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PERCEPTIONS OF CAREGIVERS REGARDING FACTORS CONTRIBUTING TO MALNUTRITION AMONG CHILDREN UNDER FIVE YEARS IN THE VHEMBE DISTRICT, LIMPOPO PROVINCE

By

MAKHUBELE, TAKALANI ELDAH

Dissertation submitted in partial - fulfilment

Of requirement for the degree of

Masters of Nursing

At

University of Venda

Department of Advanced Nursing Science

School of Health Sciences

Supervisor: Dr M. Maluleke

Co -supervisor: Dr K. G. Netshisaulu

2019

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DECLARATION

I, **MAKHUBELE, TAKALANI ELDAH**, hereby declare that this dissertation submitted for masters in Nursing Degree, at the University of Venda, is my own work and has not been submitted for a degree, at this or other institution. All reference materials contained herein have been dully acknowledged.

SIGNATURE: …………………………… DATE………………………………..

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DEDICATION

This study is dedicated unto, my dear husband, Thabathi Hlamalani, my precious gifts from God, Lethabo, Lesego and Lebogang, my beloved mother, Makhubele Sarinah and my two brothers, Bethuel and Mpho.

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ACKNOWLEDGEMENTS

My gratitude and sincere thanks to the following:

- Staff of University of Venda who assisted in working with my dissertation.
- My supervisor, Dr Mary Maluleke, for her support, encouragement, undivided attention, honesty when it comes to critics, not forgetting her sacrifices in the process of writing this dissertation.
- My dear husband, Hlamalani Thabathi: words only cannot express how grateful I am, for his support, unconditional love and encouragement.
- My mother, Makhubele Sarinah for believing in me when I did not, her words of encouragement made me who I am today. My brothers, Mpho and Bethuel, thanks for their support.
- A very special thanks to my lovely son, Lethabo, for his understanding and respect; his character encouraged me to look forward to the future and never look back. Lesego and Lebogang, they are the best; one can never ask for better kids than them.
- The research team for their honest, positive and encouraging comments.
- Finally, my participants for making this study possible.

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ABSTRACT

Malnutrition is globally considered the key risk factors of illness and death which affect over 90 million children under the age of five. The study aim was to determine the perception of caregivers regarding factors contributing to malnutrition in children under 5 years in the Vhembe District of the Limpopo province. A qualitative approach, explorative, descriptive and contextual design was used in the study. Nine participants were sampled through simple random sampling. Data was collected through in- depth individual interview and was analysed through Tesch's analytical approach. Measures to ensure trustworthiness and ethical consideration were adhered to throughout the study. Three themes emerged from study, namely: caregivers perceived contributory factors to malnutrition, financial difficulties and help that were sought from various available resources. In conclusion, feeding practices to most of the participants was a challenge, they had financial difficulties since they were not working and depended on social and child grants for living, and the study recommends the development of strategies to assist caregivers in preventing malnutrition in children.

Key words: Caregivers, Contributory factors, Children, Malnutrition, Perception, Under five.

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LIST OF ABBREVIATIONS AND ACRONYMS

ANC	: Antenatal care
CIMCI	: Community integrated management of childhood illness
DHIS	: District Health Information System
EPI	: Expanded programme of immunisation
HIV	: Human immunodeficiency virus
IMCI	: Integrated management of childhood illness
MUAC	: Mid upper arm circumference
NGO	: Non-government organisation
NHREC	: National health research ethics committee
PEM	: Protein energy malnutrition
SAM	: Severe acute malnutrition
SDG	: Sustainable development goals
UNICEF	: United Nations children’s fund
WHO	: World Health Organisation

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CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION AND BACKGROUND OF THE STUDY

Malnutrition is globally considered one of the key risk factors of illness and death which affect over 90 million children under the age of five. Malnutrition is classified into severe acute malnutrition and moderate acute malnutrition. Severe malnutrition increases the risk of diseases and early death, due to susceptibility to infections and other forms of ill health.12.9 % out of 800 people are undernourished and suffering from hunger (SDG, 2017).

1.1.1 MALNUTRITION IN CHILDREN

Malnutrition is another term for under nutrition and over nutrition (Ismail & Suffla, 2013). Although described differently, it still has the same meaning of inadequate, insufficient or excessive intake of nutritious food. Boatbil, Guure and Ayoung, (2014), described PEM (Protein energy malnutrition) as the main type of malnutrition, where there is insufficient intake of protein, carbohydrates and fats in the form of marasmus, kwashiorkor, underweight, stunting and wasting. Malnutrition is a problem globally, and is still one of the top causes of death in children under the age of five, as indicated by various researchers Khunga, Okop & Puoane, (2014); Mmeemba, (2017) and Nordqvist, (2016,) reports that we are currently at 45 percent rate of malnutrition regardless of what type of malnutrition.

Malnutrition starts when the infant changes from exclusive breastfeeding to solids, from 6 to 23 months of age. Breastfeeding alone from 6 months is not enough, but complementary nutritious food is needed to prevent malnutrition (Abeshu, Adish, Haki, Lelisa & Geleta, 2016).

Severe acute malnutrition (SAM) and Moderate acute malnutrition (MAM) are the two classification of acute malnutrition that are discussed below:

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SEVERE ACUTE MALNUTRITION (SAM)

SAM is defined as any one of the following: Weight for height below -3 scores below the median (this shows that the child is severely wasted); MUAC (Mid upper arm circumference) of less than 11.5cm in children aged 6-60 months; the presence of pitted oedema; Very low weight for age (Integrated Management of Childhood Illness, 2014).There are two types of SAM: Kwashiorkor and Marasmus. These are discussed below.

Kwashiorkor

Kwashiorkor is usually found in children between one to three years of age. A child's body needs nutrients like protein to function properly, and when the child is not taking enough nutrients, the body develops malnutrition and this affects the development of the child in general.

A child with kwashiorkor may look well-nourished because the body swells due to oedema, but with the help of three assessment methods of weight, height and Muac (mid upper arm circumference); one can identify malnutrition easily (Mensah, 2015). Burtsher and Burza, (2014) states that SAM is high in the Indian context at the rate of 67% of malnutrition, compared to other countries.

Marasmus

Marasmus mostly affects children less than a year old. It occurs when the child's body does not get enough protein, calories, carbohydrates, including other important nutrients, such as vitamins, minerals and iron (Butler & Roland, 2016) .Meanwhile Biggers and Mehta, (2016) reveal that lack of nutrients is not the only cause of marasmus, but inability to process nutrients properly due to infections like syphilis, tuberculosis and congenital heart disease, or feeding only one type of food such as carbohydrates, also contributes to marasmus.

Marasmus is mostly found in developing countries, due to early cessation of breast feeding and introduction of solids before the age of 6 months, (Butler, *et a*l, 2016). This means that marasmus is easily prevented if exclusive breastfeeding can be practiced for at least 6 months.

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MODERATE ACUTE MALNUTRITION (MAM)

MAM is defined as, Weight for height between -3(severely wasted) and -2(wasted) line below the median; MUAC between 11.5 and 12.5cm (moderate acute malnutrition); No oedema of both feet (IMCI, 2014).MAM can appear in the form of stunting, wasted, underweight, or overweight. These are discussed below.

Stunting

"Stunting (low height for age) affects about one -quarter of children under five years of age, worldwide (Semba, Shardell, Fayrouz, Ashour, Moaddel, Trehan, Maleta, Ordiz, Kraemar, Khadeer, Ferrucci & Manary, 2016); it is the result of chronic malnutrition which affects the child's development in terms of height and weight caused by insufficient nutrition and infectious disease.

According to Khunga, *et a*l, (2014) in their study conducted in Kachele in Zambia it was indicated that stunting has a high rate at 45% and in the very same country three years down the line, study was also conducted and it was also indicated that stunting is still the leading type of malnutrition at 40% Mmeemba, (2017).

Globally stunting is at 44% of children under 5 years of age, (Boatbil, *et al.* 2014). In South Africa, Shisana ,Labadarios ,Renhle, Simbayi, Zuma, Dhansay ,Reddy ,Parker ,Hoosain ,Naidoo ,Hongoro, Mchiza, Steyn, Dwane, Makoae, Maluleke, Ramagan, Zungu, Evans, Jacobs, Faber and Sanhanes,(2014) national health and nutrition examination survey, also revealed a prevalence of stunting at 26.9% for boys and 25.9% for girls of less than 3 years of age. Furthermore boys in the North West, Mpumalanga and Northern Cape provinces had a high stunting prevalence at 23.7%, 23.1% and 22.8%. Dani, Pendharkar, Satav, Ughade, Adhav and Thakare, (2016) indicate that although there is a high rate of stunting in other countries, it is not as high as the tribe of Melgat in India, with a high prevalence of 66.1%.

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Wasting

Wasting, in simple terms, means weight loss, and it can either be moderate or severe. When it is severe, it is referred to as marasmus Mensah, (2015); Biggers, *et al*. (2016) meaning that it depends on the severity of the clinical manifestation to determine the type of wasting. Several researchers found out that wasting (low weight for height) is experienced globally, although is not a dominating MAM. In Ghana wasting is at a prevalence of 12.9% and 4% respectively (Boatbil, *et al*. 2014; Saaka, 2014).It is believed that Ghana is among the poorest region with high rate of malnutrition, in which polygamy marriage is practiced by many, resulting in many children born in the family and less attention is given to this children with regards to adequate nutrition (Walana, Acquah, Makinin, Sarfo, Muktar, Vicar, Yirkyio, Osman, Mumin, Kampo, Yabasin, Ziem, 2016).

Underweight

Children who are underweight (low weight for age) for their age or size are sometimes overlooked, but the weight for age chart in the road to health card (card that is used by health professionals to monitor the development of the child) is the only thing that will help us know whether the child is growing well or is underweight. In other words, weight for age below -2 is considered underweight according to (WHO, 2006; IMCI, 2014).

Overweight

Oruambo, (2017) states that overweight malnutrition is globally not considered a problem, but it started to be a concern to public health in 2011, occurring at a rate of 7% in children under five years. It is a weight for height greater than 2 standards deviation above the world health organisation (WHO) child growth standard median.

Monyeki, Awotidabe, Strydom, Ridder, Mamabolo and Kemper, (2015) claim that obesity is higher in girls than boys. Also it is most common in urban areas where children are not engaged in any physical activities but spend their time in front of the television, accompanied by eating junk food. Furthermore Zdanowska, Banaszkiewicz, Przeorek, Gawronska and Duplaga, (2016) indicate that overweight

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issues are mostly seen in the United States and Western Europe, although they not specific with the age and rates. Kyei, et al. (2014) state that overweight and obesity are associated with different health conditions like diabetes and heart disease.

1.1.2 CAUSES OF MALNUTRITION

There are so many causes of malnutrition. This section will discuss a few of these, namely: poverty, maternal and child care services, access to health care, lack of knowledge, and diseases.

Poverty

Several researchers Mensah, (2015); Zulfigar, Ghazanfar, Shahzadi and Mehmood, (2016) have revealed that poverty does not seem to be the main cause of malnutrition because it is stated that in Pakistan, only 23% believe that poverty is the cause of malnutrition, whereas 77% believe is something else. Macabela, (2015) in a study done in Eastern Cape and Kwazulu Natal in South Africa, associated poverty with a lack of basic services, such as a lack of safe drinking water, leading to diarrhoea ,having to share the water from the river with animals (lack of water taps), and poor sanitation.

Ngwu, Ezeh and Iyiani, (2014) claim that some people are aware of healthy food their children need but they cannot afford them. Macabela's (2015) study indicates that poverty is associated with the death of a mother or due to the fact that she is working far from home. Nutrition of children left under the care of their father or next of kin is usually compromised.

Maternal and child health care service

Although exclusive breastfeeding is not practiced by many, it is still the contributing factor to malnutrition Zulfigar, *et al.* (2016) at the rate of 65% in Pakistan. Mensah, (2015) states that in South Africa, people stop breastfeeding based on their own reasons despite the fact that it is nutritious, boosts the child's immunity and helps in protecting them from various infections. National consolidated guidelines, (2015) for (PMTCT) prevention of mother to child transmission of HIV, encourages mothers to

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breastfeed exclusively irrespective of their HIV status provided the mother is adhering to ART (antiretroviral treatment).

Ngwu, *et al.* (2014), add that healthy food on its own does not prevent malnutrition, but without immunisation, a child still stands a risk of dying of malnutrition. Vaccines like Rotavirus, which is used to protect against rotavirus infections like diarrhoea, are also important. (EPI- SA, 2015).

Maternal nutritional status tells us more about the nutritional status of the baby (Black, Victor, Walker, Bhutta, Christian, Onis, Ezcati, McGregor, Katz, Martorell and Uauy, 2013). This is supported by Guidelines for maternity care in South Africa (2015), which indicates that overweight or undernutrition during pregnancy is the cause of overweight or undernutrition to the unborn baby. To check maternal nutritional status, a MUAC is done to during ANC (antenatal care).

A MUAC greater than 33cm suggests obesity and is associated with a higher chance of delivering a bigger infant than normal.

A MUAC less than 23cm suggests undernutrition or low birth weight and is associated with delivering a smaller than normal infant.

Access to health care

A study done by Khunga, *et al.* (2014), in Zambia revealed that malnutrition rates are still very high and caregivers are unable to reach the health facilities due to bad road and distance to the health facilities. This makes it difficult for the mothers to go for monthly growth monitoring; an important tool to identify malnutrition. Similarly Macabela's, (2015), study shows that poor road conditions and lack of public transport systems make it impossible for community to access the health facilities, which means that even if the mother can notice that the child needs medical attention, it is impossible to reach the health facility.

Poverty may also be caused by a lack of child spacing, due to inability to reach the health facility for family planning or contraceptives and this can be a contributory factor to malnutrition.

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Lack of knowledge

The study done by Abeshu, *et al*. (2016) in Ethiopia, revealed that caregivers don't know much as far as feeding is concerned, they might know what nutritious food to give but do not know how much to give, which leads to undernutrition or over nutrition.

Berra, (2013) indicates that mothers educational level plays a role in child feeding.92% of educated mothers know the benefits of breastfeeding their children. They also indicated that breastfeeding is sometimes affected by insufficient breastmilk, and it is tiresome to a working mother.

Khunga, *et al*. (2014) indicate that in Zambia, mothers and caregivers lack knowledge about causes of malnutrition as they believe it is caused by" bad air" in the environment, not lacking healthy food, whereas in a study in Ghana, Mensah, (2015) in Nepal, found that there was a belief that malnutrition is caused when a child is in contact with another malnourished child, for example, using the same weighing bag at the clinic, this discourages the mothers in attending well-baby clinic.

Diseases

Several South African researchers, Kimani-Murage, (2013); Khunga, *et al*. (2014) proved that diseases like HIV have directly or indirectly affected growth of the children. Infected mothers may be too ill to take care of both themselves and their children's nutritional needs, and furthermore, associated HIV infection as a risk factor to malnutrition as their immune system is compromised.

HIV is not the only disease causing malnutrition; diarrhoea is another, (Boatbil, *et al*. 2014; Mensah, 2015). A child with diarrhoea needs frequent nutritional foods (IMCI, 2014).

1.1.3 CAREGIVERS OF CHILDREN

There are informal caregivers and formal caregivers; formal caregivers are paid caregivers providing care in one's home or in a care setting such as a day care, residential facility. An Informal caregiver is an unpaid individual, for example a

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spouse, partner, family member, friend or neighbour, also known as kinship. This care is an informal, private arrangement between the parents and relative caregivers. (Friedland, 2014).

Karimli, Ssewamala and Ismayilova, (2012) reveal that most children in Sub Saharan Africa are mostly cared for by extended families and grandparents as the primary caregivers. Likewise, Schaefer, (2013) and Friedland, (2014), indicate that kinship care is globally the most common form of care; parents rely on grandparents for caring for their children. Over 21% of families in which the mother is working rely on relatives to care for their preschool children. Furthermore, (Broad, 2007) shows that 60% of orphans and vulnerable children in Namibia, South Africa and Zimbabwe are in their grandparent’s household, they prefer immediate family first, then extended family to care for the child, although children have the right to be cared for by their parents, it is not usually possible due to several uncontrolled reasons, one of which is poverty.

Laughlin, (2013) indicates that leaving ones child with somebody one knows and trusts makes the separation easier. The benefits of this is that the care is at no cost, mothers save money and keep them at ease as the child is not under the care of a total stranger. However Schaefer, (2013) admits that this arrangement comes up with a lot of stress and if not handled well, it could destroy the relationship. There are things that need to be considered, like when the child is not the only one cared for by the grandparents, meaning one can compromise the feeding option for the child because others cannot afford them or delegate on who is buying what.

Laughlin, (2013) shows that poverty determines who cares for the child, 30% of children in poverty with an employed mother are under the care of grandparents, and 24% are cared for in a day care centre. Generally, it is believed that children cared for by the grandparents and biological parents tend to have a better schooling outcome compared to when cared for by other relatives, although they may be poor to provide nutritional needs which could expose them to more illness, they show more affection towards this children as they do not have any young children of their own (Karimli, *et al.* 2012).

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1.1.4 CAREGIVERS CULTURAL PERSPECTIVE REGARDING FACTORS CONTRIBUTING TO MALNUTRITION

Various researchers had different cultural beliefs that causes malnutrition, Burtsher, *et al*. (2014) refer to signs of malnutrition as" jallachatu" which is when a vulture crosses over the pregnant woman, then the child will be delivered as very thin, while Khunga, *et al*. (2014) refer to the association of malnutrition with "bad air "from the environment the child is raised.

Caregivers in Zambia and India had different views regarding feeding practices. Khunga, et al. (2014), indicate that women in Zambia did not acknowledge that feeding a child junk, left over, or contaminated foods, is associated with malnutrition, but associated malnutrition to be caused by poverty, diarrhoea and breastfeeding a child during pregnancy. However, in India, they trust that 'mamarcha' which are signs of malnutrition, are a result of a child eating salty or adult food too early or when the child is not breastfed (Burtsher, *et al.* 2014). This was partially supported by a study in South Africa, by Zwane, (2015), who indicated that poverty is the main contributing factor to malnutrition. A lack of education which leads to unemployment affects a child's nutritional status because there will be no money to buy food.

1.2 PROBLEM STATEMENT

The Vhembe District is one of the three districts in Limpopo Province with the highest number of 86 of death per year, from SAM (Severe acute malnutrition) in children under five years in 2014/15. SAM is the leading cause of death per year, compared to other diseases, number of death from pneumonia is 65 and diarrhoea 50 (Massyn, Peer, Padarath, Barron & Day, 2015).

The principal researcher is currently working at Kutama clinic, one of Tshilwavhusiku local area clinics, where there are an increased number of children under the age of five suffering from moderate to severe acute malnutrition such as underweight, kwashiorkor, marasmus and wasting. Amongst those children there were children whereby malnutrition was recurring in the same household or to the very same child. According To DHIS (District Health Information System) statistics at Kutama clinic in Vhembe, in severe acute malnutrition from January to December, there was increase

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of 24 children below the age of five with malnutrition identified in this clinic, from 2014 to 2016. In 2014, 6 out of 96 children were diagnosed with SAM at 6.25%, in 2015, 7 out of 111 at 6.3% and 11 out of 101 at 10.9%.

From the study conducted by Zwane, (2015) in Gauteng about views of caregivers on factors contributing to malnutrition revealed that caregivers lack knowledge about nutrition, and poverty is the main contributory factors to malnutrition, similarly Macabela, (2015) conducted a study in Western Cape and found that unemployment, lack of education contributed to malnutrition and most mothers depended on Child Support Grant.

Yet there was no scientific report found on the perception of caregivers regarding the factors contributing to malnutrition in children under the age of five years in Vhembe, therefore, sought to explore the perception of caregivers regarding the contributing factors to malnutrition in children under the age of five years in the Vhembe district, Limpopo province.

1.3 PURPOSE OF THE STUDY

The purpose of the study was to investigate the perceptions of caregivers regarding factors contributing to malnutrition in children under the age of 5 years in Vhembe district, Limpopo Province.

1.4 RESEARCH QUESTION

The research question for this study was:

What perceptions did caregivers have regarding factors contributing to malnutrition in children under the age of five years?

1.5 OBJECTIVES OF THE STUDY

The objectives of the study were to:

- Explore the perceptions of caregivers regarding factors contributing to malnutrition in children under the age of five years, and to

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- Describe the perceptions of caregivers regarding factors contributing to malnutrition in children under the age of five years.

1.6 SIGNIFICANCE OF THE STUDY

The findings of the study might inform policy developers and other concerned bodies to combat malnutrition by coming up with appropriate nutritional educational programme for patients which will reduce the child mortality rate.

The findings of the study might help the health care workers to provide relevant health education which will help in preventing malnutrition and promoting growth. A new topic for future research might emerge based on researcher's findings, this study might add on body of knowledge since there's no study found about caregiver's perception regarding factors contributing to malnutrition.

1.7 DEFINITION OF CONCEPTS (CONCEPTUAL AND OPERATIONAL)

Perception

Perception is the awareness of the environment through physical sensation; in other words, in the light of experience, in simple term is how people see things (Webster, 2017).

In this study perception was the way caregivers understood, viewed, and interpreted contributory factors of malnutrition in children.

Caregiver

The children's Act (No.38 of 2005) defines caregiver as person 16 years old and above other than parent or guardian who can take care of their siblings.

In this study the concept caregiver referred to a person 18 years and above who takes care of a child under the age of 5 years.

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Malnutrition

Malnutrition is defined as, insufficient, excessive or imbalanced consumption of nutrients (Oosthuizen, 2010).

In this study malnutrition referred to lack of proper nutrition which will lead to macronutrient deficiency (malnutrition and marasmus) or micronutrient deficiency (wasting, stunting, underweight).

Children

Children are defined as people under the age of 18 years (The children's Act No .38 of 2005)

In this study the focus was on children between the ages 0 to 59 months.

Contributory factors

Contributory factors are defined as something that helps cause a result (Webster, 2017)

In this study contributory factors are what cause the children to have malnutrition

Under fives

Under-fives is defined as children who are less than five years old, especially those who are not in full time education (Oxford, 2017)

In this study under-fives are children between 0 and 59 months

1.8 THEORATICAL FRAMEWORK

The theory that guided this study is Roy's adaptation model. The theory is based on the scientific and philosophical assumptions. Roy's adaptation theory believes that as the environment changes, the person can grow, to develop and to enhance the meaning of life for everyone (George, 2002). It was relevant to this study because the assumptions focus on the person, his thinking, feelings and their relationships with the environment. Furthermore, the study focused on the caregivers and their

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perceptions regarding the factors that lead to malnutrition in children at the environment at home.

Humans as adaptive systems

In this study, the stimuli are considered as the causes of, factors or triggers to malnutrition which could be regarded as negative to the individual and the outputs are the manifestations or behaviours of the child which lead to readmissions as a response. These behaviours were observed and subjectively reported by the caregivers, intuitively perceived by the nurse and measured in terms of the frequency of readmissions. The principal researcher aimed to explore the contributing factors as perceived by the caregivers.

The environment

The principal researcher explored and described all conditions within and around the caregivers that affected their perceptions as human adaptive systems through in depth interviews.

1.9 METHODOLOGY

1.9.1 Research Design

Brink, (2016) described research design as a pattern or steps followed by the researcher when conducting a study, from sampling, data collection and the design to be used to analyse data.

Since the study focused on caregiver's perception regarding contributory factors among children under 5 years, the following designs were applied, qualitative, exploratory, descriptive and contextual. The study designs will be discussed in detail in Chapter 2.

Qualitative

The essence of qualitative research is to make sense of and recognise patterns among words to build up a meaningful picture without compromising its richness and dimensionality (Leung, 2015).

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Exploratory

Burns and Grove, (2013) described exploratory research as a research conducted to gain new insights, learn new ideas and or increase knowledge of a phenomenon.

Descriptive

Descriptive design is described as research studies that have their main objective the exact description or picture of the characteristics of persons, situation or groups (Polit & Hungler, 2004).

Contextual

Contextual studies focus on specific events in naturalistic setting, meaning that the interview will be done in a setting free from manipulation (Burns & Grove, 2013).

1.9.2 STUDY SETTING

The study was conducted in the Limpopo Province, in the Vhembe district, in three clinics of Tshilwavhusiku, a local area with a high rate of malnutrition. The study setting will be described in full in Chapter 2.

1.9.3 POPULATION AND SAMPLING

POPULATION

Brink, (2016) described a population as the entire group of persons that meet the criteria that the researcher is interested in studying.

SAMPLING

Sampling is described as the process of selecting a sample from a population to obtain information regarding a phenomenon in a way that represents the population (Brink, 2016).A detailed study population and sampling method will be discussed in Chapter 2.

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1.9.4 DATA COLLECTION

Brink, (2016) points out that data collection is the important part of the success of the study because when the quality data collection is compromised it affects the accuracy of the research conclusion.

In this study, data collection will contain preparation, data collection instrument and role of the researcher, which will be discussed in Chapter 2

1.9.5 DATA ANALYSIS

Analysing data in qualitative research mean, spending more time trying to figure out the meaning of data. This is usually on written words or audiotapes this can be done concurrently with the data (Brink, 2016).

The principal researcher analysed data using the steps by Creswell, (2014). These will be discussed in Chapter 2.

1.9.6 LITERATURE CONTROL

After data analysis, perception of caregivers regarding factors contributing to malnutrition will be identified and relevant literature will be cited as a control. This will be discussed in Chapter 3.

1.9.7 MEASURES TO ENSURE TRUSTWORTHINESS

Trustworthiness is the way of ensuring the quality of data i.e. capturing accurately the views, perceptions and knowledge of the participants (Brink, 2016). Credibility, dependability, Confirmability and transferability are the four methods that established trustworthiness in this study and will be discussed in Chapter 2

1.9.8 ETHICAL CONSIDERATIONS

Trustworthiness is the way of ensuring the quality of data; that is capturing accurately the views, perceptions and knowledge of the participants (Brink, 2016). The principal researcher considered the following ethics while conducting the study. Theses are discussed in detail in Chapter 2.

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- Permission to conduct a study
- Informed consent
- Avoidance of harm
- Confidentiality and anonymity
- Deception of participants
- The right to privacy
- The right to withdraw from the study

1.9.9 OUTLINE OF DESSERTATION

The chapters in this dissertation are organised as follows:

Chapter 1: Orientation to study

Chapter 2: Research design and Methodology

Chapter 3: Discussion findings

Chapter 4: Evaluation, Conclusion, Limitation and Recommendations

1.10 CHAPTER SUMMARY

This chapter outlined the introduction, problem statement, research questions and objectives, furthermore research design and methodology, measures to ensure trustworthiness and ethical issues were also highlighted. The next chapter gives a full description of the design and methodology of the study.

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CHAPTER 2

RESEARCH DESIGN AND METHODOLOGY

2.1. INTRODUCTION

Chapter 1 of this study outlined the introduction and background, problem statement, research question, significance, aims, theoretical framework and brief description of methodology. This chapter is a discussion of the research design used to understand the perception of caregivers regarding the contributory factors to malnutrition. The research design was qualitative. Population, sampling, data collection, data analysis as well as ethical considerations and measures to ensure trustworthiness were also discussed.

2.2. RESEARCH DESIGNS

This study focused on the perception of caregivers regarding factors contributing to children in malnutrition. The research design was qualitative, explorative, descriptive and contextual.

Qualitative design

A qualitative design was suitable for this study, since the aim was to explore the perception of caregivers regarding factors contributing to malnutrition, and this could not be captured in numbers, so this qualitative design allowed participants to narrate their lived experiences, as the principal researcher, in exploring in depth, was able to know more about the caregiver's perception regarding factors contributing to malnutrition.

Explorative design

In this study, the principal researcher explored to gain new insights, learn new ideas and increase knowledge about the caregiver's perceptions regarding factors contributing to malnutrition by using open-ended question and probing, as it gave the

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Participant's a platform to express their selves. Finally, the principal researcher explored extensively during literature control.

Descriptive design

The descriptive design was adopted because caregivers described their perceptions regarding factors contributing to malnutrition in children.

Contextual design

This study was contextual because the interview was conducted at the homes of caregivers of children with malnutrition in Tshivenda, and the principal researcher focused on perception of caregivers regarding factors contributing to malnutrition only. Any other information was not attended too.

2.3 STUDY SETTING

The study was conducted from caregivers of children with malnutrition under the age of 5 years in the Limpopo Province, in the Vhembe District in Tshilwavhusiku local area of the Makhado Municipality

The Limpopo Province consists of five Districts, of which Vhembe is one, that covers 18,569 square kilometres and a population of 1, 3 million people. The Vhembe District comprises of four local municipalities: Makhado, Thulamela, Collins Chabane, and Musina. The study was conducted in the Makhado Sub District, The Tshilwavhusiku local area is comprised of seven fixed clinics, one health centre and one mobile clinic. The study was conducted in three clinics with a high rate of child malnutrition.

The distance between those clinics range from a minimum of 11.7km to a maximum of 23.1km. All these clinics provide a 24 hour service. The climate is mostly hot, the area is dry, there is a lack of clean water supply and the community rely on boreholes.

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Most of the people are unskilled labourers, working in the farms. Most of the children in the area under five are cared for by their relatives while their mothers are at work; others are orphans.

Diarrhoea, malnutrition and pneumonia are the common ailments in children under five years of age. This community's health belief systems fall generally under those of traditional medicine, spiritual healing, western medicine and indigenous knowledge.

2.4 POPULATION AND SAMPLING

2.4.1 Population

The study population consisted of caregivers of children with malnutrition under the age of 5 years in the Tshilwavhusiku, a local area in the Vhembe District of the Limpopo province.

2.4.2 Sampling method

A Non-probability purposive sampling was used in this study. The purposive sampling method is a technique based on the judgement of the researcher regarding participants that are typical or representative of the study phenomenon (Brink, 2016) in this study, sampling consisted of, two steps namely: sampling of the clinics, and sampling of the participants.

2.4.3 Sampling of the clinics

The Tshilwavhusiku local area has seven clinics and one health centre. For this study, three top clinics (Kutama, Tshilwavhusiku and Madombidzha) with high numbers of malnutrition in children under 5 years of age were sampled purposefully. District Health Information System (DHIS) of Vhembe were the source of the top three clinics.

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2.4.4 Sampling of the participants

A random sampling implies that all elements in the population have an equal chance of being included in the sample. There must be an available listing of all members of the population, and the sample must be randomly selected from the list (Brink, 2016)

In this study, simple random sampling was used to select the caregivers of children with malnutrition. Each clinic had a list of all malnourished children. From the list, the principal researcher picked Venda speaking participants only with full physical address and contact details. Then wrote the names of the caregivers on small papers and put them in the basket. The researcher then randomly picked caregivers at selected clinics; seven at Kutama clinic, one at Madombidzha clinic and one at Tshilwavhusiku Health centre.

2.4.5 Sampling size

The sample size is the number of participants who were recruited and gave consent to participate in the study (Burns & Grove, 2013). The principal researcher anticipated to sample 5 caregivers per clinic which was 15 for 3 selected clinics. However, she interviewed 9 caregivers before data saturation.

2.4.6 Inclusion Criteria

Inclusion criteria are the criteria used to choose the potential participants eligible for the study (Brink, 2016).

Only caregivers of children with malnutrition aged 18 years and above who gave consent to participate at the time of study who speak Tshivenda, who visited Tshilwavhusiku local clinics were selected to form part of the study.

2.4.7 Exclusion Criteria

Exclusion criteria are those criteria that would lead a researcher to exclude certain elements, individuals or objects from the population (Brink, 2016).

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Caregivers below 18 years and those not caring for children with malnutrition, caregivers caring for children with malnutrition outside Vhembe District did not form part of the study

2.5 DATA COLLECTION METHODS

In this study, data collection was as follows:

2.5.1 Preparation of Participants

After the researcher was granted permission by related authority bodies, the University of Venda Higher Degrees Committee, the Provincial department of health, the District department of health, and the researcher list all participants and contact them telephonically, develop rapport and recruit them to participate in the study. During the introduction, the researcher introduced herself and explained the study briefly, asked for their consent and made appointments with the participants telephonically prior to the interview to explain to them about the study. The researcher then visited the homes of the participants to give them full information about the study and to give them opportunity to talk about their perception regarding contributing factors to malnutrition as they are experts in the topic.

The participants were given the opportunity to consent verbally and by signing prior to the interview. An appointment on date and time that was convenient to them for interview was made.

Caregivers were informed that they are not forced to participate in this study but to do so in their own free will and if they do so, they had the right to withdraw at any stage without the reason. There would be no payments for participating in the study and the caregivers were informed that the interview will be recorded, and that the recorder will be stopped if there was something they did not want to be recorded until the caregiver felt comfortable to be recorded again.

2.5.2 Data collection instrument

Data was collected through in depth individual interviews. Hesse-Biber, (2016) describes the in depth interview as kind of conversations between the researchers

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and the participants, It is a one on one talk with the caregivers and the participants, and allows the researcher to use follow up question to get a full understanding of the participants meaning. The interview was directed by one central question which was followed by probing.

- *Can you please tell me what do you think may be the cause of “Kwash” to the child?*

This question allowed the principal researcher to use communication technique like probing to get in-depth information that appears unclear or incomplete. The interview was open ended and conducted in Tshivenda translated into English then transcribed verbatim. See annexure H1, H2, H3, H4.

2.5.3 Pre-testing

Pre-testing is about investigating the data collection instrument for the possible flaws (Brink, 2016). Before the actual data collection process, the researcher selected two caregivers from the Kutama clinic which does not form part of the study, and interviewed them to check the research as the data collection instrument. The researcher realised that there were no prolonged engagement and although the question was clear, the principal researcher also realised she was not probing more for the caregivers to talk more. After consultation with the research supervisor, the principal researcher saw the importance of prolonged engagement as it made the caregivers at ease and how to probe to get more information. The research supervisor stressed that the research topic should always be in the researchers mind to avoid being out of the topic when probing. With the second participants, the principal researcher improved because the participant was at ease and probed to encourage the participant to talk more. See annexure J.

2.5.4 The role of the researcher

The principal researcher is the main research instrument for data collection (Brink, 2016). This means that data was deliberated through human instrument. The following facilitative communication skills were used to investigate the perception of

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caregivers in children with malnutrition; this involved, probing, reflecting, clarifying, paraphrasing and summarizing.

Probing

The researcher used probing to prompt out more information from the participants about causes of malnutrition. The probes like, ‘Mmm’, ‘Ohoo’, ‘Eyaa’ were used, and these kinds of comments encouraged the participants to continue talking.

Reflecting

The researcher repeated the participant’s statements in a question form for the participants to elaborate more, this helped the participants to reflect on what they shared with the principal researcher.

Clarifying

The researcher always asked for clarification on statements not well understood by the principal researcher, to avoid assumption.

Paraphrasing

In this study, paraphrasing was used to test the researcher’s understanding, by rephrasing what was said by the participants.

Summarising

At the end of the interview the researcher summarized the participant’s information to ensure that the participants ideas and, opinions were nothing, but what was said by the participants

The participants were thanked at the end of interview.

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2.6 DATA ANALYSIS

Tesch's approach was used to analyse data as follows.

Step 1: Organise and Prepare

After data collection from the participants, the researcher listened to the tape recorder repeatedly to get an understanding of what is said, the principal researcher paused and replayed the tape recorder until she get the information and transcribed exactly what is in voice recorder.

Step 2: Reading through data

Read the transcript one at a time several times to understand the caregivers of children with malnutrition's response.

Step 3: Analysis of data

After reading the transcript, information was then arranged into sub categories bearing in mind the objectives of the study.

Step 4: Coding of subcategories

The identified sub categories of the same meaning were grouped together with different colours which help in developing categories and themes.

Step 5: Presentation of themes

The themes, categories and subcategories were arranged in table form

Step 6: Data analysis, interpretation and literature control

The researcher discussed the findings of the study, each theme was interpreted separately based on the researchers understanding which was supported by the literature to confirm the results of caregiver's perception regarding factors contributing to malnutrition in children under five years.

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2.7 MEASURES TO ENSURE TRUSTWORTHINESS

Credibility, dependability, Confirmability and transferability are four method of establishing trustworthiness used in this study as described by Lincoln & Guba, (1985).

2.7.1 CREDIBILITY

The researcher ensured credibility by employing the following measures: prolonged engagement and member checking. Each is described below:

Prolonged engagement

The researcher ensured this by visiting the participants prior to the interviews, spending sufficient time with the participants by building rapport (dressing appropriately, introducing herself and providing small talk to break the ice, showing an interest in what they were saying by actively listening, and telling them that there is no right or wrong answers to her questions; thereby attempting to gain trust with the participants and helping to collect rich data, and ensuring that the participants were at ease to give more information until this was saturated.

Member checks

The researcher, together with the participants verified the contents of the interview throughout the interviewing process by deliberate probing and paraphrasing. Played back the tape recorder for the caregivers to verify what they said. The principal researcher went back to the participants with the analysed and interpreted results to evaluate the interpretations. These member checks were to eliminate researcher bias when interpreting the results.

2.7.2 DEPENDABILITY

The supervisor considered the raw data to verify if they had similar findings, interpretations and conclusions, and the findings were comparable to prove dependability.

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2.7.3 CONFORMABILITY

Confirmability was achieved by member checking, and was ensured that the findings were solely the participant's views not the principal researchers. Throughout the study, the principal researcher refrained from influencing the participant's findings by constantly reminding them that her opinion does not matter but that theirs does.

2.7.4 TRANSFERABILITY

In this study the, research design, study setting, target population, sampling procedure, data collection methods were clearly described in such a way that other researcher repeat the same study in another setting and come up with same conclusion.

2.8 ETHICAL CONSIDERATIONS OF THE STUDY

A number of authors, (Labuschagne, 2006; Macabela 2015 & Brink, 2016) note that ethical issues in qualitative research are more indirect. In this study the principal researcher morally obliged to ethical issues throughout the study.

2.8.1 Permission to conduct the study

In this study, the following ethics were identified and applied and requested the permission to conduct this study from the following:

- The University of Venda Research Ethics Committee. A proposal was presented to the Higher Degree Committee of the School of Health Sciences (UHDC).(See Annexure A).
- Ethical clearance certificate and permission to conduct the study was given by the University of Venda through the higher degree committee. (See Annexure B).

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- The Limpopo Province Department of Health Research Ethics Committee. (See Annexure C).
- The Department of Health, Vhembe District. (See Annexure D).
- Participant's information sheet. (See Annexure E).

The right of the participants was protected by the following.

2.8.2 Informed consent

In this study the participants were given information regarding the aim of the study, benefits of the participants, how data will be collected, the identity of the principal researcher, this was done to ensure that the participants consent with an idea of what consenting for. (See Annexure I).

The participants were asked to give consent, (See Annexure F).

2.8.3 Avoidance of harm

The principal researcher was quite aware of the risk of exploring the unresolved issues which can upset the participants that is, the caregivers may feel guilty of inability to take proper care of their children resulting in malnutrition. The principal researcher ensured no harm and asked questions that were not provoking and adopted a non-judgemental attitude to the participant.

2.8.4 Confidentiality

Information provided by the participants was known by the principal researcher and the supervisor, and it will not be shared with any other people who are not part of the study.

2.8.5 Anonymity

In these study participants, actual names and any other information that could lead to identification of the participants were not revealed. The participants were coded to prevent linking with the data.

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2.8.6 Deception of participants

The principal researcher provides the participants with correct and truthful information about the study that is the purpose and a procedure is clearly outlined, no information is told to participants to deceive them into participating into the study (Brink, 2016). This was ensured by alerting the participants that no money will be paid to them, secondly, by fully disclosing the principal researcher's identity for assurance that the study is basically meant for academic reasons only.

2.8.7 The right to privacy

Participants were not forced to answer any questions that they were not contented with; also, they had an opportunity to choose to be with someone during the one on one interview as a spectator.

2.8.8 The right to withdraw from the study

The participants were informed that they have the right to withdraw from the study at any time and that their withdrawals would not, in any case, affect the relationship between the participants and the principal researcher in any way.

2.8.9 Dissemination of results

The findings of this study were communicated to colleagues and others interested in the topic through writing publication or presentation at conferences. More importantly to those who participated in the research study because they have contributed more and they would want to know what the findings were.

2.9 CHAPTER SUMMARY

Chapter 2 provided a discussion on study setting, research designs, study population and sampling procedures for participants and clinics, followed by data collection to analysis of data collected from caregivers of children with malnutrition. The study was conducted ethically and ensured that the study was trustworthy. Chapter 3 will present the study findings and relevant literature.

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CHAPTER 3

DISCUSSION OF FINDINGS

3.1 INTRODUCTION

Chapter 2 of the study gave the description of the following in detail: study setting, study population and procedure, data collection method, measures ensuring trustworthiness as well as ethics considered in this study. This chapter of the study gives detailed information of the findings obtained from collected and analysed data on the factors contributing to malnutrition as perceived by the caregivers in children among five years in the Vhembe District, of the Limpopo Province. The sample description, identified themes, categories and sub- categories emerged during the interviews and are presented in this chapter in detail.

3.2 SAMPLE DESCRIPTION

The sample as described under the research design in chapter 2 consisted of nine caregivers of children with malnutrition from various clinics in the Vhembe District, who are above 18 years old, caring for a child with malnutrition.

3.3 DEMOGRAPHIC INFORMATION OF PARTICIPANTS

Table 3.1 indicates the relationship of the caregivers to the child with malnutrition and the number of caregivers interviewed per selected clinics.

Table 3.1

Number of caregivers.	Relationship to the child.	Number of caregivers per clinic.		
		A	B	C
04	Mother	4	0	0
05	Grand mother	3	1	1

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3.4 DISCUSSION OF RESEARCH FINDINGS

Data was analysed using Tesch's six steps of data analysis in (Creswell, 2014). Three themes were identified from the analysed data, These are the, caregiver's perceived contributory factors to malnutrition, the participants view on challenges experienced financially, and the seeking of help from various available resources. Each theme is discussed below:

3.4.1 THEME: 1. Caregivers perceived contributory factors to malnutrition

Table 3.2 indicates the themes, categories and sub- categories

Table 3.2

THEMES.	CATEGORY.	SUBCATEGORY
1.Caregivers perceived contributory factors to malnutrition.	1. Feeding practices.	• Stopped breastfeeding early at 9 months. • Was breastfeeding only. • Refusing milk. • Decided to stop Nan milk. • Boiled ultraMelk. • He does not eat this person of yours. • Does not want to eat same foods for long time. • Not enough nutrients. • She does not want to breast feed when she sees food or playing. • Does not have time to breastfeed. • Gives her soft porridge with sugar.

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		• Soft porridge with Cremora. • Gives her Mabela porridge with Artchaar. • Porridge with gravy. • Gave her porridge with peanut butter. • Gives her mashed banana. • Drank water only. • Instant porridge. • Porridge with milk. • Gives her porridge with potatoes. • Drinking tea with bread in cup. • Was eating Purity that we mix with water. • Gives her Danone, sweets and juice for children.
	2.Knowledge deficit on signs and symptoms of malnutrition.	• She is shining and fat. • Swelling. • Passing loose stools. • Born very small. • Thin (mutono).

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Discussion of theme 1: Caregivers perceived contributory factors to malnutrition.

The analysed data revealed the participant's perception contributing to malnutrition. This theme emerged from data indicating that caregivers are unaware that feeding malpractice contributes to malnutrition, categories identified from the theme are as follows: feeding practice and knowledge deficit on signs and symptoms.

1.1 Feeding practices

In this study most of the caregivers perceived feeding practices as the contributory factors in malnutrition to their children, as indicated by stopped breastfeeding early at 9 months, was breastfeeding only, refusing milk, decided to stop nan milk, boiled ultraMelk, he does not eat this person of yours, does not want to eat same foods for long time, not enough nutrients, she does not want to breast feed when she sees food or playing, does not have time to breastfeed, give her soft porridge with sugar, soft porridge with Cremora, give her mabela porridge with artchaar, porridge with gravy, give her porridge with peanut butter, give her mashed banana, drank water only, instant porridge, porridge with milk, give her porridge with potatoes, drinking tea with bread in cup, was eating purity that we mix with water and giving her Danone, sweets and juice for children, the following quotations support the caregivers feeding practices:

> *"…I think not growing well of her is caused by stopping breastfeeding early, she stopped breastfeeding at 9 months…"*

> *"…He was not full with breastmilk only and chose breastmilk over soft porridge so my grandmother decided that we stop giving breast at 7 months, she believed that if I stop breastfeeding him, he will be so hungry he will eat soft porridge…"*

The study by Kyei, *et al.* (2014) indicate that 70.6% of women breastfed their children for less than 24 months

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Tette, Sifah, Tefe- Donkor, Nuroameyaw and Nartey, (2016) also found that short periods of breast feeding and mixed feeding and lack of exclusive breast feeding are the most common causes of malnutrition.

In this study, few participants were unaware of the benefit children have through breastfeeding. The following quotes outline the challenges caregivers had while breastfeeding "…*She was given breast and milk but decided to stop Nan and was breastfeeding only...*"

> *"…She breastfed at night only, during the day the mother is at school, and during the night I'm not sure if she is getting enough or breastfeeding at all because the mother is a grade 12 students who is studying at night until morning… "*.

> "…*she breastfeeds from the mother only at night and Nan 1 during the day but refused at 7 months, so I brought ultraMelk and boil it and gave her but along the way also refused it…*".

The above quotes indicate that children are not breastfed on demand, participants mix feed their children, either by not having enough milk, or due to work or school commitments. This is supported by a study, by Christopher, *et al.* (2014) who elaborates that mothers who are working shy away from exclusive breastfeeding because they are usually not at home. Similarly, Zulfigar, *et al.* (2016) indicate that there is a low rate of breastfeeding because these days, women are career orientated. Also, Kabir, (2016) who report that mothers skip breastfeeding due to working and this lead to infants being started on solid foods before six months of age.

In this study, few participants were aware of nutritious food to give to their children; various foods types where given, but children at some point stop eating or refuse foods. The following quotes indicate challenges caregivers faced in providing nutritious food to their children.

> *"…He does not eat this person of yours; I've tried giving him so many things but still don't eat…"*

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"…*I gave her peanut butter with porridge sometimes and at first she enjoyed it but then later refused, I think she does not want to eat same food for long period, because if you check several foods that we tried she start by eating them and then suddenly refuse them…"*

This was supported by Khunga, *et al.* (2014) who state that some children are regarded as choosy eaters; they prefer certain food above others.

Inadequate care of children was attributed to various factors, most participants have common poor food choices, due to low educational status, and immaturity, since some participants where young mothers who were feeding their children junk food. The following quotes depict caregiver's poor food choices.

"…*but I give her soft porridge and put in some sugar, she does not lack anything and sometimes I give her soft porridge with Cremora, milk is expensive where will I get it, I don't give her soft porridge with sugar only I change and give her with Cremora…"*

"…*I gave her soft porridge this morning; she must eat soft porridge in the morning, then porridge with vegetables, sometimes with Artchaar…"*

"…*I give her Danone and juice for children..."*

"…*I'm giving her Mabela porridge, she started by eating Purity that we mix with water..."*

A study conducted by Williams, (2013) in Ghana revealed that mothers feed their children a plain fermented maize diet of porridge added with sugar as it is affordable although not nutritious. However, Nousiainen, (2014) found that maize gruel is the common complementary food given as it is affordable and available to even the poorest families.

(Mmeemba, 2017) although not specific about the type of food given, revealed that poor feeding practices including, not giving enough food, giving food with no nutritious value and lack of variety in diet are contributory factors to malnutrition.

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1.2 Knowledge deficit on signs and symptoms of malnutrition

In this study, least of the participants was unable to recognise the signs and symptoms of malnutrition, and instead, referred to the child as being healthy but having other conditions like diarrhoea caused by (Ngoma), and a fontanel that is not closing because it is too big. The following sub- categories support this category: 'she is shining and fat', 'swelling', 'passing loose stools', 'born very small and thin (mutono)'. These statements were supported by the following quotations:

> "…*Ehee, Kwash to my child's child, I'm just surprised nurse that my child's child is having Kwash, this thing is confusing me because she is shining and fat, so where does this Kwash come from, really.my child's child is passing loose stools and "Ngoma" which is not closing but getting bigger…"*

A study done by Naabah, (2016) in the Tolon District in Ghana, found that 43 percent of mothers were unable to identify malnutrition in their children using signs and symptoms.

Mmeemba, (2017) who conducted a study in Lusaka, also confirmed that symptoms of kwashiorkor were confused with other illnesses like diarrhoea. One of the participants confessed that the disease (kwashiorkor) is difficult to know as the child looks fat.

While nutritious food was believed to combat malnutrition by most participants, few participants think of body types as the contributing factor.

> *"…It started when he was 8 months old and everybody in the house does not seem to be surprised, the older people says its normal in this family to be thin (mutono), we are like that, we change after giving birth and man change when they are married or when working, it is like that you know and there's nothing I can do about that…"*

In study done by Khunga, *et al.* (2014) in Kenya, they also report that body types are prone to malnutrition.

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Kadima, (2012) in a study done in Botswana, revealed that children born with low weight lacked some nutritious foods that are important to their future growth and development. Furthermore, Kadima, (2012) states that it takes longer for children born with low birth weight to reach their normal weight for age.

Conclusion of theme 1: Caregivers perceived contributory factors to malnutrition

Malnutrition is caused by various factors, such as inability to provide proper diet due to immaturity, lack of knowledge, and cultural believes. Even a study done by Chege, Kimiywe, and Ndungu, (2015) found that low level of education among mothers was a barrier to provision of proper diet; children were mainly fed thin or stiff porridge made from rice, flour and beans porridge which was mainly mixed with water, sugar and tea leaves. Furthermore, they believe in feeding their infant below 6 months with blood, animal's milk and bitter herbs which reduces the rate of exclusive breastfeeding.

Animals are valued as wealth; they only slaughter animals during special occasions and this lead to inadequate intake of meat which leads to malnutrition. Similarly, Imera, (2016) who did a study in the Kitui country hospital, says that mothers who did not go far in school had a challenge on nutritional complementary feeds to be initiated compared to those who are educated and this in turn affected the children's nutritional outcome.

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3.4.2 Theme 2:

Table 3.3 presents the theme, category and sub-category

Table 3.3

Theme	Category	Subcategory
1. Participant's views on challenges experienced financially.	1. Financial difficulties.	• Mother took Sassa card. • Not getting enough grant. • No money. • Can't afford milk. • Lacking food. • I'm not working. • I depend on children's grant. • It is poverty.

Discussion of theme 2: Participants views on challenges experienced financially

The analysed data indicate the challenges participants encountered financially to put food on the table for their children. One category emerged from the data, namely, financial difficulties.

1.1 Financial difficulties

In this study, many participants indicated that lack of money and poverty contributed to malnutrition. Participants comments revealed that unemployment due to lack of education or the mother being still at school were the main factors contributing to malnutrition.

The following sub -categories emerged from this category: mother took Sassa card, not getting enough grant, no money, can't afford milk, lacking food, I'm not working, I

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depend on child's grant and it is poverty, these statements were supported by the following quotations:

> "…*Food that we eat in the village is not good as those in Johannesburg and I don't have such kind of money…"*

> "…*Where will she get food from, as you can see I'm not working, I depend on this child's grant, what does this money do, the mother took the Sassa card of this child with her" she continued and say poverty man is the problem here… "*

> "…*Milk is expensive where can I get it, I can't afford…"*

Kadima, (2012) shows that unemployment leads to poverty as parents are unable to provide inadequate nutritious food, which leads to malnutrition. Similarly, Nousiainen, (2014) reports that mothers believed that poverty affects their children in many ways, such as that lacking money prevented them from buying nutritious food like meat and eggs. However, a study conducted by Zwane, (2015) indicates that most families depend on child a support grant for a living, which leads children to be more susceptible to malnutrition. Furthermore, Devereux and Waldier, (2017) show that social grant money is not only for foods but for other needs like funeral schemes, electricity and clothing.

On the other hand, Pettersson and Enstrom, (2016) reveals that rising food prices is a contributory factor to malnutrition, as fruits and vegetables are more expensive than food high in carbohydrates, fats and sugar. Furthermore, Pettersson, *et al.* (2016) shows that even if the parents can think of gardening of their own vegetables to supplement their low income, the long working hours take up all the energy to do gardening and even provide healthy cooked meal.

Conclusion of theme 2: Participants views on challenges experienced financially

Based on the quotations it is very clear that poverty was still a cause to malnutrition, whereby unemployment was the cause for the caregiver's inability to provide food for the family, who depended solely on the grant, which was also not enough.

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3.4.3 Theme 3: Seeking of help from various available resources

Table 3.4 presents the themes, categories and sub categories

Table 3.4

Theme	Category	Sub category
1. Seek of help from various available resources.	1. Traditional practices.	• Took her to Maine. • Ngoma. • Traditional medicine. • Clinic.

Discussion of theme 3.Seeking of help from various available resources

In this study data revealed that although most of the participants perceived feeding malpractice as the cause of malnutrition, few believed that the child was suffering from other conditions. One category emerged from the data, namely: traditional practice

1.1 Traditional practice

Few participants believed that the child's illness is caused by other traditional beliefs or illness, so they consulted both the traditional healer and the clinic for treatment.

> "…*I took her to clinic because of passing loose stools and Ngoma, also took her to Maine because is the one that knows about Ngoma, she is her Maine, to find out how can she help this child since Ngoma is not closing and getting bigger, she gave her some traditional medicine to apply on head…*
>
> *"…they had to take her to granny who treat children down there, they thought that ngoma was not treated well that's why she is not eating you see. I think*

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the medicines from the clinic for her to eat are helping since she can eat some of the food… "

A study by Ngwu, *et al*. (2014) in Northern Ghana supported that more than half of the population (57%) of Talensi people do visit traditional healers to seek help based on their problems. According to Khunga, *et al*. (2014) caregivers believe that only the traditional healer can treat some of the problems, such as appeasement for the father's promiscuity.

Conclusion of theme 3: Seeking help from various available resources

Cultural beliefs still contribute to malnutrition and participants believed that there were some conditions or problems that cannot be treated by western medicines, but they believed in traditional healers. Chege, *et al*. (2015) state that the Maasai use traditional healing and the intake of herbs as medicine which affects their health practices; a new born is given traditional herbs as early as two weeks after birth, as it is perceived to prevent them from getting diseases.

3.5 CHAPTER SUMMARY

This chapter focused on analyses and discussion of data. Themes that emerged from the data were analysed and supported by literature. The findings revealed that feeding practices to most of the participants was a challenge, mainly because they had financial difficulties since they were not working and depended on social and child grants for a living, it was difficult for them since the little money they get is not for food only but other necessities as well. Chapter 4 will present an evaluation of the study, limitations of the study, and conclusions and recommendations of this study based

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CHAPTER 4

EVALUATION, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

Chapter 3 discussed the study findings which had 3 themes, namely: caregivers perceived contributory factors to malnutrition; participant's views on challenges experienced financially, and the seeking of help from various available resources. This chapter details the following: an evaluation of the study, conclusions, limitations, as well as recommendations from the study

4.2 EVALUATION OF THE STUDY

The study is evaluated based on its purpose and objectives as set out in chapter 1.

The purpose of the study was to explore the perception of caregivers regarding factors contributing to malnutrition in children under 5 years of age in the Vhembe District, of the Limpopo Province. The purpose of this study was achieved by qualitative, explorative, descriptive and contextual design, as it allowed participants to narrate their lived experiences. Simple random sampling was used to select participants and three top clinics with high malnutrition were selected purposefully. Data was collected through in-depth individual interviews with the principal researcher as the main instrument, using facilitative communication skills to investigate the perception of caregivers in children with malnutrition

Established trustworthiness and considered ethical issues throughout the study. Data was analysed using Tesch's approach, and 3 themes emerged which were discussed and supported by literature.

The objectives of the study were as follows:

To explore the perceptions of caregivers regarding factors contributing to malnutrition in children under 5 years of age and to

Describe the perception of caregivers regarding factors contributing to malnutrition in children under 5 years of age.

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The purpose was explored using this question

- Can you please tell me, what do you think may be the cause of “Kwash” to the child?

‘… 0k, can you please tell me, what you think may be the cause of Kwash to your child…’

To describe the perception of caregivers regarding factors contributing to malnutrition in children under 5 years of age. The purpose was described as the principal researcher used probes to encourage the participants to talk more; the following quotations indicate that the purpose was described.

“…Mmm…”

“…The child was now living by God s grace and there’s no money in this house, because I’m not getting grant, because I’ve been robbed some years, so looking this child lacks food, although I tried to buy some peanut butter or banana and give it to her and see her eating…”

The objective of the study was reached as factors contributing to malnutrition were explored and described.

4.3 CONCLUSION

In this study, 3 themes emerged, namely, caregivers’ perceived contributory factors to malnutrition, participants view on challenges experienced financially, and the seeking of help from various available resources. These are discussed below.

4.3.1 Theme 1: Caregivers perceived contributory factors to malnutrition

The following two categories emerged from theme 1, namely feeding practices and knowledge deficit on signs and symptoms of malnutrition.

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Feeding practices

The findings of the study outlined that the majority of caregivers participated had challenges on providing nutritious food, because they did not breast feed their children as recommended due to work or the mother being at school. As a result, their children were fed junk and inappropriate food due to lack of knowledge, and immaturity.

"… I was giving him breast milk and started giving him soft porridge at 3 or 4 months if not mistaken because he was not full with breast milk only, he always wanted breast and even my grandmother agreed that he was not full with breastmilk "mikando" only and chose breastmilk over soft porridge so my grandmother decided that we stop giving breast at 7 months I think, she believed that if I stop breastfeeding him, he will be so hungry he will eat soft porridge…"

Knowledge deficit on signs and symptoms of malnutrition

The findings of this study found that caregivers lack knowledge about signs and symptoms of malnutrition in their children. Caregivers associate signs of malnutrition with being healthy since the child with malnutrition looks fat, not knowing that they are sick. Also associated children born very small and thin as healthy since was born like that and did not think that the child is sick since it runs within the family.

"… I think it is because she was born very small, not yet due to be born, weighing 1.01kg…"

4.3.2 Theme 2: Participant's views on challenges experienced financially

One category emerged under theme 2: participants views on challenges experienced financially namely, financial difficulties

This study revealed that many participants indicated that lack of money and poverty contributed to malnutrition. Unemployment was the main cause for the participant's inability to provide their children with nutritious food. Participants depended on social grants to put food on the table. The money from these grants was not enough.

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"…The child was now living by God s grace and there's no money in this house, because I'm not getting grant, because I've been robbed some years, so looking this child lacks food, although I tried to buy some peanut butter or banana and give it to her and see her eating…"

4.3.3 Theme 3: Seeking of help from various available resources

One category emerged from theme 3, seeking of help from various available resources, namely, traditional practices.

The findings of the study show that caregivers visit the clinic and traditional healers to seek help based on the problem. They believed that ngoma can only be treated by traditional healers as they know it best, but diarrhoea and loss of appetite can be treated by western medicines.

"…I also took her to "Maine", because Maine is the one that knows about "ngoma" to help her, she is her Maine, you should also know that you have your own inyanga, to find out on how can she help this child since" ngoma" is not closing, it is getting bigger, so when I arrive, she gave me some "muthi" traditional medicine to apply on the head…".

4.4 LIMITATIONS OF THE STUDY

The majority of the caregivers were grandmothers and the principal researcher did not have information directly from the mothers

4.5 RECOMMENDATIONS

Recommendations are based on the findings of the current study and are directed to practice research and body of knowledge.

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4.5.1 Recommendations for practice

Based on the findings of the study:

The health care professionals together with community home based care should give health education on feeding practices to reduce this malnutrition in children under the age of five.

4.5.2 Recommendations for body of knowledge

Based on the findings of the study, recommendations are to develop a strategy to improve caregivers feeding practices in preventing malnutrition in children.

Furthermore, the study recommends the investigation into effects of knowledge as contributory factors to malnutrition.

4.6. CONCLUSION OF THE STUDY

Chapter 1 outlined the introduction, problem statement, research questions and objectives, furthermore research design and methodology, measures to ensure trustworthiness and ethical issues were also highlighted. Chapter 2 provided a discussion of the research methodology, followed by data collection, data analysis. The study was conducted ethically. Chapter 3 focused on analyses and discussion of data. Themes emerged from the data were analysed and supported by literature. The findings revealed that feeding practices to most of the participants was a challenge, mainly because they had financial difficulties since they were not working and depended on social and child grants for a living, it was difficult for them since the little money they get is not for food only for other necessities as well. Finally, chapter 4 indicated how the purpose and the objectives of the study were met, concluded the study based on 3 themes that emerged as well as limitations and recommendations.

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ANNEXURE A

UNIVERSITY OF VENDA

OFFICE OF THE DEPUTY VICE-CHANCELLOR: ACADEMIC

TO : MR/MS T.E MAKHUBELE
SCHOOL OF HEALTH SCIENCE

FROM: PROF J.E. CRAFFORD
DEPUTY VICE-CHANCELLOR: ACADEMIC

DATE : 23 JANUARY 2018

DECISIONS TAKEN BY UHDC OF 23RD JANUARY 2018

Application for approval of Master's research proposal in Health Sciences: **T.E Makhubele (11511174)**

Topic: "Perception of Caregivers regarding factors contributing to Malnutrition among children under Five years in Vhembe District, Limpopo Province."

Supervisor	UNIVEN	Dr. M. Maluleke
Co-supervisor	UNIVEN	Mrs. K.G Nesthisaulu

UHDC approved Master's proposal

Prof J.E. CRAFFORD
DEPUTY VICE-CHANCELLOR: ACADEMIC

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ANNEXURE B

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:

Ms TE Makhubele

Student No:
11511174

PROJECT TITLE: **Perception of caregivers regarding factors contributing to malnutrition children under five years in Vhembe District Limpopo Province.**

PROJECT NO: **SHS/18/PDC/05/1505**

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Dr M Maluleke	University of Venda	Supervisor
Mrs KG Netshisaulu	University of Venda	Co - Supervisor
Ms TE Makhubele	University of Venda	Investigator – Student

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE

Date Considered: May 2018
Decision by Ethical Clearance Committee Granted
Signature of Chairperson of the Committee: ....

Name of the Chairperson of the Committee: Senior Prof. G.E. Ekosse

UNIVERSITY OF VENDA
DIRECTOR
RESEARCH AND INNOVATION
2018 -05- 15
Private Bag X5050
Thohoyandou 0950

University of Venda
PRIVATE BAG X5050, THOHOYANDOU, 0950, LIMPOPO PROVINCE, SOUTH AFRICA
TELEPHONE (015) 962 8504/8313 **FAX** (015) 962 9060
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ANNEXURE C

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Enquiries: Stander SS (015 293 6650) Ref: LP_2018 07.003

Makhubele TE
University of Venda
Private bag X5050
Thohoyandou

Greetings,

RE: Perception of caregivers regarding factors contributing to malnutrition children under five years in Vhembe District Limpopo Province

The above matter refers.

1. Permission to conduct the above mentioned study is hereby granted.
2. Kindly be informed that:-
   - Research must be loaded on the NHRD site (http://nhrd.hst.org.za) by the researcher.
   - Further arrangement should be made with the targeted institutions, after consultation with the District Executive Manager.
   - In the course of your study there should be no action that disrupts the services, or incur any cost on the Department.
   - After completion of the study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
   - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
   - The above approval is valid for a 3 year period.
   - If the proposal has been amended, a new approval should be sought from the Department of Health.
   - Kindly note, that the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated.

Head of Department   20/06/2018 Date

Private Bag X9302 Polokwane
Fidel Castro Ruz House, 18 College Street. Polokwane 0700. Tel: 015 293 6000/12. Fax: 015 293 6211.
Website: http/www.limpopo.gov.za

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ANNEXURE D

DEPARTMENT OFHEALTH
VHEMBE DISTRICT

Ref: S5/6
Enq: Muvari MME
Date: 19July 2018

Dear Sir/ Madam:

PERMISSION TO CONDUCT RESEARCH ON " Perception of care-givers regarding factors contributing to malnutrition children under five years in Vhembe District, Limpopo Province" : Makhubele T.E

1. The above matter bears reference
2. Your letter received on the 19/07/2018 requesting for permission to conduct research in our facilities is hereby acknowledged
3. The District has no objection to your request.
4. Permission is therefore granted for the request to be conducted within Vhembe District.
5. You are however advised to make the necessary arrangements with the facilities concerned.
6. Wishing you success in your research in the Vhembe health facilities.

.... 15/7/2018 ....
CHIEF DIRECTOR DATE

Private Bag X5009 THOHOYANDOU 0950
OLD parliamentary Building Tel (015) 962 1000 (Health) (015) 962 4958 (Social Dev) Fax (015) 962 2274/4623
Old Parliamentary Building Tel: (015) 962 1848, (015) 962 1852, (015) 962 1754, (015) 962 1001/2/3/4/5/6 Fax (015) 962 2373, (015) 962 227

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ANNEXURE E

PARTICIPANTS INFORMATION SHEET

Title:

Perception of caregivers regarding factors contributing to malnutrition in children under five years in Vhembe district, Limpopo province.

Purpose of the study

The purpose of the study is to determine the perceptions of caregivers regarding factors contributing to malnutrition in children under five years in Vhembe district, Limpopo province.

The objectives of the study were:

- To explore the perception of caregivers regarding factors contributing to malnutrition in children under five years.
- To describe the perception of caregivers regarding factors contributing to malnutrition in children under five years.

Significance of the study

The result of this study may help the health care workers to provide relevant /appropriate health education regarding malnutrition which will help in preventing malnutrition and promoting growth.

Inform policy developers and other concerned bodies to combat malnutrition by coming up with appropriate nutritional educational programme which will reduce the child mortality rate.

Also, improve the caregiver's knowledge about malnutrition and provide relevant health education which help in reduce child morbidity rate.

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Risks

There are no risks which are anticipated as a result of participating in this study. The district management has assured us that no punitive measures will be taken against you based on the information you provide and you will not be judged or penalised for the diagnosis of the child.

Benefits

Your participation in this study will helps in generating information that will help in preventing malnutrition and reducing child mortality and morbidity rate and that no direct financial benefits will be given to you.

Rights as a participant in this study

Your participation to this study is entirely voluntary and you can stop participating any time without the reason.

Withdrawal

You can withdraw from the study if you consider it not to be in your best interest. You can be withdrawn from the study failure to comply with the regulation of the study facility and guidelines.

Ethical approval

This study will be submitted to the University of Venda and written proposal will be granted. Permission to conduct the study will be granted by the provincial, district and clinics manager.

Confidentiality

The information gathered will be treated confidentially and your identity will not be revealed only codes will be used to maintain anonymity.

Source of information

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If you have any concern or questions regarding your rights as a participant or regarding this study, you can contact the following individuals:

Supervisor:	Dr Mary Maluleke	076 394 9752
Co-promoter:	Dr K G Netshisaulu	072 692 6926
Principal researcher:	Ms T E Makhubele	082 080 2111

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ANNEXURE F

INFORMATION RELATING TO INFORMED CONSENT

Dear participant

REQUEST FOR CONSENT FROM PARTICIPANTS

I Makhubele Takalani E, a post graduate student doing master's degree in nursing science at the University of Venda school of Health sciences, I am conducting a research titled "perception of caregivers regarding factors contributing to malnutrition in Vhembe district, Limpopo Province".

The study is conducted under the supervisor Dr M. Maluleke and Dr K. G. Netshisaulu of the Department of Advanced Nursing Science in the School of Health Science. The Ethics of the University of Venda approved the study

I would like you to take part in the research study. As a caregiver of a child with malnutrition your perception is, important bearing in mind that your participation in this study is voluntary, you are free to withdraw from the study and you do not have to give reason, your withdrawal will not in any way affect the relationship between you and the principal researcher regarding health care services

The principal researcher will interview you and ask question about malnutrition and interview will be conducted at your home, I would like to use the audio tape so that I can remember exactly what you say, if you prefer me not to use the tape recorder, I will do so. Information obtained from you will be treated as confidential, your name will not in any way be mentioned, and codes will be used on research report

Principal researcher signature……………………… Date…………………………

Participant

I, …………………………………… have read and understood through the content of this consent form and hereby voluntarily consent to participate in this study

Participant's signature……………… Date…………………………

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ANNEXURE: G

Sample of consent form for participating in the research

I,……………………………..voluntarily participate in the study on **"Perception of caregivers regarding factors contributing to malnutrition in children under five years in Vhembe District ,Limpopo Province"**

I read and understood through the content of concern form that I understood that my participation was voluntarily and that I might withdraw at any time

……………………………………. ………………………………………….

Signature of participants Date

…………………………………… …………………………………………..

Principal researcher's signature Date

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ANNEXURE H (1)

The purpose of this study is to determine the perception of caregivers regarding factors contributing to malnutrition in children under five years.

KEY: Researcher: R

Participant: P

R- Afternoon.

P- Good afternoon.

R- (Yoo), today is very hot.

P-It is no longer said, the rain is not raining, we just hear that it was raining where where (gai gai) in Tshivhasa here is not raining.

R- “Haaa “This year will never see vegetables really.

P- “Ehee”my child you are still talking about vegetables only, there will be too much sickness, and we will fall because of this sun.

R-Where is musidzi today? I can’t see her.

P-She is asleep, she just finished eating soft porridge just now, after, eating she sleeps, I’ll do all the work and finish while still sleeping.

R-HOO….I came here today as agreed that I’ll come.

P- Ee.

R- Like I’ve said my name is Takalani, im a nurse, today I came as a student doing a research about children with Kwash, as I’ve said before it is not by force to participate in this study it does not mean that when you have refused to participate when you come to the clinic will refuse you medicines.

P- “Eya “really my child?

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R-Ee if you don't understand you should tell me.

P- No I understand.

R-I'm going to use this tape recorder, im going to record our conversation, it helps me in writing everything that we talked about without reducing and adding, it also helps as a proof that I've really talked with you.

P-Eya! Is it really needed?

R-yes as a proof and what you should know is that your name will not be mentioned

P- "Haaa" nurses you'll find this thing in the newspaper, and find sisters of my grandchild failing to play with others being pointed with fingers, known by the whole world.

R- "Yowee ", it is confidential it will be known by me and my supervisors only, no one else, so do you agree that we continue with this interview?

P-Yes, let's hear what is coming after this.

R-Ok, can you please tell me what do you think may be the cause of Kwash to your granddaughter?

P- "Ehee" Kwash to my child's child, Im just surprised nurse, my child's child is said to be having Kwash.

R-Aa!

P- This thing is confusing me because she is shining and fat, so where does this Kwash come from "really"

R-What did nurses say when at the clinic?

P- Ehee, haai' why did we give birth to you really? Hai this thing is not understandable I don't know why we took you to school because you hurt other people's feelings (kola) really,

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R-Eya

P-Haa! They say my child's child is lacking food," hi" but I give her soft porridge and put in some sugar, she does not lack anything and sometimes I give her soft porridge with Cremora, milk is expensive where will I get it I can't afford it, I don't give her soft porridge with sugar only, I change and give her with Cremora, did we send you to school to hurt our feelings "kola" really

R- We did not mean to hurt your feelings, where's the child's mother?

P- Haaa, Ehee, my child, things are not the same she is working there, far, trying to find job.

R-Yoo…Ehee, so what do you think swelling come from?

P-aa! Swelling of my child's child, is this child swollen? Or she is fat nurse, aha, Ehee really, they don't lie when they say you hurt other people's feelings, my child's child's fatness is now swelling? My child's child is very fine, even when the mother call I don't say anything else because I see her as a happy, I just tell her to be happy and focus on trying to find a job

R-Mmm

P-Im giving her food and she does not lack anything.

R-Why did you take the child to clinic, what was she suffering from?

P- Because this child's child was passing loose stool (tshuluwa) and "ngoma", since birth is troubling her, it is not closing, it is getting bigger.

R-Hooo! You took her to clinic because of passing loose stools and "ngoma"?

P- Ahee.

R- Then?

P-I also took her to "Maine" inyanga, because inyanga is the one that knows about "ngoma" to help her, she is her inyanga, you should also know that you have your

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own inyanga, to find out on how can she help this child since" ngoma" is not closing, it is getting bigger, so when I arrive, she gave me some "muthi" traditional medicine to apply on the head.

R- Mmm.

P-She also gave her another one, for drinking, so that that dirtiness must not stay in her stomach because if it stays in her stomach, she is gone.

R-Hooo, Ehee, make me understand, does that mean you went to clinic for running stomach only? And that's when you were told about Kwash.

P- Ee.

R-Mhh, so what did they give you? Did they give medicines?

P- Yes, they did give me medicine, they didn't jealous me, they also gave me soft porridge.

R-So how do you use these medicines from inyanga and from the clinic?

P-AI! My child this thing work altogether, I start by preparing soft porridge, then after that take traditional medicine from inyanga and give her before she sleeps.

R-Ohoo!

p-and she now pass stools well now, I find stings in her stools to show that it is working

R-Ohoo it means it is working?

P- Ee.

R-Why do you use both?

P-Ee, meaning you only read those books only, not knowing that this medicines of yours is from this trees from the bush, it is just that this white people cooked it, in

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Tshivenda the inyanga, burns and pound them to make “muuluso” haven’t you hear about “muuluso”

R-I’ve heard about it.

P-Ahee! It really works.

R-Since using both medicines from “Maine” traditional healers and clinic, how is the child?

p- Hai she is fine.

R- Is she no longer passing loose stools?

P-No, just a little bit,

R- Ohoo.

P-I can see it is no longer like before

R- If heard you correctly ngoma is the cause of the child’s sickness

P-Ahee, now that dirtiness has come out, if the dirty didn’t come out, we will be saying something else today.

R-Ohoo, thank you very much for this information, I’ve really learnt a lot today, after wring this, I’ll come back again for us to check if what I’ve wrote is what you said today or if I’ve missed or added something.

Is this all, or you still have something to say about the child?

P-No, nothing, if anything happens I’ll go to “Maine “traditional healers or to the clinic or will you chase me now that I’ve confessed that I took the child to traditional healers?

R- No,” vhathu” I’ve just told you that this has nothing to do with your treatment from the clinic, it does not affect anything.

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P-Will you not point finger at me and say I nearly killed a child

R- No not all

P-OK thank you my child

R- Im the one to thank you, I was going to get this information if it was not by you, ok stay well

P-Ok, goodbye

END END END END END

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ANNEXURE H (2)

The purpose of this study is to determine the perceptions of caregivers regarding factors contributing to malnutrition in children under five years.

KEY: Researcher: R

Participants: P

R- Good afternoon.

P- Hello (Aa).

R-Yooo today is hot, weei this side is hot than where I come from.

p-No, it is hot the whole world, it is summer now, axaaa,I, I, I, I forgot wash my Venda attire (minwenda) but it doesn't matter I'll do them tomorrow.

R-Eyaa, I don't want to disturb you, you can do the washing, and I'll wait or rather do it for you.

P- No No No (Hai Hai Hai) "minwenda yanga ai kuvhwi nga vhanenyana", you girls use surf, "minwenda ya hone I a tshenuluwa".

R- Hooo.

P- Yes, This Venda attire was bought the very same day as Sara's attire (muhadzinga wanga) but hers looks like it was bought before mine; she gives girls to wash them. 'Taking out snuff and started sniffing by nose".

R- As we have agreed before that I'll come and visit you, thank you for giving me this time to talk to me, I'm Takalani Makhubele, a student at university of Venda doing research about kwashiorkor. Like I said before this is for a learning purposes and whatever you'll say will remain confidential and your name will not be mentioned and as permitted by you this tape recorder will be used for me to have all the conversation we will have and exactly what you said, you can tell me to stop the tape recorder if no longer want to be recorded.

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P-I don't have a problem with that, you told me this before, I don't forget.

R-Also no money will be paid for this interview, "interrupted".

p- "she calls one of the children who was playing to bring her phone "Hey Saphu bring my phone from charger" she replied granny where is it? Look there there (hafho …. hafho)" sat kammer" sitting room. She brought the phone." while putting the phone in the pouch hanged around the neck "do you see this child?

R- Yes.

P-She is an Orphan.

R- Eyaa.

P- She is not the only one, she has two other siblings, and they are three of them. You see their mother died by this big disease some years ago, and the father we don't know where he is (O ya nalo) or he have another family there nobody knows. And they are only getting child grant, those who knows says that because they still have their father, they will not get the grant for orphans, mxm is the same as dead, what is his use, where he is he's happy with another wife and maybe with kids, while his children are dying of hunger.

R-Yooo.it is painful," interrupted by participant"

P- Too much, the other child of mine died with an accident not so long ago, she was working as a domestic worker (makhishini) Pretoria (pitori). I also worked there as a domestic worker in my days, when I was still myself. Not now, I'm old (ho yiwa)

R- How many children do you have?

P- counting with those who died, I had ten, two boys and eight girls, I'm left with seven "counting to make sure, showing by fingers whose dead and whose left "This only left boy of mine was the only one taking care of everything in the house, but now he has his own house and wife "A Nga zwipfa nwananga" he must focus on his family (khaite zwawe na muta wawe).

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R-how many grandchildren under your care?

P-five, Saphu and two siblings, and one for Josephina who died by car accident and one for my last born, who is moving around this world (Ane a sokou tshimbila na shango) not doing anything, she left the child when she was barely three months

R- Yooo three months?

P- You are playing, you don't know the person I'm talking about, all she knows is to change man, I don't know what this man sees out of her, the people who helps you in this world they go and you are left with" mipfudze" only

R-How old is she now.

P-I think a year and some months but not yet reached two years.

R- Can you please tell me what you think might be the cause of Kwash to this child?

P-Where will she get the food from ,as you can see I'm not working, I depend on this children's grant, what does this money do, nothing and what is painful the most ,the mother of this child took the Sassa card of this child with her,ive been begging her to give it to me so that it helps with food in this house, but she refuses, she says that I'll drink all the money with alcohol, it is the same, is she not drinking all the money with alcohol? Is she buying anything in this house? Mxm, I raised her drinking like this, she is now a woman, and I cannot fail to raise her child man.

R- "Nodding my head"

P-Like I said this money is too little, pay societies, funerals and many things if only you ensure that I get that money for orphans.

R-But you said it is difficult because the father is still alive?

P-It isn't that things do change, maybe now they will consider them, why don't they check to their things there where he is, they are too lazy, especially when it comes to money, Haa, they won't give you, money.

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R-Nothing has changed up to so far.

P-We are still going to suffer.

R-This other three kids I saw today they are fine mus?

P-Yes because at school they eat and before that they used to go to Thusalushaka, they used to supply them with food at break and after school, but now they eat at school and even after school they give them left overs, so at home they eat at night only and when they are not at school.

R-What kind of food do you give this child?

P-Everything that we eat, I gave her soft porridge this morning, she must eat soft porridge in the morning before anything else, then porridge with vegetables that I usually ask from neighbour, sometimes with artchaar and meat sometimes.

R-What about food in Thusalushaka?

P- Who will go there every day to take food, by which feet, weei eboo, I can't do that. Nobody have ever died of hunger, she could have died long time ago, she will be fine just like this other child, she is getting better since some food given at the clinic by that lady who work with children like this of mine.

R-So are you saying that the cause of this Kwash is lack of money?

P- Yes, poverty (vhushayi) man is the problem here, but I suspect this child mother haai, I think she is sick of this big disease.

R-Why do you say that?

P-I saying this because I raised these other children but they are okay and I was never told they had Kwash. Such disease is dangerous to the baby especially when breastfed.im saying this because the nurses used to ask about the child's mother, they always tell me she should bring the child for weight when she is around, they are saying something, that book for weight it has the news, it is just that I hide it because it is important, I was going to show it to you, true (ngoho).

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R-So are you saying, you suspect that the child is having Kwash because the mother might be having this big disease as she was breastfed and the issue of poverty (lack of money).

P-Yes, I see it that way, there's no other way.it is like that.

R-Do you still have other things that you think might be the cause?

P-No I don't have.

R-Thank you very much for your participation and information you provided, after writing this will come back to you to confirm what I wrote.

P- Okay, it is fine.

R-The sun is no longer hot now. I'll go now

-Stay well.

-I'm also going to dzumbathoho.

END END END END END

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ANNEXURE H (3)

The purpose of this study is to determine perceptions of caregivers regarding factors contributing to malnutrition in children under 5 years.

Key: Researcher: R

Participant: P

R- Good afternoon.

P- Afternoon.

R- Hello sesi (the principal researcher talking to the child who just crawled to her) last time I came here I didn't see her, where was she?

P- She went with my grandmother to house number 4 from here, there was a funeral there, and she went there to see them because she could not attend the funeral.

R- Ooh ok.

R- Like I said before, I'm Makhubele Takalani, a student at the University of Venda, doing research on what do caregivers think maybe the cause of Kwash.

Thank you for agreeing to participate in this interview, like I said before no payment will be made ,your name will not be revealed, the information you will give will be known by me and the supervisors only. I've already told you that you are not forced to participate and you can stop at any time you want and I will not treat you somehow at the clinic because of that.

P- OK.

R-I'm going to use the tape recorder to record our interview, but if you feel there's something you want to say that need not to be recorded, you can press here on the "R" button.

P- Hoo here, pointing at"R" button.

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R- Yes.

P- OK I see it.

R- 0k, can you please tell me what do you think may be the cause of Kwash to your child.

P-Eee I can say I really don't know, I've tried people, to give her many different things but she doesn't eat really. I don't know what to give anymore.

R- Eya.

p- True, I don't know, I gave her porridge and gravy as said by the nurses, porridge and milk, I've tried really but it doesn't work.

R- Porridge and gravy, porridge and milk is that all you were giving to your child?

P- Not only that i also give her Danone, sweets, juice for children.

R-So are you saying you give your child porridge and gravy, porridge and milk, Danone, sweets and juice for children.

P-Yes and any other things that we eat at home like porridge and potatoes, porridge and artchaar which she likes the most.

R- I heard you say she likes porridge with potatoes or artchaar what about pap with gravy or milk.

R- What do you mean you don't eat it most of the time?

P-Ah, there's no money to buy milk she can eat almost every day.

R-So are you saying that the cause of the Kwash to your child is that she doesn't eat, and you gave her different foods but still doesn't eat, you don't have money to buy milk she can eat almost every day.

P-Yes, but eish!

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R- What is it?

P- Old people thought that maybe she was not treated well “ngoma”, you know mus how they are.

R- And?

P- They had to take her to granny who treat children down there, they thought that maybe ngoma was not treated well that’s why she is not eating you see

R- Is there any improvement after visiting that granny?

P- I don’t see it, I think the medicine given from the clinic for her to eat is helping since she can eat some of the food.

R- Ok, is there anything else?

P- No.

R- Ok ,I’m still going to come back to tack about what I wrote, to find out if I’ve added something you didn’t say or even didn’t write all what you have said.

P- Ok.

R- Thank you very much for your time, I really appreciate it. Goodbye.

P- Goodbye.

END END END END

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ANNEXURE H (4)

The purpose of this study is to determine the perception of caregivers regarding factors contributing to malnutrition in children under 5 years.

KEY: Researcher: R

Participant: P

R-Good evening how was your day today?

P-I'm fine.

R-I'm also fine, today the weather seems fine, and the sun is gone.

P-Eee haai it is cold now.

R- Maybe it will rain now.

P- Maybe.

R- Eee my name is Makhubele Takalani, im a student of university of Venda, so I came here to find out about children who are not growing well or with Kwash, most importantly to find out from caregivers of the children to find out about the cause of these children not to grow.

Like I said, there's no payment for doing interview and you also have the right not withdraw from this interview and it will not affect the service provided to you in the clinic, does not mean I will treat you bad in the clinic just because you refused to participate, it is not good.

You must also know that it is confidential and no one will know about this interview except me and my supervisors.

So, will you kindly share with me what might be the cause of your grandchild not to grow well or have Kwash?

P-It is caused by not breast feeding well because the mother is at school.

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R- Eee.

P-But I also tried since birth to buy milk so that she can breastfeed and milk.

R- Mmm.

P-Only breast fed for 6 months and stop at 7 months.

R-Hooo you said she only breastfed for 6 months.

P- Ee and then stop at 7 months.

R-Mmm what was she feeding of?

P- Breast milk from the mother but only at night and Nan number 1 during the day, but at 7 months refused.

R-Ohoo what did she refuse?

P-She refuses Nan, so I bought ultraMelk when I have some money and boiled it.

R- Mmm.

P-I gave her that milk and along the way also refused taking them, I've tried giving by cup but still refused.

R- Mmm.

P-The child was now living by God s grace and there's no money in this house, because I'm not getting grant, because I've been robbed some years, so looking this child lacks food, although I tried to buy some peanut butter or banana and give it to her and see her eating.

R-Ohoo, meaning what does this child eat?

P-I prepare porridge.

R- Ohoo.

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P-These days I try dipping the porridge (thothedza) in the gravy and I see her enjoying food.

R-But she is no longer getting any milk?

P-No she is no longer having milk.

R-What about breast milk?

P-she is breast fed at night only, during the day the mother is at school, and during the night also I'm not sure if she is getting enough or breastfeeding at all because the mother is a grade 12 students who is studying at night until morning.

R-hoo it is understandable, meaning that according to you think Kwash or not growing well of this child is due to lack of milk and not getting enough nutrients because of that.

P-Yes, she is not getting enough milk from the mother and the food that she is eating is not enough.

R-It is understandable, so is there anything else?

P-No.

R-If I heard you correctly you said for this child not to grow or have Kwash is because she is not breastfeeding well from mother because the mother is at school and only breastfeed at night which you don't have a proof whether she is breastfeeding because she will be busy studying.

So, there's nothing else mus.

P-Yes there's nothing apart from the fact that I dip the porridge into gravy when we have, she eats.

R- Mmm.

P- But since we don't have enough money to buy what she wants, we don't have that kind of money, I'm not working, I'm not getting grant.

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R-Hooo, if there’s nothing else I’ll come back to talk about what I wrote and find out if there’s something I’ve added which you didn’t say or reduced some of the information.

P-I’m very sure that what I’m saying you will write it as it is you will not reduce or add anything.

R-Thank you if there’s nothing else, have a good day.

P- Good day, Thank you.

END END END END

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