



Exploring childhood malnutrition and household food security in Gauteng and Limpopo: Implications for social development processes

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Abstract

This paper provides insight into the relationship between child malnutrition and food security in two South African communities facing economic hardships. The research focused on Thulani, a township in Gauteng province, and Ga Masemola, a rural village in Limpopo province. We conducted 20 in-depth interviews with mothers of children under five years. A key theme distilled from the data was the negative effects of unemployment, limited access to nutritious foods and coping strategies to alleviate food insecurity. The paper emphasises that suspending health and nutrition programmes during the COVID-19 pandemic has exacerbated health inequalities and

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reversed progress in achieving SDGs 1-3. The paper emphasises the importance of social development processes in addressing childhood malnutrition's root causes. This includes providing services, working collaboratively with communities and development agencies to promote sustainable food systems and nutrition awareness, and connecting families with needed psychosocial support and financial assistance.

Keywords: Food insecurity, child malnutrition, social context, low-income communities, nutritious foods, South Africa, social development processes.

Introduction

Childhood malnutrition is a significant global health challenge that affects public health and social development processes. It encompasses inadequate diets that lead to stunting, underweight, wasting, and micronutrient deficiencies. Conversely, overnutrition arises from excessive diets associated with non-communicable diseases (WHO, 2021). Recent estimates indicate that 148 million children are stunted, 45 million are wasted, 37 million are overweight, and about 45% of all under-five deaths are caused by undernutrition (UNICEF et al., 2023). Childhood malnutrition contributes to an increased risk of mortality, susceptibility to infectious diseases, poor cognitive development, and low economic productivity. The consequences of childhood malnutrition have far-reaching effects on individuals, families, communities, and the world (Govender et al., 2021). Research has shown that food insecurity is a significant predictor of malnutrition in children, with socioeconomic disparities playing a crucial role in both food insecurity and adverse nutritional outcomes (Lukwa et al., 2020; Mkhize & Sibanda, 2020; Siddiqui et al., 2020).

Similarly, the Food and Agriculture Organization (FAO) argues that food security exists when people have access to safe, sufficient, and healthy food at all times (Fanzo, 2017; FAO et al., 2022). The existing gap in the literature on childhood malnutrition and food insecurity is that much research focuses on national-level data. However, significant variations exist within urban and rural areas. Factors such as poverty, access to healthcare, clean water and

sanitation all influence how food insecurity impacts children's nutritional outcomes (Govender et al., 2017).

In South Africa, childhood malnutrition is a complex issue deeply intertwined with the country's food security status and social context. However, the right to safe and sufficient food is a constitutional right (Gildenhuys, 2017). Despite national-level food security, challenges persist in ensuring equitable access to food and nutrition for all. In 2021, 11.6% (2.1 million) of South African households reported experiencing hunger (Statistics South Africa, 2023). Studies conducted in South Africa have identified factors such as poverty, high unemployment rates, and the energy crisis as contributors to food insecurity. Additionally, the ongoing energy crisis in the country has made food more expensive and inaccessible for many households (Mbajjorgu & Odeku, 2022; McCordic & Frayne, 2017; Tambe et al., 2023). When food prices rise, low-income households are forced to make difficult choices such as reducing portion sizes, substituting nutritious food with cheaper, less nutritious foods and diverting resources to other immediate household needs (McCordic & Frayne, 2017). Various government departments, civil society, and non-governmental organisations have tried to reduce food insecurity and childhood malnutrition (Brunet et al., 2021). Despite policies and programs to improve children's health and nutrition, childhood malnutrition and food insecurity persist (Sello et al., 2023). This is evident in the contrasting nutritional issues plaguing children: a concerning high obesity rate of 13% – more than double the global average – alongside a persistent rate of under-five stunting at 27% over the past three decades. (May et al., 2020; Said-Mohamed et al., 2020).

In South Africa, 13.8 million people live below the food poverty line of R760, and 63% live below the upper-bound poverty line of R1 558 (World Bank, 2023). Despite 3.1 million households being involved in agricultural activities, more than half a million children under 5 reported experiencing hunger in 2021 (StatsSA, 2023). Women face disproportionately high unemployment rates, with their unemployment at 35.7%, higher than the national average of 31.9% in the third quarter of 2023 (StatsSA, 2022). Other studies conducted in the global South have found associations between

childhood malnutrition and the mother's employment status, age, level of education, and residence (Alaba et al., 2022; Mkhize & Sibanda, 2020; Sello et al., 2023).

Addressing childhood malnutrition in South Africa requires a multifaceted approach that considers the social context, including household dynamics, community structures, and broader socioeconomic factors. Despite rural households having access to land-based livelihood strategies like subsistence farming, they still face challenges in achieving food security due to economic constraints (Mbajjorgu & Odeku, 2022). In Limpopo Province, for instance, a substantial proportion of rural households (53%) experience severe food insecurity (Tambe et al., 2023). Urban areas also exhibit a social disparity between food insecurity and childhood malnutrition, with over two-thirds of households experiencing food inadequacy (StatsSA, 2023). Despite initiatives like the Homestead Food Garden program to increase food production, food security remains a challenge, particularly in peri-urban areas in Gauteng (Malatsi et al., 2023). This research study investigates the intricate relationships between childhood malnutrition, household food security, and the social context in Gauteng and Limpopo regions. By exploring these interconnections, the study aims to provide insights into the implications for social development processes, contributing valuable knowledge to the broader discourse on addressing child malnutrition and promoting food security in these South African provinces. Understanding how malnutrition and food insecurity intersect with social factors such as poverty, education, and healthcare access can contribute to efforts aimed at promoting social equity and inclusive social development.

Theoretical considerations

This study used the Food and Nutrition Security (FNS) Theory. This theory is based on four pillars (availability, access, utilisation and stability). The theory also provides a structure to analyse the factors contributing to household food insecurity (FAO). According to this theory, food and nutrition security means having social, physical, and economic access to nutritious food that meets people's dietary needs for a healthy life (Dwyer & Drewnowski, 2017; UNSCN, 2017). The food and nutrition security theory

provides a valuable framework for our study of childhood malnutrition and household food security in Gauteng and Limpopo. This framework helps us identify key factors contributing to food insecurity, such as limited food production, lack of income to buy food, inadequate knowledge about nutrition, or frequent environmental shocks that disrupt food access.

Furthermore, the theory emphasises the vulnerability of children due to their specific dietary needs and dependence on caregivers. This lens allows us to explore how food insecurity disproportionately affects children's growth and development. Finally, recognising the interconnectedness of food security with broader social factors like poverty, education, and social inequality, we can examine how social development processes in these regions might influence household food insecurity and impact children's nutritional well-being.

Methods

Study design

This qualitative study investigated the link between childhood malnutrition and food security in low-income communities in South African households. The research targeted two communities: Thulani, a peri-urban township in Gauteng province experiencing housing challenges (formal and informal settlements), and Ga Masemola, a rural Limpopo province community grappling with poverty and limited access to basic infrastructure (water and sanitation). Selection criteria for these communities included ease of access to research and a clear need for socioeconomic improvements. The study period spanned between June and August 2022. The qualitative approach, employing in-depth, structured-topic interviews, facilitated a nuanced exploration of the connections between childhood malnutrition and food security within these contexts.

Sample selection

This study utilised a dual sampling approach, combining purposive and snowball sampling techniques. Purposive sampling targeted mothers of children under five. Twenty mothers from diverse socio-economic backgrounds and locations within Thulani and Ga Masemola were

interviewed. Interviews lasted between 30-90 minutes each. Researchers collaborated with community leaders and Early Childhood Development (ECD) forum leaders to access this population. These leaders directed the researchers to relevant ECD centres, where mothers with children under five were more likely to be found. Information sheets detailing the study were distributed at these centres to recruit eligible mothers. A screening questionnaire confirmed that participants met the inclusion criteria: being a mother, having at least one child under five years old, and falling within the reproductive age range of 15-49 years. Snowball sampling further expanded the sample pool as participants referred other eligible mothers. Interviews were primarily conducted at the ECD centres for convenience. However, interviews were conducted at their homes for participants unable to attend these locations.

Data collection and analysis

This qualitative study utilised in-depth, semi-structured interviews to explore experiences and knowledge related to childhood malnutrition, caregiving, food security, and social development. Interviews were conducted in the dominant local languages (Sesotho and isiZulu) to ensure participants understood the questions. An interview guide with open-ended questions facilitated detailed responses and allowed for probing to ensure key themes were covered. To ensure data quality, informed consent was obtained, interviews were audio-recorded with note-taking, and recordings were securely stored on Google Drive. A multi-step process involving verbatim transcription, translation (if needed), and comparison with field notes enhanced data richness and analytical rigour.

Atlas. Ti, a thematic qualitative analysis software program, was used to analyse the qualitative data of this study. The analysis approach involved deductive coding, where pre-established theories about childhood malnutrition, household food security, and social development (Skjott et al., 2019; Williams & Moser, 2019) guided the initial coding structure. A codebook or "code tree" was developed to categorise the data based on these existing frameworks. Transcripts were then systematically analysed to

determine if the content aligned with the established codes. If new themes emerged during this process, the codebook was expanded to incorporate these new concepts.

Trustworthiness

To uphold the trustworthiness of our study, we carefully recorded and accurately captured the information shared by the participants as they conveyed it. To ensure methodological rigour, we remained careful in preventing preconceived notions or biases regarding childhood malnutrition and household food security from influencing the data collection and analysis process. We remained mindful of any personal biases that may arise, safeguarding against potential interference with the integrity of the research findings. Additionally, we remained objective even in the interpretation of our study findings.

Ethics

This study adhered to ethical research principles. Before commencing the research, approval was obtained from the University of Witwatersrand Human Research Ethics Committee (Non-medical H21/04/34). During the in-depth interviews, researchers collected potentially identifiable personal information. To protect participants' privacy, anonymity and confidentiality were ensured throughout the research. Participants were assigned unique codes to anonymise their identities during data reporting and analysis. In addition, confidentiality was thoroughly discussed with participants before they provided written informed consent through a signed form or verbal consent. Participants were informed that their participation was voluntary and involved no potential harm. They were also made aware of their right to withdraw from the interviews at any point if they felt uncomfortable.

Results

Table 1 below provides information on the characteristics of a group of 20 mothers. The largest group is 33-49 years old at 45%, followed by 20-24 years old at 40%. The home languages represented are primarily Sepedi and IsiZulu, each at 45%. The majority of mothers were not married (60%). Most

mothers were not employed (45%) and only 35% were employed. The place of residence is evenly split between rural and urban areas. Educational attainment ranges from no education (5%) to completed secondary (50%), with 15% having post-secondary education. Half the mothers in this sample had only one child, 35% had 2 to 3 children, and 15% had four or more children. The majority (90%) have the father of their child alive, but only 40% receive child support, with 55% receiving no support and 5% receiving it sometimes.

Table 1: Socio-demographic profile of mothers in Ga Masemola and Thulani, South Africa 2022

Characteristics	Frequency	Percentage
Age		
20-24	8	40
25-32	3	15
33-49	9	45
Home language		
Sepedi	9	45
Sotho	1	5
IsiXhosa	1	5
IsiZulu	9	45
Marital status		
Married	8	40
Not married	12	60
Employment status		
Employed	7	35
Learnership	1	5
Self-employed	3	15
Unemployed	9	45
Place of residence		

Rural	10	50
Urban	10	50
Education		
No education	1	5
Primary Education	1	5
Incomplete secondary education	5	25
Completed secondary	10	50
Post secondary	3	15
Number of children		
1 child	10	50
2-3 children	7	35
4+ children	3	15
Father of child alive		
No	2	10
Yes	18	90
Father child support		
No	11	55
Sometimes	1	5
Yes	8	40

Child growth perspectives and healthcare utilisation

The study revealed a limited understanding of childhood malnutrition among participants. When questioned about their perception of a child's weight and height, many participants did not identify concerns with a child being too thin, short, or overweight. Explanations for these observations varied. Some participants attributed body size to genetics, while others linked weight and stature to religious beliefs. For instance, some Christian mothers expressed a strong belief that God determines a child's specific weight and height, as exemplified by the statements of two community women who stated:

“Some children are born thin, and some are born with a bit of weight. However, from my side, my children were not born thin; they were big. Even

when they grow and can do things themselves, they are still big. However, my youngest daughter is slim even though she is not sick. Sometimes children take their body stature from their parents or their forefathers.” (KII/Female, 45 years, Ga Masemola)

“If the child is too short, too tall, or overweight, I think that is how God created them. We should not try to change his purpose. Also, sometimes you must look at other people in the family; you will see that the child looks like them. It is genetic; we cannot do anything about that.” (KII/Female, 25 years, Thulani)

There were also general complaints received from mothers about the service delivery in health facilities, particularly government clinics. Mothers expressed how poor service delivery has discouraged them from seeking healthcare for their children. Caregivers also expressed that it was better to stay at home with a child who is not seriously ill than to take the child to the clinic. The following participants expressed their feelings regarding the treatment received at the clinic. In their own words:

“The clinic always has a shortage of medication. They always give you a panado or multivitamin. Nothing else – it is a one-size-fits-all. Even when children come to the clinic with different illnesses, they all get the same medication.” (KII/Female, age 42, Thulani)

“There are too many of us needing medical help. We all stand in long queues to seek medical care. Even when you have brought a young child or an old person coming for health care [referring to the grandparents], unless you must take your child to the clinic, you stay home and use the natural remedies. The aloe plant is very good with a lot of things. It is better than walking a long distance only to be turned away or to be told there is no medication.” (KII/female, age 38, Ga Masemola)

Household Food Insecurity, poverty and coping mechanisms

During our interviews, the mothers’ perspectives on how the size of their family or household could impact the health and nutrition of their children were asked. Mothers expressed concerns that large family sizes could hinder

the growth and development of their children. They highlighted challenges such as limited resources, food scarcity, decreased parental attention and time, and compromised hygiene practices.

Participants also expressed the adverse effects that the COVID-19 pandemic had on household food security. Most participants reported that they had to reduce their preferred food intake and cut down on food expenses to save money. They shared their experiences of not always having enough food to eat, especially towards the end of the month. Additionally, they discussed the challenges of affording certain preferred foods due to financial constraints. Participant 40 below indicates that COVID-19 brought uncertainty and prompted adjustments in participants' food choices.

“When the pandemic started, we did not have to cut down because food was available, and my sister was also working. However, a year later, after COVID-19 had started, my sister got retrenched. We then cut down on what we normally used to do so that we could adjust to the new life and a new way of doing things.” (KII/female, age 22, Ga Masemola)

Participants also shared their perspectives on food adequacy and insecurity. It was clear that the concept of not having enough to eat and not having a balanced diet was prevalent. Participants mentioned that food-secure individuals can afford to buy the necessary items without worrying about money. Participants generally reported eating available food rather than what they wanted or knew was healthy. They also connected nutrition status to socioeconomic status, stating that those with lower socioeconomic status often could not afford nutritious foods like fruits, vegetables, and sufficient meat. Participants from both study sites understood a healthy diet and the diets their children should follow for optimal growth.

“Food here at home is not enough; we cannot always afford to eat veggies and fruits. Food-secure people eat a balanced diet with fruits, vegetables, and meat. Well, I eat the rest, but I do not prefer to eat meat.” (KII/Female, age 23, Ga Masemola)

The quotes below highlight the challenges of food affordability and food insecurity and the resilience strategies employed by participants.

“We struggle; sometimes the food finishes before month end, but we will still have a small quantity of maize meal, a small quantity of Morongo [spinach], Okinawa [beans] and chicken feet. You know that chicken feet are our village food, right?” (KII/female, age 32, Ga Masemola)

The participants described their households as struggling to make ends meet, highlighting the pervasive nature of poverty in rural areas. This also sheds light on families' challenges in meeting their basic needs, particularly regarding food security. Below is the voice of a participant giving an account of their experience.

“Food is expensive; buying the things the child needs is not always possible. I do bulk buying, which helps you save when buying things on sale. You know that even if you do not use it this month, you can still use it next month”. (KII/female, age 32, Thulani)

Knowledge and attitudes around nutrition

While all mothers understood the importance of breastfeeding, many were uncertain about the recommended duration and timing of complementary feeding. Participants also admitted to not following the guideline of exclusively breastfeeding for the first six months, as they felt their children were hungry and crying excessively. Consequently, they introduced complementary feeding earlier, some even starting at two months of age. There was also a lack of clarity among participants regarding when breastfeeding should be stopped, with responses ranging from six months to three years.

The participant shared their views as shown below:

“I breastfed my child until he was two years old, and only started giving him solids after one month because the child was crying a lot, and her grandmother told me that the child was crying because he was not full from the breast milk” (KII, age 29, Ga Masemola)

“Breastfeeding is important and healthy, plus you get to save. When the child is breastfed, they grow well, and they do not get sick.” (KII/Female, age 25, Thulani, Gauteng)

Role of Social Support and Government Interventions

Participants mentioned that their households did not receive any form of help during the Covid-19 pandemic. They also did not view the Social Relief of Distress Grant provided by the government as a form of assistance during the pandemic but rather as the government’s social responsibility. The following participant reflects on the need to strategise monthly to ensure their food supply lasts for the entire month. In the words of two community women:

“We just make do with what we have. Every month, we patch things here and there to keep going and to ensure that there is enough food in the house.” (KII/female, age 44, Ga Masemola)

“Things are so expensive; we only buy what we need with the grant money. As long as we have a mealie meal – that is the basic and most important grocery item. You can make pap and soft porridge. We eat, and our tummies get full. Who will see that we ate a mealie meal? The R350 grant money is too little; what can you do with so little money? We voted for ANC [current ruling party and government]; it is supposed to help us!” (KII/female, age 30, Thulani)

Some participants expressed that although the situation in the communities was dire, with high unemployment rates, organisations attempted to assist by teaching community members how to create food gardens. However, only some were receptive to this help.

“There used to be this organisation coming here encouraging people in the community to grow their food. Mhh (laughs), where will be growing food here? As you can see, there is no space. I wonder what has happened to the people who took those seeds. I wonder if it worked or whether they have their food gardens.” (KII/female, age 42, Thulani)

“People in this community grow their food. It is the only way we survive. We eat pap, morogo [spinach] and other vegetables”. The only problem arises when there is no rain; we cannot water our plants.” (KII/female, age 50, Ga Masemola)

Discussion

This paper aims to understand better the complex relationships between childhood malnutrition and food security and their implications for social development processes. Studies in South Africa have shown that the high prevalence of stunting reflects decades of research highlighting a persistent challenge (Govender et al., 2017; Mamabolo et al., 2005; Shisana et al., 2013). The detrimental effects of stunting extend far beyond childhood and contribute to the cycle of poverty in low-income settings (Modjadji & Madiba, 2022; Wand et al., 2024).

This study focuses on low-income and resource-scarce environments characterised by significant socio-economic challenges. These challenges include high unemployment among caregivers, reliance on government assistance programs, limited educational opportunities (with most caregivers having only a high school education), food insecurity, inadequate sanitation facilities, and poor housing conditions. When considering caregivers' varied roles, contradictions and interesting facts emerge. For instance, studies indicate disparities in healthcare utilisation that are influenced by maternal education (Adedini et al., 2020; Ihedimma & Opara, 2021). Similarly, another study in South Africa found that only 60% of women had completed secondary school, identifying a link between lack of further education and increased income insecurity, disproportionately affecting women (Raniga, 2023). Other studies have demonstrated that higher levels of education can increase caregivers' earning potential and improve household food security (May et al., 2020; Mkhize & Sibanda, 2020; Wand et al., 2024).

The qualitative findings show that caregivers were not knowledgeable about child malnutrition. Furthermore, they did not understand how children's growth was linked to nutrition. Rather, mothers alluded to the child's growth patterns in religion. Research has shown that caregiver involvement in

monitoring child growth could influence timely health seeking. Furthermore, studies have found that the caregiver's knowledge of child development was linked to positive health and nutritional outcomes (Adedini et al., 2020; Ihedimma & Opara, 2021; Mabetha et al., 2021). Another notable finding from the study was young maternal age (20-24 years). Studies have identified young maternal age as a significant risk factor for childhood malnutrition. Specifically, children of young/teen mothers are at a higher risk of being stunted, wasted and underweight (Wemakor et al., 2018). The increased risk is attributed to different factors, including limited access to resources, which can impact their ability to provide children with adequate nutrition and care (Chilton et al., 2017; Motlwo et al., 2022).

While some caregivers face harsh economic constraints, such as high unemployment rates, our findings show that caregivers have adopted some livelihood strategies, such as engaging in informal trade activities, actively seeking employment via word of mouth, and using social networks. In her study, Raniga (2023) asserts that harsh economic constraints have created opportunities for women to use multiple strategies to gain financial capital. The livelihood strategies women used included limiting their financial risks by saving and setting money aside for emergencies (Raniga, 2023). This study's findings also show that caregivers relied on the child support grant and the social relief of distress grant as income in their households. Other studies in the country have found that social protection programs such as cash transfers have played a role in improving food and nutrition security. A South African study found that the child support grant transforms caregivers positively, enforcing a sense of autonomy and increasing decision-making powers since they increase financial security (Granlund & Hochfeld, 2019). Despite government cash transfers improving food security, caregivers reported the grants were insufficient to purchase consistently healthy food due to financial and physical limitations. Furthermore, similar to this study's findings, a study by Zembe et al. (2022) found that cultural practices did not influence food choices, but money did (Zembe-Mkabile et al., 2022). On the contrary, in South Africa, a study has argued against introducing the SRD

grant but advocated for an increase in the child support grant as a poverty reduction strategy (Goldman et al., 2021).

Sello et al. (2023) linked a higher risk of poor nutritional outcomes in children to daytime home care than care in creches or schools. This finding aligns with research highlighting the need to support mothers, especially single parents, who are primary caregivers. Limited time due to caregiving responsibilities can hinder household management, including meal preparation, potentially impacting children's nutrition (Koh, 2021; Mkhwanazi et al., 2018). Furthermore, the observed difference in nutritional outcomes between children in various childcare settings (home, creches, or schools) underscores the significant role that a child's daytime environment plays. This suggests that children in creches or schools might benefit from more structured meal programs or access to nutritional support compared to those cared for at home (Sello et al., 2023). Similar studies have found that the diets of young children cared for at home often lack essential nutrients. These diets may be high in processed foods with added sugar and unhealthy fats while low in fruits, vegetables, and whole grains. Concerns include excessive salt from takeout meals and sugary drinks (Benjamin-Neelon et al., 2018; Chakona & Shackleton, 2019; Larson et al., 2011; Yue et al., 2016). While poor dietary choices can contribute to malnutrition, some researchers argue it is not the sole culprit. They point to the influence of commercial practices that may limit families and children's access to healthy food options (Lutchman, 2022; Mkhize & Sibanda, 2020).

The COVID-19 pandemic significantly hindered caregivers' access to timely healthcare for their children. Long wait times, service limitations, and community clinic disruptions contributed to this challenge. Research in South Africa documented a decline of over 50% in essential services like deworming and Vitamin A supplementation during the strictest lockdown period compared to pre-pandemic times. Lockdown restrictions and prioritising COVID-19 initiatives, such as vaccinations, disrupted the delivery of routine healthcare services. This decline extended to childhood vaccinations at primary clinics (Kruger et al., 2023).

While some caregivers face harsh economic constraints, qualitative findings from this study demonstrate that they have employed various livelihood strategies. These include engaging in informal trade activities, seeking employment through word of mouth, and utilising social networks. A study by Raniga (2023) asserts that these economic constraints have created opportunities for women to employ multiple strategies to attain financial capital. Women in the study limited their financial risks by saving and setting money aside for emergencies (Raniga, 2023). Additionally, the findings of this study indicate that caregivers rely on the child support grant and the social relief of distress grant as sources of income in their households. Other studies conducted in the country have shown that social protection programs, such as cash transfers, improve food and nutrition security. For example, a study in South Africa revealed that the child support grant positively transformed caregivers by providing a sense of autonomy and increased decision-making power due to improved financial security (Granlund & Hochfeld, 2019).

On the other hand, some findings have shown that despite the government cash transfers, caregivers expressed dissatisfaction with the grant amount, as it was inadequate to meet the financial and physical demands of accessing healthy foods. Similarly, a study by Zembe et al. (2022) found that cultural practices did not influence food choices, but money did (Zembe-Mkabile et al., 2022). Contrasting the introduction of the SRD grant, a study in South Africa advocated for an increase in the child support grant as a poverty reduction strategy (Goldman et al., 2021). Sello et al. (2023) found a higher risk of poor nutritional outcomes in children who received daytime home care compared to care in creches or schools. This supports previous research emphasising the need to support primary caregivers, particularly single parents. Caregiving responsibilities often limit time for household management, including meal preparation, which can potentially affect children's nutrition (Koh, 2021; Mkhwanazi et al., 2018). The observed differences in nutritional outcomes between children in different childcare settings highlight the significant role of a child's daytime environment. This suggests that children in creches or schools may benefit from structured meal

programs or nutritional support compared to those cared for at home (Sello et al., 2023).

Similar studies have shown that young children who receive home care often have diets lacking essential nutrients. These diets tend to be high in processed foods with added sugar and unhealthy fats while low in fruits, vegetables, and whole grains. Concerns include excessive salt from takeout meals and sugary drinks (Benjamin-Neelon et al., 2018; Chakona & Shackleton, 2019; Larson et al., 2011; Yue et al., 2016). While poor dietary choices can contribute to malnutrition, some researchers argue that commercial practices may limit families and children's access to healthy food options (Lutchman, 2022; Mkhize & Sibanda, 2020).

The study findings reveal that nearly half of the households experienced food insecurity. The COVID-19 pandemic significantly impacted caregivers, decreasing household income and food security. Despite recognising the importance of healthy diets, caregivers often had to compromise on the nutritional quality of the food they provided for their children due to financial strain. Instead, they prioritised paying for essentials such as rent and electricity. These findings align with other studies on food insecurity, which have identified poor mental health, financial strain, and high food costs as significant barriers to healthy eating habits (Ravikumar et al., 2022; Van Der Velde et al., 2019).

Child malnutrition and food insecurity have significant implications for social development. Studies have shown that food insecurity increases the risk of childhood malnutrition, especially in developing countries (Piperata & Dufour, 2021; Siddiqui et al., 2020). Research indicates that consistent access to nutritious food is essential for child growth, development, and overall well-being. However, despite being a net food exporter with abundant food supplies in South Africa, many households struggle to afford and access nutritious food due to high unemployment and low income (Waidler & Devereux, 2019). The COVID-19 pandemic has had unprecedented effects, impacting households and children's nutritional outcomes. These health impacts translate into broader societal challenges within social development.

Conclusion

This research examines childhood malnutrition in South Africa and reveals high rates of stunting, overweight, and underweight children throughout the country. Socio-economic factors, such as unemployment, limited education, and reliance on government aid, exacerbate the situation, especially in low-income areas. The study emphasises the importance of caregiver knowledge and education regarding child nutrition. It also identifies young maternal age, single parenthood, and caregiver depression as risk factors. Despite economic hardships, caregivers demonstrate resilience through informal income generation and government grants. However, the COVID-19 pandemic has intensified food insecurity, leading families to compromise on the nutritional quality of their children's food.

The detrimental effects of malnutrition extend beyond a child's health. It can hinder brain development, physical growth, academic performance, and future earning potential. This creates a vicious cycle where poverty and malnutrition reinforce each other. A comprehensive approach is needed to break this cycle, combining policy changes, investments in food security, improved healthcare access, and robust social services. This will help build a society where everyone can be well-nourished and thrive.

Strengths

This study captured the lived experiences of caregivers and children facing malnutrition. It provided rich data on challenges, coping mechanisms, and perspectives that wouldn't be easily captured through surveys or quantitative analysis.

Limitations

The study interviewed 20 mothers from two specific communities. This relatively small sample size and focus on just two locations limit the generalizability of the findings to the entire Gauteng and Limpopo provinces or South Africa. In addition, participants may have responded in a way they believe the researchers want to hear, especially when discussing sensitive topics like food insecurity and coping strategies.

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Conflict of interest

The authors declare no conflict of interest, financial or otherwise.

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