Africa, 33(5), 635-650. https://doi.org/10.1080/0376835X.2016.1204226
10. Hendriks, S., MacIntyre, U. E., & Nel, J. H. (2016). Food insecurity in South Africa: Experiences from Southern Africa. African Journal of Food, Agriculture, Nutrition and Development, 16(4), 11449–11467.
11. HSRC. (2021). South African National Health and Nutrition Examination Survey (SANHANES-2): 2021 Preliminary Findings. Human Sciences Research Council.
12. Richter, L. M., Daelmans, B., Lombardi, J., Heymann, J., Lopez Boo, F., Behrman, J. R., Lu, C., Lucas, J. E., Perez-Escamilla, R., Dua, T., Bhutta, Z. A., Stenberg, K., Gertler, P., Darmstadt, G. L., & Darmstadt, G. L. (2017). Investing in the foundation of sustainable development: pathways to scale up for early childhood development. The Lancet, 389(10064), 103–118. https://doi.org/10.1016/S0140-6736(16)31698-1
13. Shisana, O., Labadarios, D., Rehle, T., Simbayi, L. C., Zuma, K., Dhansay, A., ... & SANHANES-1 Team. (2013). South African National Health and Nutrition Examination Survey (SANHANES-1). HSRC Press.
14. South African Department of Health. (2015). National Integrated Early Childhood Development Policy. https://www.gov.za/sites/default/files/gcis_document/201610/40326gon1084.pdf
15. Victora, C. G., Adair, L., Fall, C., Hallal, P. C., Martorell, R., Richter, L., & Maternal and Child Undernutrition Study Group. (2021). Maternal and child undernutrition: consequences for adult health and human capital. The Lancet, 371(9609), 340–357.
16. Victora, C. G., Bahl, R., Barros, A. J. D., França, G. V. A., Horton, S., Krasevec, J. & Rollins, N. C. (2021). Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. The Lancet, 387(10017), 475–490. https://doi.org/10.1016/S0140-6736(15)01024-7
17. World Health Organization. (2018). Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. https://www.who.int/publications/i/item/9789241514064