Maternal and Child Health: A Mixed-Methods Study in the San Community of Platfontein, South Africa

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ABSTRACT

This study presents a comprehensive analysis of maternal and child health (MCH) in Platfontein, a marginalised San community in South Africa's Northern Cape. Using a mixed-methods approach, the research examines antenatal and postnatal care, maternal health behaviours, child immunisation, breastfeeding practices, and barriers to health service access for children aged 0–6 years. Findings reveal significant challenges, including high rates of unplanned pregnancies, food insecurity, suboptimal health behaviours, and gaps in health education. By combining household surveys with qualitative interviews, the study presents a rich, evidence-based understanding of both statistical trends and lived experiences in Platfontein. The use of Kobo Toolbox for real-time digital data collection demonstrates methodological innovation, especially in a resource-limited setting. The study also integrates cultural perspectives, such as traditional health beliefs and linguistic barriers, which influence maternal behaviours and health service uptake. Verbatim quotes from caregivers and health professionals are used to humanise the data, shedding light on community resilience and challenges. Comparative reflections with national and provincial benchmarks offer insight into disparities. The paper concludes with evidence-based recommendations to strengthen MCH outcomes and support early childhood development in similarly marginalised communities.

Keywords: Platfontein, San communities, Maternal and child health (MCH), Early childhood development (ECD), Breastfeeding practices, Culturally responsive care

INTRODUCTION

Platfontein is home to around 7,000 residents from the !Xun and Khwe San tribes, collectively referred to as the *"San of Platfontein"*. Most families live in government-built Reconstruction and Development Programme (RDP) housing; however, many of these households continue to lack access to essential amenities such as clean water, sanitation, and reliable electricity (ELRU, 2022, p. 3).

The Platfontein community faces persistent poverty, high unemployment, and social exclusion, with most families relying on inaccessible government grants as their primary source of income. The limited availability of services, including only a single school, two shops, a municipal building, and a shared health clinic, exacerbates these challenges (ELRU, 2022, p. 3). These structural and economic constraints have a profound impact on health and development outcomes, particularly for women and young children.

Given the community's challenges, addressing maternal and child health (MCH) becomes a cornerstone of wellbeing, as it is especially crucial in the context of early childhood development (ECD) to mitigate the impacts of poverty and social exclusion. The first 1,000 days of life from conception through the first two years are recognised as a critical window for physical, cognitive, and emotional development (Richter et al., 2017; Black et al., 2017). Good maternal health, adequate nutrition, safe childbirth, and responsive caregiving set the foundation for lifelong health, learning, and productivity (WHO, 2018).

Despite the importance of MCH, recent research in Platfontein and other Northern Cape communities has shown that children aged 0–2 years often lack access to essential ECD services, including maternal and child health interventions, nutritional support, and early learning opportunities (ELRU, 2022, p. 3; Black et al.,

2017). The situational analysis conducted by ELRU (2022) found that many mothers do not receive adequate antenatal or postnatal care, and that rates of unplanned pregnancies, food insecurity, and child malnutrition remain high. Suboptimal breastfeeding practices, limited immunisation coverage, and high rates of preventable childhood illness and mortality compound these factors.

Caregivers interviewed as part of the qualitative component echoed these concerns. One mother shared, *"I didn't know I had to go back to the clinic so soon after giving birth. No one told me."*

The community also faces language barriers that inhibit communication with healthcare providers. Many residents speak Khoekhoe or !Xun, while clinical staff typically use Afrikaans or English. A caregiver noted, *"Sometimes I don't understand what the nurse says, so I just nod."* Traditional beliefs play a role in shaping maternal practices. One elder remarked, "We believe in herbs for some things. For stomach cramps, the old ways still help."

For the Platfontein community, the consequences of poor maternal and child health are far-reaching. Children who experience malnutrition, illness, or developmental delays in early life are less likely to succeed in school, more likely to experience chronic health problems, and face reduced opportunities for social and economic participation as adults (Richter et al., 2017; Black et al., 2017). In a context where intergenerational poverty and marginalisation are already deeply entrenched, strengthening maternal and child health is not only a health imperative but a fundamental strategy for advancing equity and sustainable development.

The study aims to provide an evidence-based analysis of maternal and child health in Platfontein, focusing on antenatal and postnatal care, maternal health behaviours, child immunisation, breastfeeding practices, and barriers to health service access. This research seeks to inform practical interventions that can improve ECD outcomes in Platfontein, thereby addressing the community's broader challenges and serving as a model for other marginalised communities in South Africa.

METHODOLOGY

Study Setting and Design

This research was conducted in Platfontein, a small, arid settlement situated approximately 15 kilometres outside Kimberley in the Sol Plaatje Municipality of the Northern Cape. Platfontein is home to the !Xun and Khwe San peoples, collectively known as the "San of Platfontein." The community faces persistent socio-economic challenges, including high unemployment, poverty, and limited access to basic amenities such as water, sanitation, and electricity (ELRU, 2022, p. 3).

To capture the complex realities of maternal and child health (MCH) in this context, the study adopted a mixed-methods framework. This approach integrated both quantitative and qualitative data collection to provide a comprehensive and nuanced understanding of MCH status, behaviours, and barriers within the community (ELRU, 2022, p. 4). Mixed-methods research was chosen for its ability to yield both general findings and rich, context-specific insights, and to triangulate results for greater validity.

Ethics

Ethical approval for the study was obtained from the relevant institutional review board. All participants provided informed consent prior to participation, and confidentiality and data security were strictly maintained throughout the research process (ELRU, 2022, p. 6).

Instrument Development and Data Quality

All survey and interview tools were developed in consultation with local stakeholders and piloted for clarity, cultural appropriateness, and logistical feasibility. The digital survey forms were designed as a single, integrated tool, linked by a household key to facilitate tracking and analysis. Fieldworkers received comprehensive training on tool administration, ethical considerations, and data management. Data quality was closely monitored throughout the process, with supervisors reviewing submissions for completeness and

consistency. Any discrepancies or errors were addressed promptly through fieldworker feedback and, where necessary, follow-up visits (ELRU, 2022, p. 6).

Data Collection and Sample

Quantitative Data Collection

The quantitative component consisted of a digital household survey administered to all households with children aged 0–6 years. The survey instrument was developed specifically for this project, drawing on established MCH and ECD indicators, and was pilot tested in the field to ensure cultural and contextual relevance (ELRU, 2022, p. 5). The survey was built using Kobo Toolbox, a widely used open-source digital data collection platform. Kobo Toolbox enabled the use of skip logic and validation checks, reducing data redundancy and collection time while improving data quality. The survey included closed and multiple-choice questions, and was administered using mobile devices via Kobo Collect. Data were uploaded in real time to a secure server, allowing for ongoing monitoring and immediate identification of data quality issues.

Qualitative Data Collection

The qualitative component involved semi-structured interviews with a purposive sample of caregivers, community leaders, and health service providers. These interviews explored participants' experiences, perceptions, and challenges related to maternal and child health, as well as barriers to service access and utilisation. The semi-structured format allowed interviewers to probe emerging themes and adapt questions to the local context, ensuring that the voices and lived realities of Platfontein residents were meaningfully captured (ELRU, 2022, p. 5).

Sample Characteristics

The sample was designed to be representative of the community's demographic composition. The majority of caregivers surveyed were aged 21–40 years, reflecting the typical age range for parents of young children in Platfontein. There was a near-equal gender distribution among respondents, and the survey captured a diversity of educational backgrounds, household structures, and socio-economic statuses (ELRU, 2022, p. 6).

RESULTS

Demographic Profile

The findings combine quantitative data with qualitative insights, enabling a deeper understanding of the complex realities facing mothers and children in Platfontein.

Table 1 below shows that most caregivers were aged 21–40 years (69.4%), with 22% reporting no formal education and only 1% holding a diploma or higher. Household income levels were similarly concerning, with the majority of households earning below R1,599/month. These socio-economic indicators are starkly lower than provincial averages, where over 50% of caregivers in the Northern Cape have completed secondary school (StatsSA, 2021). Caregivers voiced the challenges of economic hardship: *"We depend on the grant, but it is never enough to buy food and baby things."*

Table 1: Demographic profile of caregivers and households in Platfontein.

Demographic Indicator	Percentage (%)
Caregiver age 21–40 years	69.4
Caregiver age 41–60 years	19.6
Primary education only	32.0
No formal education	22.0

Diploma or higher qualification	1.0
Households earning < R1,599/month	Majority

Antenatal and Postnatal Care

Table 2 summarises antenatal and postnatal care utilisation. While 74.6% of women attend at least one antenatal care (ANC) visit, follow-up remains inconsistent, with significant barriers including distance, transport costs, and limited health awareness. More than half of pregnancies (51.7%) are unplanned, reflecting gaps in reproductive health education and family planning services. Most births (85.1%) are registered in hospitals; however, only 77.3% of mothers receive information about postnatal follow-up, and 79.3% return to clinics within seven days post-birth. These statistics point to inadequate access to family planning and maternal health education. It further contributes to increased risk for adverse maternal and infant outcomes, such as low birth weight and developmental delays (Table 2). A health worker shared, *"We try to talk to them during check-ups, but many women come only once or twice, and then disappear."*

Table 2: Antenatal and postnatal care indicators

Antenatal/Postnatal Care Indicator	Yes (%)	No (%)
Attended at least one ANC visit	74.6	25.4
Pregnancy planned	48.3	51.7
Birth registered in hospital	85.1	14.9
Informed about postnatal follow-up	77.3	22.7
Returned to clinic within 7 days post-birth	79.3	20.7

Table 2: Antenatal and postnatal care indicators in Platfontein.

The limited follow-up care and high percentage of unplanned pregnancies mirror systemic issues in sexual health education and access, compounded by cultural taboos around discussing reproductive health.

Maternal Health Behaviours

Maternal behaviours during pregnancy have a significant impact on child health outcomes. In Platfontein, 35.4% of women reported alcohol consumption during pregnancy and 28.9% smoked cigarettes, with some reporting daily use. These rates are significantly higher than national averages according to the South African Demographic and Health Survey (2016), approximately 19% of pregnant women report alcohol consumption nationally (Table 3).

When asked why they continued these behaviours, one caregiver said, *"I drink to cope with everything. There is no work, no food, and my husband left."*

Despite extensive health messaging from nurses and community workers, behaviour change remains difficult due to socio-economic stress, entrenched social norms, and limited support systems. A local nurse reflected, *"We do our best to warn them, but it's not easy when they are hungry, depressed, and unsupported."* These findings point to the urgent need for integrated maternal mental health and addiction support alongside routine antenatal care.

Table 3. Maternal behaviour during pregnancy

Behaviour	Percentage (%)
Did not smoke during pregnancy	76.8
Smoked 1–10 cigarettes/day	17.8

Smoked 10–20 cigarettes/day	7.7
Smoked 20+ cigarettes/day	3.4
Never drank alcohol	64.6
Drank alcohol 1–5 times/week	20.0
Drank alcohol daily	5.0
Other alcohol use	10.4

Child Immunisation and Health

Immunisation coverage is relatively high, with 83.6% of children vaccinated and 82.7% up to date on their immunisation schedule. However, de-worming coverage is lower at 60.2%, and 41.2% of households reported child mortality an alarmingly high figure that points to deeper systemic failures in primary care, sanitation, and nutrition (Table 4).

A mother shared, *"My baby got sick at night, and there was no way to get to the clinic. In the morning, it was too late."*

Moreover, 10.6% of children under six were reported to have disabilities, but few families had access to diagnostic services or early intervention. There is also minimal local capacity to support children with developmental delays, as one ECD worker noted: *"We see some children struggle, but we don't have the training to know what's wrong or how to help."*

These factors contribute to increased vulnerability to preventable illness and developmental setbacks. Insights further suggest that improving child health requires not only stronger immunisation campaigns but also improved emergency transport, disability screening, and inclusive ECD services.

Table 4: Child immunisation, health, and disability indicators.

Indicator	Yes (%)	No (%)
Children immunised	83.6	16.4
Immunisations up-to-date	82.7	17.3
Annual de-worming	60.2	39.8
Households reporting child mortality	41.2	58.8
Children under 6 with disabilities	10.6	89.4

Breastfeeding Practices

Breastfeeding practices in Platfontein deviate from WHO recommendations. Only 21.6% of mothers reported continued breastfeeding at the time of the survey, and exclusive breastfeeding during the first six months was practised by just 19.9% (Table 5).

Several caregivers cited cultural misconceptions and economic pressures as reasons for early weaning. One young mother explained, *"I stopped breastfeeding because I had to go back to work. The grant is not enough, so I clean houses when I can."*

Another said, *"They say the baby will be weak if you don't give porridge early. That's how we've always done it."*

These findings suggest the need for targeted breastfeeding support that addresses both knowledge gaps and economic realities. Culturally sensitive peer counselling, better workplace protections, and food support for lactating mothers could improve breastfeeding rates and child nutrition.

Table 5: Breastfeeding practices in Platfontein.

Breastfeeding Indicator	Percentage (%)
Still breastfeeding	21.6
Never breastfed	29.9
Stopped breastfeeding at 6 months	16.6
Stopped breastfeeding at 12 months	15.7
Stopped breastfeeding at 18 months	8.8
Stopped breastfeeding at 24 months	7.4
Exclusively breastfed (first 6 months)	19.9
Started breastfeeding, then formula feeding	33.3
Both breastfeeding and formula feeding	24.0
Formula feeding from birth	5.4
Never had a baby	14.5

Access to Health Services

Most respondents (93.3%) reported access to a healthcare facility within 5 km, and 90.8% had a clinic book for their children. However, these statistics mask deeper inequalities in quality and utilisation. Transportation, long waiting times, language barriers, and occasional stock-outs limit meaningful access (Table 6).

One caregiver indicated *"The clinic is close, but sometimes the nurse is not there, or the medicine is finished". Another added, "They speak Afrikaans, and I speak! Xun. I don't always understand what they are saying."*

While infrastructure exists, investments are needed in staff training, translation services, and outreach support. Community health workers could help bridge gaps between the clinic and household .

Table 6: Access to health services among Platfontein caregivers.

Health Service Access Indicator	Yes (%)	No (%)
Have a clinic book	90.8	9.2
Access to healthcare facility	93.3	6.7
Healthcare facility within 5 km	95.7	4.3

Food Security and Nutrition

Food insecurity emerged as a major barrier to maternal and child health. Survey results showed that 74.1% of households experienced food insecurity, with 41.2% indicating they had run out of food in the past month. Mothers and caregivers linked this directly to poor child nutrition and increased illness (Table 7).

One mother explained, *"When there is no food, I cannot give my baby porridge. Sometimes we just drink water and sleep."*

This situation affects both maternal nutrition during pregnancy and infant feeding. Children in these households are more likely to be stunted, underweight, or ill. Despite government social grants such as the Child Support Grant, the income remains insufficient to cover nutritional needs. A community elder stated, *"The grant helps, but it's too small. We have to choose between food and electricity."*

The study also found limited knowledge about balanced nutrition. Many caregivers reported feeding children staple-heavy diets with little protein or vegetables. Cultural beliefs also influenced diet some foods were considered inappropriate for babies, and others were thought to cause illness.

Table 7: Food security status of households in Platfontein.

Food Security Status	Percentage (%)
Food insecure	84.0
Food secure	16.0

These findings paint a detailed picture of the challenges faced by Platfontein families in accessing and utilising critical maternal and child health services, compounded by socio-economic and environmental factors. The data highlight the urgent need for community-based nutrition education, greater food security interventions, and economic support mechanisms to ensure that all children in Platfontein have access to adequate and nutritious food which would in turn improve health outcomes and support early childhood development within this marginalised community.

Integrated Analysis, Policy Implications, and Strategic Recommendations

Contextual Overview and Implications

The Platfontein community, located in the Northern Cape and predominantly inhabited by the !Xun and Khwe San peoples, embodies the enduring legacy of historical marginalisation, geographic isolation, and entrenched poverty factors that severely compromise maternal and child health (MCH) and early childhood development (ECD). Displaced from their ancestral lands during apartheid-era relocations, the community continues to grapple with systemic barriers that restrict access to essential services, economic opportunities, and culturally appropriate health education.

Insights from the 2022 ELRU Platfontein Situation Analysis reveal a pressing need for integrated, context-sensitive strategies that address these multifaceted challenges. Critical health and development indicators paint a stark picture:

- While 74.6% of women initiate antenatal care, consistent follow-up remains a significant gap;
- Over half of all pregnancies are unplanned, exacerbating maternal and infant health risks;
- Substance use during pregnancy is prevalent, with 25% of women consuming alcohol and 17.8% smoking tobacco;
- Exclusive breastfeeding rates are alarmingly low, with only 19.9% of infants breastfed exclusively for the recommended first six months;
- Chronic food insecurity affects an overwhelming 84% of households, undermining nutritional status and child development;
- Immunisation coverage falls short of optimal levels, leaving many children vulnerable to preventable diseases;
- Disability screening and early intervention services are severely limited or absent.

These interconnected realities have profound implications for early childhood development:

- Children face heightened risks of stunting, underweight conditions, and developmental delays, impeding their physical and cognitive growth;
- School readiness is compromised as poor health and inadequate early stimulation hinder learning and social-emotional development;
- Families endure persistent psychosocial stress, weakening their capacity to provide nurturing and responsive care;
- The cyclical nature of poverty and marginalisation perpetuates across generations, limiting opportunities for upward mobility and wellbeing.

Within this complex landscape, the imperative to strengthen maternal and child health transcends a purely medical concern. It is foundational to achieving equitable ECD outcomes and fostering sustainable community resilience. Holistic, culturally grounded interventions that integrate health, nutrition, education, and social support are essential to transform the developmental trajectories of Platfontein's children and their families.

Thematic Analysis

This section synthesises key thematic findings from the Platfontein community's maternal and child health and early childhood development landscape. Each theme highlights critical challenges and the interwoven nature of MCH and ECD outcomes, underscoring the necessity of integrated, context-responsive interventions.

Antenatal and Postnatal Care

Access to consistent, high-quality antenatal and postnatal care remains a fundamental challenge in Platfontein. Geographic barriers, such as long distances and lack of reliable transport, deter many women from attending the full recommended schedule of antenatal visits. Additionally, limited awareness about the importance of follow-up care contributes to irregular postnatal monitoring. The persistence of home births without skilled health support increases risks of birth complications, low birth weight, and delayed developmental screening. Missed immunisation opportunities further compound health vulnerabilities.

The absence of comprehensive maternal care directly results in preventable infant morbidity and mortality, hinders critical early bonding and stimulation, and sets a trajectory for developmental delays that impair cognitive and emotional growth.

Maternal Health Behaviours

Substance use during pregnancy is alarmingly prevalent, with 25% of women consuming alcohol and 17.8% smoking tobacco. These behaviours reflect multifaceted socio-economic stressors, entrenched cultural norms, and insufficient support structures. Despite dissemination of health education messages, meaningful behaviour change remains elusive without interventions that are culturally tailored and community-driven.

Prenatal exposure to alcohol and tobacco significantly increases risks for low birth weight, fetal alcohol spectrum disorders, and neurodevelopmental impairments, all of which critically diminish cognitive capacity, emotional regulation, and school readiness.

Child Immunisation and Health

While immunisation coverage in Platfontein shows some promise, gaps in outreach leave a proportion of children vulnerable to vaccine-preventable diseases. Annual de-worming programmes lack consistent implementation, and child mortality rates remain a pressing concern. Compounding these challenges is the limited identification and inclusion of children with disabilities, who face stigma and lack access to early intervention due to insufficiently trained personnel.

Early childhood illness undermines healthy development and readiness for school. Moreover, failure to detect and support disabilities during early years results in exclusion from learning opportunities and diminished participation in social and educational settings.

Breastfeeding Practices

Exclusive breastfeeding for the first six months is practiced by fewer than 20% of mothers. Early cessation is driven by pervasive myths, lack of breastfeeding support, and socio-economic pressures such as the need for mothers to return to work without adequate maternity protections. The scarcity of lactation counselling services and insufficient workplace accommodations exacerbate this challenge.

Breastfeeding is foundational for optimal brain development, immune system strengthening, and emotional bonding between mother and child. Low breastfeeding rates contribute to increased risks of malnutrition, infection, and compromised cognitive development.

Food Insecurity and Nutrition

Chronic food insecurity affects an overwhelming 84% of households, with seasonal shortages intensifying during winter months. Diets are frequently restricted to nutrient-poor staple foods, resulting in widespread maternal and child nutritional deficiencies. Consequences include stunting, anaemia, and delays in motor and cognitive development. Malnutrition during pregnancy and early childhood impairs brain growth, reduces learning potential, and heightens vulnerability to illness, perpetuating a cycle of poor health and developmental disadvantage.

Disability Screening and Inclusion

Children with developmental delays or disabilities remain largely invisible within Platfontein's health and education systems. Routine developmental screening is absent, and both ECD practitioners and health workers often lack the training to identify or support children with additional needs. Stigma further prevents families from seeking assistance. Undiagnosed disabilities result in social isolation, exclusion from early learning environments, and missed critical periods for intervention thereby deepening inequities and compromising lifelong outcomes.

Data Systems and Community Engagement

Current data collection on maternal and child health, as well as early childhood development, is sporadic and fragmented. Community members frequently lack meaningful opportunities to participate in health planning, monitoring, and feedback. This undermines accountability, impedes adaptive programme management, and limits responsiveness to evolving local needs. Robust, participatory data systems are indispensable for tracking progress, identifying service gaps, and ensuring that MCH and ECD interventions are effective, culturally relevant, and sustainable over time.

This thematic analysis underscores the imperative for integrated strategies that bridge health, nutrition, early learning, and community participation. Addressing these interconnected domains holistically will drive more equitable and enduring improvements in both maternal-child health and early childhood development in Platfontein.

Policy Implications

The findings from Platfontein offer compelling evidence for a shift toward integrated, equity-driven policies that simultaneously strengthen maternal and child health (MCH) and early childhood development (ECD). This shift must be underpinned by a systems-thinking approach that acknowledges the interdependence of health, nutrition, early learning, social protection, and community empowerment.

Advancing the National Integrated ECD Policy (2015)

The National Integrated Early Childhood Development Policy (2015) identifies the need to prioritise the most vulnerable children, especially those in under-resourced and historically marginalised communities. Platfontein exemplifies the urgent relevance of this call. The community continues to face critical service delivery gaps, compounded by geographic isolation and limited interdepartmental coordination.

The Platfontein context demands a stronger inter-sectoral implementation of the ECD Policy. Health, social development, education, and agriculture sectors must work collaboratively at the local level to deliver integrated services tailored to community needs. Community-based models that blend health outreach, parenting support, nutrition assistance, and ECD interventions must be prioritised.

Operationalising the Nurturing Care Framework (WHO, 2018)

The WHO's Nurturing Care Framework provides a globally recognised roadmap for holistic early childhood development. It identifies five essential domains: good health, adequate nutrition, responsive caregiving, security and safety, and opportunities for early learning. The Platfontein situation underscores how deficits in maternal care, nutritional support, and caregiving environments negatively affect all five domains simultaneously.

National and provincial strategies must align with the Nurturing Care Framework by embedding its principles into primary healthcare, ECD programming, and community development planning. This requires capacity building for frontline workers, investments in caregiver support systems, and mechanisms to ensure continuity of care from pregnancy through to school entry.

Platfontein as a Demonstration Site for Integrated Community-Led Programming

Platfontein holds strategic potential to serve as a demonstration site for piloting and scaling up culturally relevant, community-led models of integrated MCH and ECD service delivery. The community's unique demographic profile, socio-historical context, and existing local leadership structures position it as a valuable learning hub for adaptive, inclusive, and scalable interventions.

Government and development partners should designate Platfontein as a pilot site for integrated service delivery, accompanied by longitudinal monitoring, community participation, and cross-sectoral learning. Lessons from this initiative could inform provincial and national policy development, particularly for reaching remote, indigenous, or marginalised populations elsewhere in South Africa.

SUMMARY OF KEY FINDINGS

The analysis of the Platfontein community reveals a confluence of interlinked challenges that significantly hinder progress in maternal and child health and, by extension, early childhood development:

1. **Unplanned Pregnancies and Fragmented Care:** More than half of all pregnancies in Platfontein are unplanned, and many women do not receive consistent follow-up care, increasing the risk of poor maternal and neonatal outcomes.
2. **Prevalent Substance Use During Pregnancy:** High levels of alcohol and tobacco use reflect psychosocial stressors, inadequate health education, and limited access to cessation support services.
3. **Low Exclusive Breastfeeding Rates:** Fewer than one in five mothers breastfeed exclusively for the recommended six months, often due to a lack of counselling, structural barriers, and misinformation.
4. **Widespread Food Insecurity:** A staggering 84% of households experience chronic food insecurity, placing both mothers and children at risk of malnutrition and stunted development.
5. **Gaps in Immunisation and De-worming Coverage:** Inconsistent outreach and follow-up leave significant numbers of children vulnerable to preventable diseases and poor physical health.
6. **Limited Disability Screening and Support:** Children with disabilities remain largely invisible to the health and education systems, missing critical windows for early intervention and inclusion.

7. **Underdeveloped Data and Feedback Systems:** Weak community-based data collection and minimal participatory mechanisms hinder effective planning, service delivery, and community ownership.

This study underscores the multifaceted challenges faced by the Platfontein community with regard to maternal and child health. While infrastructure such as clinics and grants exists, the lived experience of caregivers reflects a more complex reality marked by economic hardship, cultural norms, systemic gaps, and historical marginalisation.

Qualitative interviews enriched the quantitative findings by revealing the emotional and practical barriers to optimal maternal behaviours, from alcohol use to early weaning. Language barriers and mistrust of formal health services also hinder uptake and continuity of care. Caregivers often operate under acute stress and without sufficient information or support systems.

The findings in Platfontein echo broader trends observed in other marginalised communities in South Africa, but with pronounced disparities. For instance, the unplanned pregnancy rate in Platfontein (51.7%) exceeds the national average (around 36% as per SANHANES), and early breastfeeding cessation is far more prevalent than in other Northern Cape districts.

CONSOLIDATED RECOMMENDATIONS

An effective response to the challenges identified in Platfontein must be multidimensional, sustained, and community-centred. Policy and programming responses must therefore be localised and context-sensitive to strengthened MCH services and improved ECD outcomes. Based on the findings, the following recommendations are proposed:

Short-Term Recommendations

- Improve translation and culturally appropriate communication in clinics to address language gaps.
- Recruit and train community health workers from Platfontein to support outreach, follow-up care, and health education.
- Provide mobile clinics or transport subsidies for emergency and postnatal visits.
- Expand peer support programmes for maternal mental health and breastfeeding.

Medium-Term Recommendations

- Integrate maternal mental health, addiction services, and reproductive education into primary care delivery.
- Expand food support schemes for pregnant women and young children, including local food gardens and fortified staple programmes.
- Develop culturally sensitive nutrition education programmes through ECD centres and clinics.
- Ensure inclusive health services for children with disabilities, including early screening, referrals, and caregiver training.

Long-Term Recommendations

- Advocate for policy reform to increase the Child Support Grant to match nutritional needs and inflation.
- Establish cross-sector partnerships to address water, sanitation, education, and income generation holistically.
- Promote data-driven MCH planning at local government level using disaggregated community-level data.

These recommendations, while ambitious, are achievable through cross-sectoral collaboration, investment in human resources, and empowerment of local structures. Together, they offer a roadmap to reduce inequalities,

improve maternal and child health, and lay a strong foundation for thriving early childhood development in Platfontein.

CONCLUSION

The case of Platfontein serves as both a warning and a call to action. While national frameworks for maternal and child health exist, their implementation must be adapted to the unique linguistic, cultural, and socio-economic realities of communities like Platfontein. Maternal and child health is the gateway to equitable early childhood development. The Platfontein community faces a complex web of challenges that undermine maternal and child health and, by extension, early childhood development. High rates of unplanned pregnancies, food insecurity, suboptimal health behaviours, and limited access to services perpetuate cycles of disadvantage and exclusion.

In Platfontein, where families face daily adversity, an integrated, culturally responsive, and community-led approach is essential. The integration of qualitative and quantitative data in this study offers a robust, human-centred account of MCH gaps and strengths. Through targeted, locally informed strategies, it is possible to build a system that is not only accessible but also responsive to the real needs of mothers and children.

The Platfontein study offers clear, practical insights for national and provincial efforts to close the ECD equity gap and create resilient, thriving futures for all children in South Africa. By implementing targeted, culturally relevant, and community-driven interventions expanding access to care, improving health education, supporting breastfeeding, addressing food insecurity, and strengthening disability support Platfontein can make significant progress toward healthier, more resilient children and families. Such reforms will not only improve outcomes in Platfontein but can serve as a scalable model for other marginalised communities across South Africa. Ultimately, investing in maternal and child health is an investment in the future laying the foundation for equitable, sustainable development and breaking the intergenerational cycle of poverty.

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