DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF A HEALTH PROMOTING SCHOOL TRAINING PROGRAMME FOR EDUCATORS IN HIGH SCHOOLS OF MANKWENG CIRCUIT, LIMPOPO PROVINCE, SOUTH AFRICA.

By

TJ Mashamba

[redacted]

THESIS

Submitted in fulfilment of the requirements for the degree

DOCTOR OF PHILOSOPHY

In

HEALTH SCIENCES

In the

FACULTY OF HEALTH SCIENCES

(School of Health Care Sciences)

At the

UNIVERSITY OF LIMPOPO

Supervisor: Prof RN Malema

Co-supervisor: Prof HE Onya

APRIL 2021

DEDICATION

This thesis is dedicated to my late father, Mr SAL Mashamba, and my mother Mrs M. M. Mashamba, for continuous encouragement to study further. Thank you for all your support.

D E C L A R A T I O N

I declare that, DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF A HEALTH PROMOTING SCHOOL TRAINING PROGRAMME FOR EDUCATORS IN HIGH SCHOOLS OF MANKWENG CIRCUIT, LIMPOPO PROVINCE, SOUTH AFRICA, is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.

…… JUNE 2020

Takalani Joyce Mashamba ..... **Date**

Acknowledgements

I want to thank the following persons for their respective contributions to this dissertation:

- A special thank you goes to my supervisors, Professor RN Malema for her continuous support and guidance.
- My joint supervisor, Professor HE Onya, for his support, continuous guidance and encouragement.
- Educators and learners in Mankweng High Schools for their willingness to participate in this study.
- The Limpopo Province: Department of Education, for giving me permission to conduct the study.
- Principals and educator's cooperation regardless of their tight schedule.
- Ms L Shuro for her assistance in reviewing the qualitative data transcription, analysis and coding.
- Dr TE Ntuli for his assistance as a statistician.
- Prof TX Maluleke for encouragement and support.
- My daughters Caroline and Mudzunga for technical support.
- My Pastor, Apostle T. Muleya for continuous prayers to the Most High God.
- 2018 UL Health Promotion Post graduate students for educators training arrangements.

ABSTRACT

Background: The purpose of this study was to develop, implement and evaluate a Health Promoting School (HPS) training programme for educators in the high schools of the Mankweng Circuit, Limpopo Province, South Africa.

Methods: This is an explanatory mixed method study conducted among high school learners to identify risk behaviours, physical environmental and school climate factors to develop, implement and evaluate a Health Promoting School training programme for educators in the high schools of Mankweng Circuit. A structured questionnaire and a semi-structured interview guide were used to collect data. Quantitative data was collected from a total of (n=828) learners on risk behaviours, environmental and the school climate factors including curriculum and policy factors from (n=12) schools, while the key informants involved in decision making at the schools provided qualitative data on the same topics. The study highlighted potential areas for the initiation of Health Promoting Schools in Limpopo Province.

Results: About 828 learners participated in this study, of which, 416 (50.2%) were males and 412 (49.8%) were females. More males than females indicate that they consumed alcohol (47% versus 24%, $p<0.05$), while 11% (90/840) of the learners report to have smoked cigarettes, a higher proportion of which are males rather than females (18% versus 4%, $p<0.05$). Quantitative results were further explored through analysis of the qualitative data from key informants who confirmed that the use of substances such as tobacco, alcohol and dagga (marijuana) is rife among school learners. Factors relevant to develop a training programme for educators were identified from the findings. The identified factors informed the development of the HPS training programme. Educators received training on HPS programme and the implementation was evaluated.

Conclusion: The Health Promoting School (HPS) Training Programme improved the educator's knowledge, understanding and skills of how schools can become Health Promoting Schools.

Key concepts:

Health Promoting Schools; Life Orientation Educators; Risk Behaviours; School Climate and Ethos.

Table of contents

LIST OF FIGURES

LIST OF TABLES

DEFINITION OF TERMS

Determinants of health – Determinants of health are a range of personal, social, economic and environmental factors, which determine the health status of individuals or populations (Harris, Holden & Chen, 2010). In this study, determinants of health will be the factors among high school learners, educators and the community around the school, such as risks behaviours, individual life styles, socio-economic background, level of education, parent's employment, access to appropriate health services and the physical environment, which determine whether leaners will be healthy or not.

Health Promoting School - A Health Promoting School (HPS) is a school that constantly strengthens its capacity to make the school a safe environment for learning and working (World Health Organisation [WHO], 2012). Furthermore, a HPS engages health and education officials, including teachers, teachers' unions, learners, parents, health providers and community leaders, in efforts to make the school a healthy place. In this study, a HPS will mean a school that integrates health promotion into the whole context of the school and explores how the school can reach out to the surrounding community to facilitate health-promoting processes, while striving to modify the school environment to enhance the health of all who live and work within it.

Health Risk – A health risk is the chance or likelihood that something will harm or otherwise affect your health. Risk does not mean that something bad will definitely happen. It's just a possibility (NIH, 2016). In this study, health risks will be the practices that predispose learners to ill health.

High Schools – High schools are Secondary Schools. They provide formal education from Grade 8 to Grade 12 (Hidden Curriculum, 2014). Furthermore, these schools accept learners who have completed their primary school education. In this study, the term 'high schools' will constitute the schools in the Mankweng Circuit under the control of the Limpopo Department of Education which offer Grade 8 to Grade 12 education.

Integrated School Health Programme (ISHP) - The integrated school health programme is a government programme meant to contribute to the improvement of the general health of school-going children, as well as to the improvement of the environmental conditions within schools as it addresses health barriers to learning

(Department of Health [DoH], 2013. The programme involves the delivery of the health education, health screening and some on-site health services with the aim of improving learner's health, assisting learners to stay in school longer and perform to the best of their abilities. In this study, ISHP will refer to health care services provided to school -going learners at high schools in order to address and prevent environmental health risks, as well as social and physical ill health.

Learner – Learner means any person receiving education or obliged to receive education in terms of the South African Schools Act No. 84 of 1996 (from here on referred to as the South African Schools Act). In this study, the term 'learners' will refer to youth attending high schools in the Mankweng Circuit between the age of 14 and 20, who have completed primary school education.

Life Orientation – The learning area Life Orientation (LO) is aimed at educating healthy, responsible young people who are able to live productive lives in the new South African democracy (Jacobs, 2011). In this study, LO will refer to a school subject that provides learners with skills to improve and maintain their health, solve problems, make informed decisions and choices and to take appropriate actions that will enable them to live a meaningful and successful life.

Life Skills - Life skills are psychosocial abilities for adaptive and positive behaviours that enable individuals to deal effectively with the demands and challenges of everyday life. These skills are grouped into three broad categories of skills: cognitive skills for analysing and using information; personal skills for developing personal agency and managing oneself; and inter-personal skills for communicating and interacting effectively with others (United Nations Children's Fund [UNICEF], 2013). In this study, life skills will refer to the learners' ability to make healthy choices and deal with risks while at school.

School Climate – School climate refers to the school's effects on students, including teaching practices, diversity and the relationships among administrators, teachers, parents and students (DeWitt & Slades, 2014). In this study, the school climate will refer to the quality and character of school life based on the patterns of students, parents and school personnel's experience of school life. These patterns reflect the norms, goals, values, interpersonal relationships, teaching and learning practices and organisational structures, where the school would lead the learners, families, teachers

and other staff members to love the school and look forward to being there each school day.

School Community – School community refers to the entire community involved directly and indirectly with a learning site or school setting, including: learners; parents/caregivers; educators; School Management Team (SMT) members, including the principal; and, members of the School Governing Body (SGB), as well as administrative and other auxiliary staff (Thompson, 2019). In this study, the school community is as stated above.

School Ethos - The 'school ethos' refers to the character, atmosphere, or 'climate of the school' (Ethos, n.d.). For the purpose of this study, school ethos will mean a culture in which all learners, regardless of ability, are valued, praised, rewarded and encouraged to meet their full potential. This definition places emphasis on the social, moral and spiritual development of learners; affording equal opportunities to all; an intolerance of racism and sexism; the promotion of a multicultural education; and on the support for, and encouragement for, learners with special educational needs. Key to school ethos is the active involvement of the parents with their children's learning and school life through parent-teacher associations (PTAs) or as voluntary helpers in the classroom or on school trips. Parents participating in cultural activities outside of school and actively involved with the community school, encouraging learners to participate in school activities, such as taking part in decision-making through the Learner Representative Council (LRC), forms part of what is defined as school ethos.

Supportive Environment - In a health context, the term 'supportive environment' refers to both the physical and the social surroundings (WHO, 1996). In this study, supportive environment encompasses elements such as where people live, their local community and their homes, as well as where they work and play. Examples of this supporting environment include a HPS and a Child Friendly School (CFS).

Youth Risk Behaviour - These are behaviours often established during childhood and early adolescence and include behaviours that contribute to: unintentional injuries and violence; sexual behaviours related to unintended pregnancy and sexually transmitted infections, including HIV infection; alcohol and other drug use; tobacco use; unhealthy diets; and inadequate physical activity (Brener, Kann, Shanklin,

Kinchen, Eaton, Hawkins & Flint, 2013). In this study, the youth risk behaviour will refer to the risks listed above

ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
AOD	Alcohol and Other Drugs
CAPS	Curriculum and Assessment Policy Statements
CRC	Convention on the Rights of the Child
CFS	Child Friendly Schools
DOH	Department of Health
DBE	Department of Basic Education
DSD	Department of Social Development
ENHPS	European Network of Health Promoting Schools
FRESH	Focusing Resources on Effective School Health
HPS	Health Promoting School
HPSI	Health Promoting School Initiatives
HSRC	Human Science Research Council
HIV	Human Immunodeficiency Virus
ISHP	Integrated School Health Programme
LO	Life Orientation
RCL	Representative Council of Learners
RNCS	Revised National Curriculum Statement
SAPS	South African Police Services
SATZ	South Africa and Tanzania

SDGs	Sustainable Development Goals
SGB	School Governing Body
SPSS	Statistical Package for the Social Sciences
TOP	Termination of pregnancy
UNICEF	United Nations Children's Fund
UN	United Nations
WHO	World Health Organisation
YRBSS	Youth Risk Surveillance System

CHAPTER 1 OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

The World Health Organisation (WHO) holds the view that, globally, school-going learners are the future generation in all communities and schools are key environments for the promotion of health in order to yield future healthy communities (Pearson, 2015).

The Health Promoting School (HPS) is a concept based on the WHO Expert Committee Recommendations (Pearson,2015), but draws on the Ottawa Charter on Health Promotion's five categories of priority action areas for health improvement in school settings (Pearson, 2015), namely, School Health Policies, Personal Health Skills, School Physical Environment, School Social Environment and Community Relations (Pearson,2015).

School health promotion has progressed well since its inception in the last century. It has expanded from the traditional approach of Health Education in schools to its final conceptualisation as the Settings Approach to Health Promoting Schools. In 1992, the European Network of Health Promoting Schools (ENHPS), made up of a tripartite partnership involving the WHO Regional Office for Europe, the European Commission and the Council of Europe, piloted the HPS approach. The piloting was undertaken in four countries of Central and Eastern Europe (The Czech Republic, Hungary, Poland and Slovakia). To date more than 40 European countries boast membership of the Network.

Lawrence St. Leger et al. (2007) reviewed several publications and enlisted numerous studies conducted over time revealing the effectiveness of the health promotion strategies in schools,that are required to promote overall wellbeing such as Nutrition, Mental Health, Physical activity, and drug abuse.

A review of studies on Health Promoting Schools Initiatives (HPSIs) conducted by Mukoma and Flisher (2004), located nine studies in Africa, including South Africa. The findings of these studies suggest that schools could successfully implement the HPSI and that such implementation would have a significant influence on health promotion practices at schools, although implementation effectiveness was not reflected. The implementation of these initiatives varied across different schools, depending on the

problems to be addressed at the initial point of HPS. There is, therefore, reason to believe that schools in different parts of the globe may require adaptation of the WHO HPSI for successful implementation in various communities, including South African schools (Mukoma & Flisher, 2004). According to Lee, Kenny, Lo, Kwong and Armstrong (2014), a framework was developed to evaluate efficiency of HPS in Hong Kong. Six (6) indicators were identified under action competencies, two (2) under community link, and two (2) under physical environment, two (2) under social environment, four (4) under healthy school policies and one (1) under services of school health protection. A most significant impact was on a wide range of health-related outcomes which are the key indicators for motivating change (Lee, Kenny, Lo, Kwong & Armstrong, 2014).

Based on Lee, Kenny, Lo. Kwong and Armstrong (2014), a framework was developed to evaluate efficiency of HPS in Hong Kong. Indicators were identified (6 under action competencies, 2 under community link, 2 under physical environment, 2 under social environment, 4 under healthy school policies, 1 under services of school health protection) with most significant impact on a wide range of health-related outcomes which are key indicators for motivating change (Lee, Kenny, Lo, Kwong & Armstrong, 2014).

In Australia, teachers poorly understood the concept underlying the HPSI. Teachers partially recognised HPS in spite of the existing WHO (1991) HPS framework. Initially, the existence of the HPSI framework in Australia did not provide insight into implementation of HPS in a school setting and the practicalities of becoming an HPS were unclear. In Australia and New Zeeland, Senior (2012)'s observation are weaknesses in areas such as workforce development, research and evaluation (Senior, 2012).

Pommier, Guevel and Jourdan (2010) conducted a study in 115 schools in French regions between 2003 and 2007 and they report that teacher training, school team support, resources and other necessary tools can influence the success of implementing HPSs. These researchers also discovered how health promotion programmes influence the development of teacher's health promotion practices and health promoting environments at schools (Pommier et al., 2010).

Swart and Reddy (1999) introduced the concept of HPS into South Africa in 1994. The country adopted the conceptual framework of the Health Promoting Schools Network (HPSN) to address school health comprehensively. During that time, the HPSN emphasised the school environment, community involvement, policy development and appropriate health and social services. In the same study, the authors examined perceived barriers to establishing a HPSN and strategies to overcome these barriers (Swart & Reddy, 1999).

A School Health Policy and Implementation Guideline document developed by the South African National Department of Health (DoH), provided guidance for the implementation of health promotion activities through the 2015 – 2019 National Health Promotion Policy and Strategy (Department of Health, 2015). The strategy provides a framework for the implementation of Health Promotion in South Africa, including schools. However, the strategy does not detail the systematic approach prescribed by WHO for initiating HPS. Such systematic details are necessary to follow for a school to become a HPS.

By 2006, some schools in all nine provinces of South Africa began to identify themselves as HPSs (Struthers, Wegner, de Koker, Lerebo & Blignaut 2016), the study made the first effort to provide a tool that could be used to monitor and evaluate HPS changes based on learner's opinion. Thereafter, a study conducted to enquire about environmental factors, such as the school's infrastructure, for example, the number and type of toilets in a school or the presence of tap water and the risks encountered by young people, such as sexual risk or nutritional patterns was undertaken (Reddy, James, Sewpaul, Koopman, Funani & Sifunda et al., 2010). All these factors are of concern in a HPS.

All these reports appeared to provide evidence pointing to a weakness in the implementation of Health Promotion in South African schools. We can attribute this weakness partly to the system and partly to the quality of HPS concept implementation. Research was required to identify the causes of these weaknesses and intervene by developing, implementing and evaluating HPS initiatives. This study aims at doing just that, using high schools in Mankweng Circuit.

The study will serve as a model for rural community schools in South Africa. The researcher used a combination of the WHO HPSI recommendations and a theoretical

model, the Eco-Holistic Model (EHM) (Stears, 1998), as a framework to investigate health promotion practices in high schools in the Mankweng Circuit. The findings guided the development, implementation and evaluation of HPS in Limpopo Province. The researcher could not locate any such approach used in Mankweng. This study aims to fill this gap.

1.2 RESEARCH PROBLEM

The Youth Risk Survey System [YRBSS] by Kann, Kinchen, Williams, Ross, Lowry, Grunbaum and Kolbe (1999) monitored priority youth health risk behaviours that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. These behaviours, often established during childhood and early adolescence, include : those that contribute to unintentional injuries and violence, sexual behaviours related to unintended pregnancy and sexually transmitted infections, including HIV infection. Alcohol, drugs and tobacco use pose challenges as well. Unhealthy dietary choices and inadequate physical activity are part of these behaviours.

Alcohol and other drug use among the nation's youth remains a major public health problem. Substance use and abuse can increase the risk of injuries, violence, HIV infection, reduced concentration levels and other problems.

The YRBSS studied risk behaviours of school-going youths (for example, Flisher et al., 1997, 1999, 2000; Reddy et al., 1996, 2013). These studies documented the prevalence rates of the risk behaviours listed in the YRBSS. It was evident from the studies that alcohol and other drug use among South African youth remains a major public health problem. Although young people are generally perceived to be of good health, substance use and abuse can increase their risk of injuries, violence, HIV infection, reduced concentration level and other diseases.

In spite of existing school health interventions, the present health promotion practices in Limpopo Province high schools appear not to assist learners to deal with the present health problems, some of which persist even later in life when they are adults (Reddy et al., 2013). Schools set a low priority on Health Promotion (HP) and educators are not always aware of their health promotion role (Pommier, Guevel & Jourdan, 2012).

Three years after Love Life programmes were initiated and directed to schools in order to reduce the reproductive health risks, a base line study conducted in all nine South African provinces revealed no significant difference in HIV and STI prevalence between the youth living in communities with Love life interventions and those living in communities without such interventions (Beksiska, Pillay, Milford, & Smith, 2014). Adding to this, risks such as alcohol and drug abuse, fuel the scourge of HIV among adolescents. In addition to these risks, the school environment does not enable learners to adopt healthy lifestyles due to challenges such as lack of adequate physical environmental facilities, inadequate recreational facilities, poor sanitation, learners and school management problems. This situation tends to be aggravated among rural and under-equipped schools, which describes the majority of schools located in Mankweng Circuit area and in other circuits and districts in Limpopo Province (Stats SA, 2011)

HPS is a strategy prescribed by WHO to assist schools to address most health problems that could interfere with the school engagement. However, the implementation of HPS requires skills and resources which may be beyond the preparation of Life Orientation (LO) educators. Due to limited knowledge of the concept of HPSI by schools, the preparation of learners to deal with health challenges becomes difficult for educators. This leads to the continued presence of risks among high school learners in the province (Jacobs, 2011). The situation is worsened by the insular position of Mankweng Circuit, characterised by the rural schools (Statistics South Africa [StatsSA], 2011). In South Africa, provinces have started to implement the concept of the HPSI. However, the researcher could not locate any such programme implemented in Limpopo, which is predominantly a rural province. Former homeland areas in South Africa have particularly high levels of poverty and unemployment and are largely underdeveloped. Most households and schools in these areas lack access to electricity, landlines and water-borne sewerage, while food insecurity is a growing challenge (Wiebesiek, 2015).

Many schools in rural areas lack facilities such as libraries and laboratories, while only few schools have dedicated sports grounds. Classrooms sometimes have no doors and have either broken or no windows. There are often insufficient desks and chairs for learners, and sometimes no desks or chairs at all. In deep rural areas, schools are accessed via dirt roads with no road signs, which causes problems during heavy rains

as roads become thick with mud, becoming impassable. This results in teacher and learner absenteeism during the wet weather season. Learners often walk long distances to and from school every day, many of them through the veld. This can be unsafe for learners, particularly female learners, who are vulnerable to crime. Walking long distances to school, sometimes without having had anything to eat, leaves learners hungry and tired at the beginning of their school day (Wiebesiek, 2015).

Therefore, the rural school setting needs special attention in order to address problems that are unique to these schools in terms of infrastructure, diseases and challenges that are common to them. Such challenges include the use of pit-latrines, low hygiene standards, the use of unsafe water due to underground water contamination problems, and general socialisation challenges, such as attitudes and common cultural norms among learners.

Adolescence is a developmental stage of experimentation, risk taking and opportunity, such that common risks like alcohol and drug abuse and unprotected sex, seem to begin during this period (Wiebesiek, 2015). These health risk factors affect the level of school engagement by learners, either directly or indirectly. This is the reason why a HPSI is an important strategy to be adopted in order to address such problems (WHO, 1991).

It is believed that the implementation of a HPSI can improve the health status of learners in high schools in Mankweng, as evidence shows that, if successfully implemented, HPS can make a difference to school health (Pearson, Chilton, Wyatt, Abraham, Ford, Woods et al.2015). Based on the health risks experienced by learners at school, there is a need to develop a training programme for educators in order for educators to gain knowledge about the HPSI.

1.3 THEORETICAL FRAMEWORK

The theoretical framework provides the background for an understanding of the factors that influence the structure and the development of a school as a health promoting setting and explores the EHM for HPS implementation, indicating the ecological relationship between the factors necessary for the functioning of HPSs (Stears, 1998). The EHM for HPSs is preferred for this study. This model provides an ecological perspective and the levels of influence of health promotion practices on schools.

The EHM embraces one of the action areas of health promotion, according to Ottawa Charter (WHO,1986), which is to create supportive environments for health promotion. In a health context, the term ‘supportive environments’ refers to both the physical and the social surroundings. Supportive environments encompass elements such as where people live, their local community and their homes, including where they work and play. One example of this environment would be a school.

The EHM also embraces the framework which determines access to resources for living and opportunities for empowerment. Thus, actions to create supportive environments have many dimensions, namely, physical, social, spiritual, economic and political (WHO, 1991). Each of these dimensions is inextricably link to the others in a dynamic interaction. These actions must be coordinated at local, regional, national and global levels so as to achieve solutions that are truly sustainable within a given environment. This framework will further be explored in Chapter 3.

1.4 PRELIMINARY LITERATURE REVIEW

Health promotion in schools has been explored globally, in African countries and in South Africa. This section discusses different views and findings from studies done in different countries around the world. Current literature will be explored in more detail in Chapter 2. However, a global overview of HPSs shows that a range of global strategies, and other programmes similar to the HPS initiative, have evolved in the last twenty years, with diverse names such as Comprehensive School Health, Child Friendly Schools (CFS), Safe & Caring Child Friendly School (SCCFS) and the Focusing Resources on Effective School Health (FRESH) initiative. These strategies were all meant to encourage health promotion practices in schools and how these practices can influence control over health determinants in order to assist the learners and educators to achieve health and educational goals (Taherdoost,2016).

1.5 PURPOSE OF THE STUDY

The purpose of this study is to assess the HPS health risks of learners and to develop, implement and evaluate a HPS training programme for high schools in the Mankweng area within the Mankweng Circuit, in the Capricorn District of Limpopo Province.

1.6 RESEARCH QUESTIONS

The main questions for this study are:

- What are the learners' health risks, the environmental, physical features, climate and ethos of high schools in Mankweng Circuit?
- Is there an effective Health Promoting School training programme for the teachers in the high schools in the Mankweng Circuit?

1.7 OBJECTIVES

The research study is guided by the following objectives:

- To explore HPS practices of learners regarding health risks in high schools of Mankweng Circuit;
- To assess the HPS physical features in high schools of Mankweng Circuit;
- To assess the HPS climate/ethos in high schools of Mankweng Circuit;
- To develop a HPS training programme for high schools based on the findings of objectives 1 & 2 in Mankweng Circuit;
- To train LO educators on the HPSI in high schools in Mankweng Circuit;
- To evaluate the process followed when implementing the HPS training programme designed for LO educators in Mankweng Circuit.

1.8 SIGNIFICANCE OF THE STUDY

Schools have direct contact with more than 95% of our nation's youth population aged 5–18 years for about six hours a day and for up to thirteen (13) years of their social, psychological, physical, and intellectual development. The schools play a critical role in promoting the health and safety of the youth, helping them to establish lifelong healthy patterns (WHO (2016).

The results of this research on Health Promoting School Training Programme will empower educators and learners to improve health promotion practices and improve educational outcomes at schools. Preventing unhealthy behaviours during childhood is easier and more effective than trying to change them later during adulthood. The 2015 - 2019 National Health Promotion Policy and Strategy document indicates that the youth must be targeted in the promotion of healthy life style practices, including healthy nutrition, physical activity, sexual health and abstinence from smoking, alcohol use and other substance use, as well as preventable risks (DoH,2015).

1.9 DEVELOPMENT OF A TRAINING PROGRAMME

The researcher developed a training programme based on the findings of this study. The WHO (1986) guidelines, adopted from Ottawa Charter of the First International Conference for Health Promotion in 1986, was followed in order to design a health promotion training programme for HPS. The following steps outline the principles used:

a) Preparing the content on:

- establishing a school health team and assembling a community advisory committee;
- How to review current school health promotion efforts;
- How to assess community health problems, policies and resources;
- How to find opportunities for action;
- Setting goals, objectives and developing action plan (WHO, 2000).

A professional with experienced in training matters, assessed the outline of the training programme and the facilitator's guideline draft was produced. The researcher tested the training programme material in one of the non-participating schools and the final revised training programme was developed.

1.10 IMPLEMENTATION AND EVALUATION OF THE TRAINING PROGRAMME

Educators attended training on HPS. All participants agreed that they were attending such a training for the first time. A session on expectations allowed them to highlight what they wished to know after training. The researcher used a participatory method to conduct the training on HPS, followed by an evaluation of the training process.

Training programme implementation focused on the understanding of the content for HPS. During the training session, each participant had an opportunity to make comments and to share experiences so as to display an understanding of the effectiveness of the training programme. The impact, outcome and the sustainability of the programme can be measured in subsequent follow up studies since time constraints precluded given attention to these parameters in this study. This is one of the limitations of the study. The questionnaire was used to evaluate the HPS Training Programme's implementation.

1.11 FORMAT OF THE REPORT/ORGANISATION OF THE REPORT

The next chapter focuses on literature review. The chapters in this document are outlined as follows:

Chapter 1 Overview of the study

Chapter 2 Literature review.

Chapter 3 Research Methodology

Chapter 4 Findings and Interpretations

Chapter 5 Discussion

Chapter 6 Training programme development, implementation and Evaluation

Chapter 7 Summary, Limitations and Recommendations.

1.12 CONCLUSION

The introduction to, and background of, the study clarifies the notion that health risk behaviours among learners, environmental and physical factors, ethos and climate at school all require interventions such as the HPSI in order to assist learners holistically. The training programme is required for educators to implement HPS so that learners can be given an opportunity to improve their educational outcomes.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

This chapter covers global, sub-Saharan, national and local perspectives regarding the prevalence of risk behaviours that learners are exposed to, physical environment factors, the climate and ethos factors pertaining to schools and how the schools respond to them. In this chapter, the researcher further discusses how the EHM, as well as the internal and external constructs for HPSs are applied to a school setting.

2.2 GLOBAL PERSPECTIVE OF HEALTH PROMOTING SCHOOLS

In the United States of America, the Youth Risk Surveillance System (YRBSS) was conducted in 1991 through 2015. Data was collected from more than 3.8 million high school students in more than 1'700 separate surveys. The purposes of the YRBSS was to determine the prevalence of health behaviours, assess if they increase, decrease, or stay the same over time. The co-occurrence of health behaviours was also examined to compare the national, state, territorial, tribal and local data provided. The same data was compared among subpopulations of youth and monitor progress towards achieving the 'Healthy People' objective and other programme indicators.

The components of the YRBSS included national, state, territorial, tribal government, and local school-based surveys of representative samples of Grade 9 to Grade 12 students in the United States of America. These surveys are conducted every two years, usually during the spring semester. The state, territorial, tribal government, and local surveys, conducted by Departments of Health and Education, provide data representative of mostly public high school students in each jurisdiction. Findings suggest that only few schools teach prevention of sexual health risks, such as HIV, STD's and pregnancy. In the United States of America, less than half of the schools, and only a fifth of middle schools, teach all 16 topics recommended by the centre for Disease Control and Prevention (CDC) as essential components of sexual health education (Centre for Disease Control and Prevention [CDC], 2016).

The YRBS concluded that many high school students engage in behaviours that places them at risk for leading causes of morbidity and mortality and that the prevalence of most health risks varies according to sex, race/ethnicity and grade

across states and large urban school districts. Since the earliest years of data collection, the prevalence of most health risks and health outcomes, such as existing alcohol use, sexual activity, cigarette use, physical fighting and riding with a driver who has been using alcohol, has decreased. The risks, such as suicide attempts, threats treated by a doctor or a nurse, smokeless tobacco use, having used marijuana and attending physical education classes, have not changed (CDC, 2016).

Literature indicate that many schools in the United States of America, provide some form of health programme or service. However, the quality of the schools' health programmes and services vary greatly. Most schools implement some form of programme or policy that address health through activities such as physical education, breakfast and lunch meals. Health services in schools provide for acute care and the administration of medications, as well as health-related counselling. Part of the school curricula addresses tobacco, alcohol and drugs, nutrition, teen pregnancy, sexually transmitted disease (including HIV/AIDS) and violence. Empowerment of learners and educators to improve health promotion practices is not clearly mentioned and the health promotion practices differ from one school to the next (Basch, 2011).

Suicidal attempts by adolescents are commonly associated with early initiation of alcohol use before the 13th birthday. These results were obtained by Kim and Kim (2010), who found that early initiation of drinking and smoking increased the risk of suicidal ideation and suicide attempts in both girls and in boys where some are raised by a single parent, and have poor self-worth.

Canada has a healthy school community framework reflected by HPSs and Comprehensive School Health (CSH) which follow the WHO guidelines and the International Union of Health Promotion and Education Framework. The two frameworks have been used to address school health and well-being. Both frameworks recommend a multifaceted, whole-school approach to healthy school communities. These two frameworks also focus on helpful instructions, in and out of the classroom, the social and physical environment of the school and the wider community. Student involvement and positive student engagement are also vital for changing the social environment of the school (Basch, 2011).

The development of cross-curricular plans to integrate healthy school communities is one strategy recommended to support the implementation of health promotion within

a school setting. Bassett-Gunter et al. (2012) believe that great teachers need great training to ensure that appropriate staff have access to capacity building programmes and opportunities to put their skills into practice (Bassett-Gunter, Yessis, Manske & Stockton, 2012). This can facilitate building a healthy school community since it leads to greater confidence among teachers, enabling them to integrate health into their practices and the broader school community (Bassett-Gunter et al., 2012).

The HPS concept has been found to be effective to improve health and well-being of Learners and it helps to improve teaching and learning in schools. Effective implementation of HPS is a complex intervention involving multi-factorial and innovative activities in domains such as curriculum, school environment and community. Many studies evaluating HPS, do not include outcomes reflecting the organisational or structural change as many of those studies are quantitative in nature and the statistical assumptions are not valid reflecting the organisational structure changes (Lee, Lo, Li, Keung & Kwong, 2020).

According to the WHO (2016), schools are meant to partly enhance health literacy and it is important that learners live in environments conducive to health for them to have maximum educational outcomes. These healthy environments should be supported by healthy public policies that will reduce exposure to health risks. The WHO Regional Office for Europe, in collaboration with WHO Headquarters and the Centres for Disease Control and Prevention (CDC), Atlanta, is presently implementing a Global School Health Survey in order to identify all the risk factors and to work focusing on the following:

a) Reduction of physical inactivity;
b) regulating exposure to marketing of food and non-alcoholic beverages to children; and,
c) the promotion of a healthy diet (WHO, 2016).

2.3 HEALTH PROMOTING SCHOOLS IN SOUTH AFRICAN SCHOOLS

The Framework for Health Promotion in South Africa refers to the Health Promotion Programme as an approach that can improve the health and well-being of all South Africans. The improvement has to focus on integrated and comprehensive interventions involving all relevant sectors including the spiritual and emotional well-being of both learners and educators including parents and community members

around the school. When this approach is well implemented, it could contributes to the prevention of the leading causes of disease.

The Framework for HPS designed by the WHO is meant to enable schools to develop and implement the HPS concept in a flexible way, responsive to locally identified needs. A HPSI places emphasis on achieving changes that are both enduring and far reaching among the learners and staff members. The changes brought by HPS, create remarkable progress in the management of a school, as well as other programmes and services that assist the school to develop and perform well (Peu, Mataboge, Ladzani, Wessels, Mostert-Wentzel & Seane, 2015).

Surveys of schools in South Africa have been conducted to ascertain a school's infrastructure. For example, the number and type of toilets in a school or the presence of tap water, risks of young people such as sexual risk or nutritional patterns are surveyed (Reddy et al., 2010). Therefore, school health promotion programmes should be implemented in order to respond to a collaborative intervention such as HPS (Peu, Mataboge, Ladzani, Wessels, Mostert-Wentzel & Seane, 2015).

One study revealed that, although the Department of Basic Education (DBE) is attempting to address the problems at schools through LO and Life Skills subjects, which are part of the curriculum in South Africa, the same needs expressed by the schools since 2005 had not been met by 2009 (Waggie, Laattoe & Filies, 2013). The outcomes of this study still found alcohol use (35.9%), sexual health risks (31.2%) and bullying [(bullied at school (n=221); ever bullied anyone 14.8% (n=122)] (20.9%) to be the leading risk behaviours among learners, in descending order.

According to the study conducted by Viviers and Kunda (2009), experiences were shared by both UNICEF and the Eastern Cape Department of Education during a mid-year review workshop held in July 2008 dealing with initiatives in 65 schools in the Western Cape Province, South Africa. Participants reported positive changes since the implementation of the Child Friendly School (CFS) programme in their schools. The CFS initiative had similar goals and objectives as the HPSI. Parents shared views regarding the goal of the CFS program at one of the schools that took part in the CFS programme in the Western Cape Province. The programme aimed at helping to improve a healthy, safe and friendly environment for all who live, learn and work in schools. Participants believed that the programme created an enabling environment

for emotional and social well-being at school, an important outcome of both a Health Promoting and Child-Friendly School. In the document titled 'The Physical Environment: An Essential Component of a HPS complemented the initiative and one school reported that, in January 2012, they had 14 reported teen pregnancies, by end May 2013, only two were recorded. This is a significant reduction in teen pregnancies. In addition, the overall pass rate at the school increased from 13% in December 2011 to 33% by December 2012 - only five months after the programme started (UNICEF, 2017).

Participants further said that educators and learners were much exhilarated about the CFS programme. Health risks, such as violence, teenage pregnancy and drug use, were significantly lower among learners after the implementation of the CFS programme (UNICEF,2017). One of the educators confirmed that, before the CFS programme was implemented, a high number of educators used to be absent from school, especially on Mondays, but after the CFS programme implementation, teachers respected their work and became dedicated to educating. The dropout rate of learners and the number of learners known to be rebellious reduced after programme implementation. It was also acknowledged that learners and educators no longer came to school drunk (UNICEF,2017). In the same anecdotal evidence, participants indicated that one of the participating schools experienced the most violent learners with no support from the parents and community members, although discipline was exercised and supportive provided to the school. Parents confirmed that there was lack of co-operation between educators, parents and the principal, however, learner's violence and attitudes changed after the implementation of the CFS programme and they all worked as a team, including participation by some of the learners (UNICEF,2017). The school managed to repair the ceilings, lights and toilets, and initiated a soup kitchen project that commenced with the help of the neighbouring school. A sick bay and the first aid kits were established, and one parent was trained on first aid skills. The findings of study conducted by UNICEF shows that a safe, caring and child-friendly schools in South Africa was designated, and has made substantial efforts to realize the SCCFS objectives but most basic facilities in the schools were inadequate regardless of their child-friendly status (Makwarela, Mammen & Adu, 2017).

2.4 THE NEED FOR HEALTH PROMOTING SCHOOLS IN LIMPOPO PROVINCE

Stewart-Brown (2006) indicates that six years after WHO's (2000) Local Action Model Charter was produced for health promotion implementation in schools, no local step-by step-processes had been developed to be followed in the implementation of effective HPS in South Africa. This study aims to describe the health risks that learners are exposed to, to explore the school physical environment, to determine the type of school climate and ethos in South African schools and to develop a training programme that will guide educators to respond to the knowledge deficit regarding how to deal with health risk behaviours by initiating HPS. Educators in the Mankweng Circuit do not seem to have received any training regarding the implementation of the HPSI.

2.4.1 Health risks

- Substance use

The South African Police Services (SAPS) published figures showing that drug abuse accounts for 60% of all crime in the country (Tshiṱangano & Tosin, 2016). In one of the surveys conducted among learners in South Africa, about 21% of learners in grades 8 to 11 were (monthly) tobacco smokers, while 35% had used alcohol during the past month (Reddy et al., 2010). It was a concern to note that 29% of learner's binge drink on a monthly basis. Binge drinking is defined as having five (5) or more drinks in one sitting (Reddy et al., 2010). In the same study, it was further revealed that about 10% of learners used cannabis, while 12% had taken at least one illegal drug, such as heroin, mandrax, cocaine or methamphetamine ("tik") (Reddy et al., 2010).

In spite of the ban on the use, possession and distribution of alcohol, tobacco and other drugs within the school premises, in compliance with the South African Schools Act and the Department of Basic Education's Drug Abuse Policy Framework, a study conducted by Reddy et al., (2010) revealed that 13% of learners had used alcohol on school property, 8% had used cannabis on school property and 9% of learners had been offered, sold or given an illegal drug on school property. In the Limpopo Province, Reddy et al., (2010). revealed that about 10% of learners used cannabis, while 12% had taken at least one illegal drug such as heroin, mandrax, cocaine or

methamphetamine (“tik”). Girls and boys were reported to have used alcohol at an equal rate (Reddy et al., (2010).

A study by Peltzer et al. (2010) reported alcohol to be the most abused legal substance in South Africa, while cannabis (dagga) was found to be the most common illicit substance used. It was estimated that around 28% of the study population consumes alcohol, while cannabis use among adolescents range from 2% to 9% and among adults, cannabis is used by 2% (Peltzer et al., 2010). Flisher et al., (2010) also reported the use of dagga and other psychoactive substances by high school students in the Cape Peninsula, South Africa. In a study conducted by Reddy et al., (2010) it was found that about 21% of learners in grades 8 to 11 were monthly tobacco smokers, while 35% had used alcohol during the past month (Reddy et al., 2010). Of concern in this study was the fact that 29% of learners, binge drink on a monthly basis (Reddy et al., 2010). It was further revealed that about 10% of learners used cannabis, while 12% have taken at least one illegal drug, such as heroin, mandrax, cocaine or methamphetamine (“tik”).

The Minister of Education gazetted the ten devices for drug testing at schools and the procedure to be followed. Guidelines on drug testing and random searches have been developed and distributed to schools as an annexure to the gazette (Department of Basic Education, 2008). These healthy public policies create an enabling environment and strengthen control measures to be followed to reduce the use of substances by the learners at schools. The ten (10) devices for drug testing at schools include: Drug detective wipe detection system for surfaces; One step home cocaine test strip; Multidrug test strip; Quicktox drug screen dip card test; Toxcup drug screen cup test; Monitect drug screen cassette test; Multipanel drug screen test; Smart check drug screen test; Drug smart cup; Avitar oral screen4 or Drugometer (Department of Basic Education, 2008).

Drug-testing devices instructions include that it must be kept at school, under lock and key, and the testing procedure must be followed as prescribed. It must be opened in the presence of the learner to be tested, a witness and the user should determine if the learner did not take any form of medicine (Department of Basic Education, 2008).

- Unsafe sexual behaviours

Prevalence of sexual initiation at less than fourteen years of age in Limpopo Province was 9.7% among learners, while 11.6% of those who had had sex reported a significantly higher prevalence of having used alcohol before sex (Reddy, James, Sewpaul, Koopman, Funani, Sifunda, et al., 2013). Sexual reproductive behaviour of those who had more sexual partners in their lifetime showed a slight decrease from 45% in 2002 to 41% in 2008 (Reddy et al., 2010). Unsafe sexual behaviour tends to become aggravate in rural and under-equipped schools and the majority of schools in the Mankweng area can be described as rural and under-equipped (Onya, Tessera, Myers & Flisher, 2012).

According to the report by Tsotetsi (2019), the Mankweng population has a low level of education, with 31% of people in the area having Grade 12 /Std 10 as their highest education level, 26% with some secondary level education and 20% having a higher education qualification.

A study done by Malahlela (2012) in the Mankweng area found that, should a teenager decide to carry her unborn baby to full term, her studies would be interrupted, which would immediately place her in a disadvantaged position, especially when having to rear her own baby, low academic performance leading to poor employment and financial prospects.

One of Malahlela's recommendations was that the Limpopo Department of Education should introduce a learning area for educators to equip them with knowledge on how to address risky behaviours, such as sexual health and teenage pregnancy (Malahlela, 2012). A training programme was recommended as one the methods which could enhance the knowledge and skills for educators in order to initiate a HPS. This study aims to develop such a HPSI training programme in schools in the Limpopo Province in relation to the general health, risks that learners are exposed to and the EHM constructs.

Reddy, Sewpaul and Jonas (2016) found that the prevalence of teenage pregnancy in South Africa was 47 births per annum per 1 000 girls aged between 15 and 19 years, which exceeded that of high-income countries during the same period. The study conducted by Willan (2013) found that the key drivers of teenage pregnancy in South Africa were gender inequality, sexual taboos in girls and sexual permissiveness in boys, poverty, inadequate access to contraceptives and termination of pregnancy

(TOP), incorrect use of contraceptives, attitudes of health care workers, high rates gender based violence and poor sex education knowledge.

The Human Science Research Council (HSRC) (2013) study revealed that the Limpopo Province had a significantly high number of learners, accounting for 25% of the participants surveyed, who had had sex and who had made someone pregnant or had been pregnant compared to the national prevalence (Human Science Research Council [HSRC], 2013).

Teenage pregnancy and other factors related to early childhood pregnancy have been linked to increased patterns of absenteeism among school-going girls (Department of Basic Education [DBE], 2018).

- Bullying and fighting

A need assessment was conducted in Cape Town, South Africa on the Health Promotion School-based projects where the following problems were reflected at schools: violence, hygiene, nutrition, bullying and other LO-related topics. These problems were addressed by students from University of Western Cape (UWC) as part of their academic processes and in response to the needs expressed by the schools at the beginning of the planned projects (Department of Basic Education [DBE], 2018).

According to DBE (2018), over half (52.3%) of students surveyed said that they had been bullied at school in the past 30 days, compared to 38.6% in 2016 (a 35% increase in incidents of bullying). In addition, almost one-third (30.4%) of students said that they had bullied others at school in 2019, compared to just 11.4% in 2016. There was no difference in the number of students who had experienced bullying at school at some point in their lifetime (73.1% vs. 72.8%) over the same period of time. However, the number of students who reported that they had bullied others at least once in their life increased to 40.7% from 31% (Hinduja & Patchin, 2018).

- Suicide tendencies among learners

Swahn, Bossarte and Sullivent third (2019), found that suicide attempts by adolescents are associated with early initiation of alcohol use, before their 13th birthday. Similar results were obtained by Kim and Kim (2010), who found that early initiation of drinking and smoking increased the risk of suicidal ideation and suicide attempts in both girls and in boys.

The results of a study conducted among educators in the Limpopo Province by Shilubane, Bos, Ruiter, van den Borne and Reddy (2015) demonstrates teacher's lack of knowledge regarding warning signs of probable suicide among learners. There is further knowledge deficit among teachers on how to support learners in the event of an attempted suicide. This can be attributed to insufficient content of suicide related topics within the school curriculum. It was concluded that teachers in Limpopo Province require training on how to identify learners at risk and refer them to appropriate mental health professionals for assistance. The school-based suicide prevention programmes based on theory and evidence, can also be developed as part of HPS training programme for teachers. The skills will enable educators to identify symptoms of psychosocial problems which might lead to suicide among learners and how to handle such problems (Shilubane et al., 2015).

2.4.2 School climate and ethos at school

The school climate also refers to the quality and character of school life, based on the patterns of students, parents, and school personnel's experience of school life. School climate reflects the norms, goals, values, interpersonal relationships, teaching and learning practices and organisational structures, where the school would lead the learners, families, teachers and other staff members to love the school and look forward to being there each school day. A positive school climate and school culture promotes students' ability to learn (Thapa, Cohen, Guffey & Higgins-D'Alessandro, 2013).

The CHALKBEAT Newsletters of March 24, 2016 reported on new research which confirms that the school conditions affect student achievement in New York City (Zimmerman, 2016). Based on the findings, school's climate can be the next frontier in the ongoing quest to boost student learning. This was the first study to show that significant gains in key measures of a school's climate, such as safety and academic expectations, can be linked to the equivalent of an extra month and a half of math instruction and, in some cases, a 25% reduction in teacher turnover (Zimmerman, 2016). Findings are expected to shift the debate regarding most important factors that can boost student academic achievement.

Wang & Degol (2016) argue that individual teacher effectiveness may be key but, if a school simply has an ineffective principal or unclear disciplinary code. Efforts to

measure and strengthen individual teacher effectiveness are unlikely to produce desired results. School safety and order, leadership and professional development, high academic expectations and teacher relationships and collaboration are the indicators for school climate. Wang and Degol (2016) study tracked these indicators over time and compare them to student test scores and school data on teacher retention. The study also found that, if a school improved from the 50th percentile across the study's four measures of school climate (leadership, expectations, relationships, and safety) to the 84th percentile, teacher turnover would decline by 25%, or 3.8 percentage points (Wang & Degol, 2015).

- Mission and vision of the school

The mission and vision statements of schools are among the most widely used tools employed to provide direction for operations and consistently rank above average in satisfaction. A mission statement defines the organisation's business, its objectives and its approach to reach those objectives. A vision statement describes the desired future position of the organisation. Elements of mission and vision statements are often combined to provide a statement of the organisation's purposes, goals and values. However, sometimes the two terms are used interchangeably (Kirkpatrick, 2016).

- Learners interest in learning at school

The challenges facing the South African education system are continuously examined in a number of the Department of Basic Education meetings and the content knowledge of educators remains a serious challenge as educators seem to select and only teach the parts of the curriculum that they are comfortable with (Holborn, 2013). District office staff cannot visit and support schools often or effectively enough to ensure good quality education. Lack of skills, monitoring and accountability lead to poor policy implementation, inferior training of teachers and bureaucrats, a system many people have lost hope in within the public-school system. Community members who can afford to, are increasingly sending their children to private schools (Holborn, 2013).

In spite of the provision of three notional hours per week set aside for the LO subject in high schools, according to the South African National Curriculum Statement Policy (2000 – 2005) and providing health promotion education in schools, health problems

continue to persist among school-going youth (DBE, 2000). This may point to a weakness in the delivery of the LO programme. LO is a subject meant to build the learner's character and shape the dedication of educators, laying a foundation for teaching and learning to take place (DBE, 2000).

The LO programme implementation does not seem to take into account the HPS initiative prescribed by the WHO (2000) to assist schools to address health problems. The implementation of HPS requires skills which LO educators seem not possess. As a result, preparing learners to deal with the health risk behaviours become difficult for LO educators, leading to continued presence of risk behaviours among high school learners in the province (Jacobs, 2011).

Since learners are the future generation, it is important that their personal skills with respect to practicing healthy lifestyles is encouraged by their educators. Healthy lifestyles are predictors of future health, productivity and life expectancy. In A study conducted by Jacobs (2011) found that most educators felt that the LO teaching was not effective. It also appears that teachers disagree that they have been sufficiently trained to teach this part of the curriculum and, therefore the effectiveness is questionable (Jacobs, 2011).

According to the National Curriculum Statement for grades 10 to 12 (2007) designed by the Department of Education in South Africa, LO is described as a subject containing four focus areas, which include: personal well-being; citizenship education; recreation and physical activity and career choices. Each of the four learning outcomes for LO is drawn from one of the focus areas.

These focus areas address skills, knowledge, values and attitudes about self, the environment, responsible citizenship, a healthy and productive life, social engagement, recreation and physical activity and career choices. Focus areas also provide an opportunity to engage in the development and practice of a variety of life skills, to solve life challenging problems, to make informed decisions, choices and to take appropriate actions to live meaningfully and successfully in a rapidly changing society.

The LO curriculum also emphasises the importance of skills application, values and attitudes in real-life situations and participation in physical activities, community organisations and initiatives, which are elements of the HPSs (Jacobs, 2011).

- Learner's involvement in school health activities

The belief among authorities in schools that learners should only concentrate on schoolwork to improve their grades differs with the principle of HPS which expects the school to develop personal skills among learners at school. However, in a HPS setting, developing personal skills is one of the health promotion principal areas of Ottawa Charter of WHO (1986) which aim to enable learners to take control of their health (WHO,1986).

According to the Ottawa Charter of WHO (1986), developing personal skills(DPS) includes the development of health literacy, foundational motor skills, and facilitate gaining understanding of the links between risks and lifestyle diseases. Developing personal skills further promotes preventative and protective behaviours and can enables individuals, learners included, to navigate through the health system and critically analyse the health information. DPS includes aspects such as, what constitutes a healthy diet, how to read nutritional information on food packaging, road safety, social and sexual health knowledge and skills. Developing personal skills is not only about skills and knowledge specific to physical health, though it does include these elements. Developing personal skills also includes a wider perspective and is meant to encourage lifelong learning among individuals, helping learners to be active in all the dimensions of health in order to achieve better health. This means knowledge and skills in social settings, family contexts, spiritual matters, having a purpose to life, mental and emotional stability are all part of the development of personal skills.

According to the WHO (1986), getting learners involved in some form of work has to be facilitated in schools, home, work and community settings. Getting learners involved is an action required through educational, professional, commercial and voluntary bodies, within the schools. The Western Pacific Region of the WHO developed "Guidelines for Health Promoting Schools" for its 32 member states in 1995 (WHO,1996). Similar developments to these have encouraged HPSs and Coordinated School Health (CSH) in Latin America, North America, South America, the Middle East, Asia, and Africa (Young, St. Leger & Blanchard, 2013).

In South Africa, the previous School Health Policy and Implementation Guidelines were launched in 2003 (DoH, 2003). In his State of the Nation address for 2010, the President of the Republic of South Africa committed the government to reinstating

health programmes in public schools in South Africa. This commitment was in line with the health sector's aim of providing health services to all sections of the population, including schools, through the Primary Health Care (PHC) approach, which embodied all elements of health care, with specific emphasis on preventive and promotive health care. These are the country's efforts to also prevent risks that learners are exposed to and to promote their health (DoH, 2012).

The aim of the South Africa's Integrated School Health Programme (ISHP) is to provide a more comprehensive package of services, addressing not only barriers to learning, but other conditions as well, which contribute to morbidity and mortality amongst learners during childhood and adulthood (DoH,2013). The ISHP also includes a new and more prominent emphasis on the provision of health services in schools, which previously only conducted health screenings and referrals. School-based health services are also set to expand over time, as are services for learners with special needs. Nurses are expected to embrace the HPSI as part of their school health activities by forging their way to move beyond a traditional reliance on the limited health education role of providing medication and first aid at schools (Alexandropoulou, 2013).

- Learner's involvement in working and learning at school

As reiterated above under the title "Learner's involvement in school health activities", it is imperative to understand the involvement of learners in working and learning at school in order to ensure that the personal skills of learners are developed. The belief among authorities in schools that learners should only concentrate on school work to improve their grades differs with the principle of HPS which expects the school to develop personal skills among learners and to create an enabling environment for individuals to take control of their own situation.

In Australia, the notorious skin cancer incidence prompted the schools to adopt 'The Cancer Council Victoria', an organisation which emphasises implementation of a sun protection policy to be followed by the whole school community. Learners wear sun protective clothing, such as hats and sunglasses, apply sunscreen, avoid outdoor activities when the sun is at its highest, plant a tree for shade and study ultraviolet radiation levels at different times of the day (WHO, 2000).

2.4.3 School environmental and Physical factors

- School buildings and infrastructure

It is a legal requirement that the school environment should be in an acceptable condition. Good teachers can be attracted and retained by providing a well-maintained school environment, which also creates a conducive learning environment for learners. There should be an intentional and continuous school maintenance effort, which is essential to attain the set objectives developed by each school. Non-routine maintenance of the school facility is generally unacceptable, resulting in deterioration over time. Ongoing neglect of a school exposes learners to danger, demotivates educators and costs the state more over time, as the buildings collapse (SASA, 1999).

Section 20 of the South African School Act states that governing bodies of public schools must administer and control the school property, buildings and grounds occupied by schools, including school hostels, if applicable.

De Wet (2004) agrees that school vandalism has negative economic, psychological, and educational implications for education. On the other hand, well-cared for school facilities, furniture and equipment, as well as clean toilets, are conducive to a healthy teaching and learning environment. De Wet's study also found that 51.84% represent the extent of vandalism by neighbourhood surrounding the respondents school while 44.50% represent of vandalism on school buildings committed by adjoining the schools. The school to which the respective respondents were attached, viewed vandalism as a problem, with 138 (63.30%) answering "Yes", 44 (20.18%) answering "No" and 36 (16.52%) indicating that they were "Uncertain". However, it was clear that schools are regularly vandalised by herdsmen, gangsters, drop-outs, ex-learners and learners from neighbouring schools. The research indicated that juridical, economic, drug and alcohol, as well as learner-related problems are considered important causes of school vandalism (de Wet, 2004).

In the Mail and Guardian Newspaper, on the 3rd of June, 2020, the Minister of Basic Education, Angie Motshekga reported that the number of vandalised schools in South Africa during the lockdown period stood at 1 577 as at 19 May 2020. Barely 24 hours later, Kwazulu-Natal MEC of Education, Kwazi Mshengu, shared with his social media followers how Covid-19 essential goods were stolen in one of the schools in the province (Mofokeng L, 2020).

- Water supply and sanitation

Globally, one sixth of the people lack access to safe and clean water sources (WHO,2002). Infiltration can happen in intermittent water distribution systems. Contaminated water may infiltrate into pipelines.

The same report noted that billions of people globally do not have access to improved sanitation facilities (WHO, 2002).

Surveys of schools in South Africa have been conducted to enquire about the school infrastructure, for example, the number and type of toilets in a school or the presence of tap water, risks that young people are exposed to, such as sexual risks, or nutritional patterns (Reddy et al., 2010).

- Social environment at school

According to WHO (2004), the social environment influences the cognitive development and educational attainment of learners at school. Children who engage in good social relationships seem to perform better academically than those who do not. Children living in social environments characterised by residential stability are less likely to be absent from school and perform better academically than those who do not. Those who live in poor-quality neighbourhoods (e.g. low socio-economic status neighbourhoods) are more likely to drop out of school before completion than those who do not (WHO, 2004).

The WHO (2004) provides an example of an Australian study of children living in 257 neighbourhoods. The study reported that a sense of belonging to the neighbourhood (having positive social relationships within the neighbourhood) was associated with more pro-social amongst children. The results of this was compared to an American study, which found that children growing up in impoverished neighbourhoods were more likely to experience maltreatment (negative social relationships) than those living in neighbourhoods without these characteristics. The study further found that the rules and norms which govern a community could also exert an influence upon the children. For example, many Australian communities have laws which prevent adults from smoking in the vicinity of children's recreational facilities. These laws increase the capacity of communities to protect their children's heath (WHO, 2004).

When a social environment lacks basic resources, such as healthy food, safe housing, living-wage jobs, decent schools, supportive social networks, access to health care and other public and private goods and services, it presents the highest public health

risk of serious illness and premature death. The ecologic approach to population health, recognises that individuals and communities interact with their physical and social environments to attain health.

A HPS also strives to provide a healthy environment, school health education and school health services, along with school/community projects and outreach, health promotion programmes for staff, nutrition and food safety programmes, opportunities for physical education and recreation, and programmes for counselling, social support and mental health promotion (WHO, 1996).

- Safety and security

The main purpose of installing and implementing safety and security measures at schools is to create a safer environment where individuals can move freely and feel secure in going about their daily schooling activities. Currently, school safety and security is one of the most basic problems facing South African schools. Therefore, creating and maintaining schools that are safe is a priority that should be on the agenda of every education department (van Jaarsveld, 2011).

An audit conducted in Western Cape schools in January 2019 found that many schools had more learners per toilet, broken toilets and not enough money to hire cleaners. This audit found that approximately 57% of Western Cape schools did not meet the Western Cape Education Department's minimum requirement of one toilet for every 35 learners and that there was no standard ratio of cleaning staff to school population. Less than half (47%) of schools audited has a full-time security guard. Corporal punishment still took place at 83% of schools in the audit sample and four out of 5 learners reported that teachers used sticks, batons, pipes and other objects to hit them. Approximately 98% of schools audited were fenced, while 42% of schools audited had holes in their fences. The learners reported incidences of sexual assault at 16% of schools in the audit sample (Western Cape Education Department [WCED] Audit, 2019).

2.4.4 Internal and external factors at school

- Management and planning

The South African Schools Act deals with the provision for uniform systems for the organisation, the governance and funding of schools, amends and repeals certain laws

relating to schools and provides for all matters connected to schools. This includes the membership of the governing body of ordinary public schools. The South African Schools Act makes it clear that, the membership of the governing body of an ordinary public school comprises of elected members; the principal, in his or her official capacity; co-opted members; two elected members of the governing body drawn from parents of learners at the school; educators at the school; members of staff at the school who are not educators; and learners in the eighth grade or higher at the school.

The South African Schools Act prescribes that there should be a Representative Council of Learners (RCL) at each school, referred to in section 11 (1) and that the RCL must elect the learner or learners referred to in subsection (2) (d). These should be learners in the eighth grade or higher at the school. The elected RCL members, who serve on the Governing Body of the school, should take part in decision making of all public schools.

A HPS is a school that constantly strengthens its capacity as a healthy setting for living, learning and working and the management team at school can decide to adopt this initiative. According to WHO (1996), a HPS assists managers to foster healthy habits and learning with all the measures at its disposal. It engages health and education officials, teachers, teachers' unions, students, parents, health providers and community leaders in efforts to make the school a healthy place.

As part of management and planning, a HPS initiative assists with the implementation of policies and practices that respect an individual's well-being, dignity, provides multiple opportunities for success and acknowledge good efforts and intentions as well as personal achievements. A HPS strives to improve the health of school personnel, families and community members as well as pupils; and works with community leaders to help them understand how the community contributes to, or undermines, health and education (WHO,1996). With this approach in mind, the school management team can achieve more than when they attempt to manage the school on their own.

The ongoing evaluations of the HPSI by the European Network of Health Promoting Schools (European Network of Health Promoting Schools [ENHPS], 2002) identified several benefits which are part of the school management team’s objectives namely; to produce better learning results for pupils, to promote staff health, to create a co-ordinated approach to social, physical and environmental needs; to increase pupil self-

esteem; to reduce the incidence of bullying; to create a school environment that is safer and more ; to create a better understanding of schools' health aims; to improve relationships within the school; to increase involvement of parents/guardians; to establish a better use of outside agencies; to provide pupils with a better quality education. The South African Education and Training Act No. 98 of 1998 introduced the requirement that all schools should prepare a School Plan using a collaborative process, which is a principle recommended by the HPSI (Waggie et al., 2013).

- The general curriculum and health at school.

The findings of this study expose the fact that there is a need for implementers to have practical knowledge of the HPSI before they can expect to influence the learners and the general school community (Waggie et al., 2013) to accept it. Looking at the school curriculum, it is evident that the DBE tried to achieve the aims of the HPSI by introducing LO and Life Skills subjects as part of the curriculum in South Africa. The purpose of the Life Skills programme embedded within the curriculum in schools, is to develop social skills and to prepare learners for real-life situations, the outcomes of which are aligned to the definition of Health Promotion as outlined by Ottawa Charter (1986).

The engagement of both educators and learners in Life-Skills education topics was meant to build positive values, change misconceptions and encourage learners to take control over their life situations. All aspects of Life Skills education were designed to guide learners towards achieving their full physical, emotional, personal, intellectual and social potentials, to teach learners how to exercise their constitutional rights, to be responsible and to respect the rights of others. The topics further guide learners to make informed and responsible decisions about their health and environment, to be creative, expressive and innovative individuals. They also learn how to develop skills such as self-awareness, problem-solving, interpersonal relations, leadership, decision-making, and effective communication (UNICEF,2015).

Delays were encountered related to the implementation of Life Skills education in South African schools, primarily due to challenges related to resource management and lack of technical skills to develop adequate plans to access funds (UNICEF,2015). The resource management challenges and technical skills are restrictions that drastically curtailed the implementation of the Life Skills education programme in all

secondary schools in South Africa as part of the early pre-National Strategic Plan for HIV and AIDS. This was especially true in so called ‘weaker’ provinces, such as the Eastern Cape and Limpopo.

The health promotion programmes in schools could have been negatively affected by these delays (UNICEF,2015). The Life Skills programme initiated as part of the curriculum and as part of the National Strategic Plan for Human Immunodeficiency Virus/Acquired Immune-deficiency Syndrome/Sexually Transmitted Infections (HIV/AIDS/STI) Prevention 2000 – 2005 in South Africa, was meant to empower learners to improve their health promotion practices(UNICEF,2015).

2.5 THE ECHO-HOLISTIC MODEL (EHM)

The Echo-Holistic Model (EHM) for a HPS was used for this study as no other recent and suitable model was found in literature to support the implementation of HPS. This model provides an ecological perspective on the health promotion practice at school indicating the influence of internal and external factors onto the operations within a school setting (Stears, 1998).

The EHM embraces one of the action areas of health promotion according to Ottawa Charter, that is to ‘create supportive environments’ for health. One example where supportive environments can be created is at school. The EHM also embraces the framework which determines access to resources for living and opportunities for empowerment (Stears, 1998).

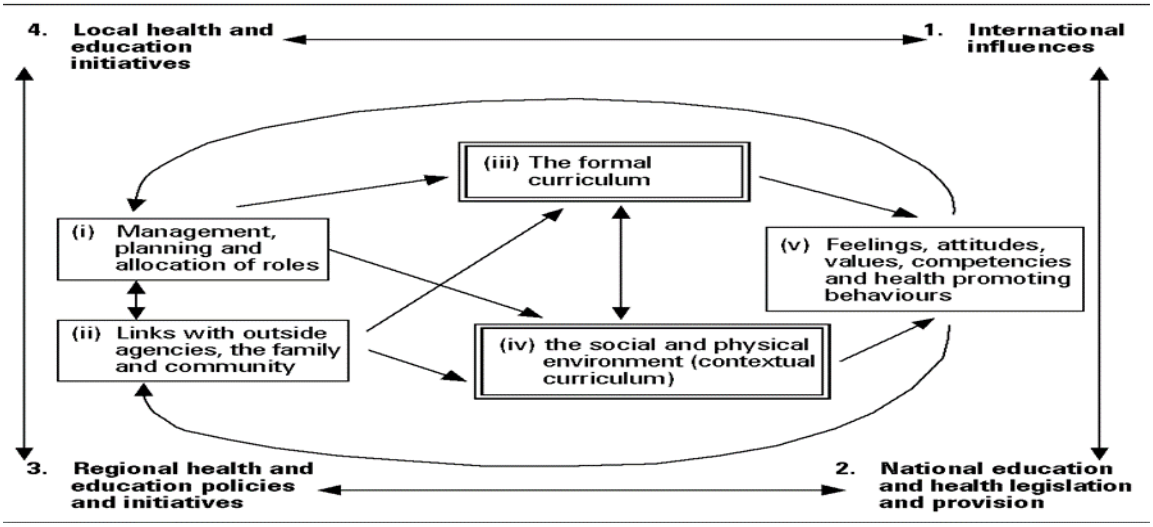


Figure 2.1: The Echo-Holistic Model (EHM) (Stears,1998)

The EHM has the external (1-4) and internal constructs (i-v) as indicated on figure 2.1 reflecting all the dimensions of the EHM which are inextricably linked to the others in a dynamic interaction. These actions must be coordinated at local, regional, national and global levels to achieve solutions that are truly sustainable at a given environment.

Figure 2.1 is a schematic representation of the EHM of the WHO recommended by Stears (1998). The model highlights the existence of, and demonstrates the relationship between, factors that influence the structure and the development of settings for a HPS.

Some of these factors are external to the schools, such as the WHO guidelines for health promotion implementation, the Health Promotion Forum of New Zealand 2014 and the ENHPS (Hicks, 2013). They influence health promotion implementation from outside the school environment, while the internal factors such as School Management Body, the families and community, the formal curriculum, the contextual curriculum, the social and physical environment (contextual curriculum) and the feelings, values, competencies and health promotion practices, all affect internal processes for implementation.

The key external factors (1- 4) include:

- International factors

These are the global factors that have international influence over health promotion practices. Examples of these factors include the WHO Guidelines for Health Promotion

Implementation and the Health Promotion Forum of New Zealand 2014, which regards health promotion programmes as effective methods of engaging individuals and specific communities for targeted health promotion interventions (Hicks K. 2013). The European Network of Health Promoting schools is one of these international factors. Hicks (2013) suggests that the schools can have a positive impact on the health and wellbeing of the wider population if measures of success and cost effectiveness of health promotion activities can be established.

As indicated by the arrows (1-4) in Figure 2.1, the external influences of the EHM have an impact on each other, flowing from the International (1) to the Local level (4). All local activities at school are based on the Regional level (3) directives. Regional level plans are based on the National strategic plans and policies (2) while the International level (1) has the overall influence on HPS globally.

- National education health legislation provision (2): in the South African context, refers to national programmes, policies and legislative guidelines that influence the establishment of health promotion activities, examples of which are the National Educational Policy Act 27 of 1996 for norms and standards in South African schools, the School Health Policy of the DoH. which advocates for the health issues in school settings, the national LO programme and sexuality education and guidance on health education in South African schools, are some of the national education health legislative provisions.

- Regional health and educational policies and initiatives: refers to the regional policies and initiatives within any country that can affect the implementation of health promotion. Examples of these policies are the 'Safe & Caring Child Friendly Schools' (SCCFS) projects within the National Department of Education, Youth friendly services within the provincial DoH and HPS initiatives in South Africa.

- Local health and education initiatives: refers to how each local school and local health service operates. This includes how they can come together to influence health promotion practices. Schools can design their own internal policies and guidelines for better control measures and implementation of different programmes meant to produce positive health outcomes.

The key internal factors (i – v) include:

- Management, planning and allocation of roles within the school, such as health promotion/education coordination, can be done according to existing skills and available resources. This level of health promotion implementation can influence the formal curriculum, the social and physical environment (contextual curriculum) as well as the outside agencies, families and community.

- The links with outside agencies, families and community, influence what should happen within the school as they participate through decision-making with respect to all processes at school. An example is when the home-school liaison teachers, governors and parent associations are influenced by feelings, attitudes, values, competencies and the health promoting practices at school. The outside agencies, family and community have a direct link to both the formal and the contextual curriculum. The formal and the contextual curriculum both influence the feelings, attitudes, values, competencies and health promoting behaviours. All internal factors of the EHM link together to determine the health promoting behaviours within the school environment.

- The formal curriculum includes what is taught or learnt in the classroom. The content is determined by the regional health, education policies and initiatives in response to the environment and circumstances around the country. The formal curriculum is also influenced by how the school is managed, how planning is done and the criteria used for the allocation of roles among staff members. The formal curriculum can also be affected by outside agencies, the type of families where learners come from and the community around the school. The negative or positive health messages taught as part of the curriculum are exemplified by practices and behaviours depending on the model or approach to health promotion adopted by the school for change, leading to self-empowerment.

- The social and physical environment (contextual curriculum) plays a role in promoting the health of the whole school community. The contextual curriculum lays a foundation for knowledge.

- Feelings, attitudes, values, competencies and health promoting behaviours also determine the health of the school community. The home-school liaison teachers, governors and parent associations are influenced by feelings,

attitudes, values, competencies and health promoting behaviours displayed at school.

The EHM of HPSs provided guidance on the development of the data collection instruments for this study and the constructs of health promotion practice applicability in South African schools. The findings of this study can guide future researchers to explore the skills among programme planners and policy makers and how they influence health promotion practices in rural communities (Taherdoost, 2016).

2.6 CONCLUSION

The literature review indicates that health risks among learners in schools remain a challenge for international, national and local communities and the HPS initiative was used widely to combat health risks among learners. Training educators on how to implement HPS will strengthen the existing HPS initiatives. Developing a training programme for LO educators in the high schools in the Mankweng Circuit area is a positive contribution towards building capacity for the HPS initiative, as recommended by WHO. Furthermore, international, national and local studies that have used the EHM for HPSs could not be located. This study will show how the internal and external factors can strengthen the basis of the HPS initiative, as recommended by the EHM. The next chapter will focus on the methodology in this study.

CHAPTER 3 RESEARCH METHODOLOGY

3.1 Introduction

This chapter details all methods that were utilised in the study. It provides the methodology employed to achieve the study aim and objectives. This chapter also provides a detailed description of the methodology utilised for this study. A detailed description of research setting, population, sampling, study design, data collection process and method of data analysis will be provided.

3.2 Study setting

The study was conducted at Mankweng Circuit, Capricorn District Municipality in Limpopo Province. This province is situated at the Northern part of South Africa and it is named after Limpopo River, which creates a border between South Africa and Zimbabwe. Mankweng area, also known as Sovenga, is a rural township, where Mankweng Circuit is located, adjacent to the University of Limpopo. It has a population of 33,738 with Black Africans making up to 98% of the population and Sepedi is the locally spoken language. Mankweng is divided into nine (9) Units namely Unit A, B, C, D, E, F, G, Bjatladi and University of Limpopo (Census,2011).

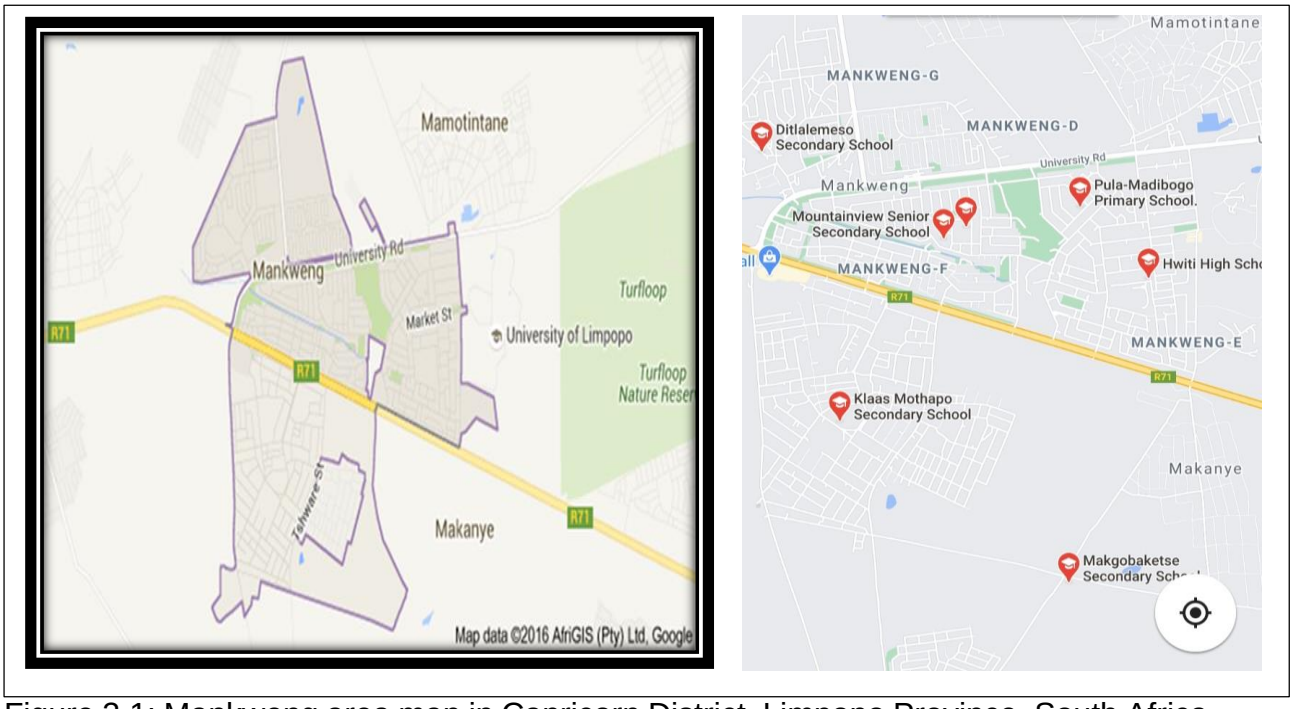


Figure 3.1: Mankweng area map in Capricorn District, Limpopo Province, South Africa

Mankweng area has eleven (11) public high schools located within Mankweng Circuit. These schools are all under the control of the Department of Basic Education in Limpopo Province and they provide the education in the province.

3.3 Population of the study

The study population for this study is described as follows:

Phase 1: Comprise of all learners from grades 8 to 12 from the 11 public high schools within the Mankweng Circuit. Each class at these high schools had an average of 40 to 45 learners. The total population of learners was 2 400 (N= 2 400).

Phase 2: Included educators and learner's representatives from the same schools selected as key informants based on their key positions to influence HPS initiatives in their schools.

3.4 Study approach and design

The study followed a mixed method research approach. A Mixed Method Research (MMR) is the class of research where the researcher combines quantitative and qualitative research techniques, methods into a single study or set of related studies (Creswell, 2015). This method was found to be appropriate to collect data that can be used to develop a training programme for educators as the quantitative results were explained through qualitative method techniques. A mixed methods research approach is commonly used in the social and health sciences, where researchers collect, analyse and integrate both quantitative and qualitative data in a single study in order to address their research questions and provide a better understanding of a research problem (Creswell, 2013). The mixed method approach relates numbers to personal experiences.

This study used a sequential explanatory design for the mixed method research. This is a design in which the intent is to first collect quantitative data, followed by the collection of qualitative data which will help to explain the quantitative data in more depth (Creswell, 2015). The design is based on a systemic approach for evaluation, focusing on the mechanisms, context and outcomes of the quantitative data analysis followed by a qualitative data analysis, adjusted to our own African context. The MMR design is used where a qualitative data set plays a supportive, secondary role in a study, following a set of quantitative data (Pommier et al., 2010).

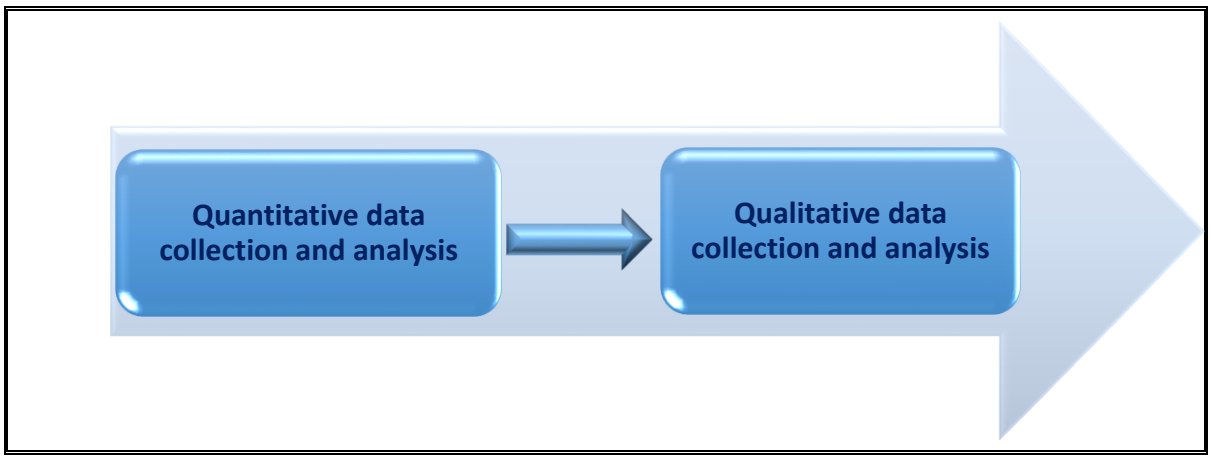


Figure 3.2: Study design

The study was conducted in different phases, namely: Phase 1: Situation analysis and conceptual framework development; Phase 2: Development of a training programme; Phase 3: Development of guidelines for implementation of the training Programme; and, Phase 4: Implementation and evaluation of the training programme.

Phase 1: Situation analysis and conceptual framework development

This phase concerns the data on health, environmental risk factors and the school ethos as well as key constructs of EHM among High School learners in Mankweng Circuit is described.

- Method

In this design, the researcher first collected and analysed the quantitative (numeric) data. The qualitative (text) data was collected and analysed second in the sequence and helped explain, or elaborate on the quantitative results that were first obtained. The second, qualitative part, built on the first quantitative part and the two parts were connected in the intermediate stage of the study.

The rationale for this approach is that the quantitative data and their subsequent analysis provided a general understanding of the research problem. The qualitative data and the analysis refined and explained those statistical results obtained by exploring the participant's views in more depth (Creswell, 2013). Both data sets were integrated. The subjects sampled were able to inform important facets and perspectives related to the phenomenon being studied.

Integration refers to the stage or stages in the research process where the mixing of the quantitative and qualitative methods occurs (Creswell, 2014). The integration was applied at three stages: at the beginning phase of the study while formulating the purpose, the next phase introduced both quantitative and qualitative research questions (Creswell, 2014) and at the interpretation stage, by integrating the quantitative and qualitative findings (Creswell, 2014). In addition, in the mixed-methods sequential designs, the quantitative and qualitative phases are connected in the intermediate stage, when the results of the data analysis in the first phase of the study inform or guide the data collection in the second phase. In the sequential explanatory design, the researcher connected the two phases, while selecting the participants for the qualitative follow-up analysis based on the quantitative results from the first phase (Creswell, 2014). Another connecting point was the development of the qualitative data collection protocols, grounded in the results from the first, quantitative, phase, to investigate those results in more depth through collecting and analysing the qualitative data in the second phase of the study.

In this study, the quantitative and qualitative phases were connected during the intermediate stage in the research process, while selecting the participants for the qualitative studies from those who responded to the survey in the first quantitative phase, based on their active involvement in school governance (students' representatives). The second connecting point included developing the interview questions for the qualitative data collection based on the results of the regression analysis of risk variables and the factor loadings in the principal component analysis of school climate/ethos in the first, quantitative phase. Subsequently, the interview protocol was developed, the content of which was grounded in the quantitative results from the first phase.

Because the goal of the second qualitative phase was to explain and elaborate on the results from the first quantitative phase of the study, the researcher intended to understand why certain predictor variables contributed differently to the risks faced by high school learners in the Mankweng Circuit.

The quantitative and qualitative approaches were mixed together at the study design stage by introducing both quantitative and qualitative research questions and integrated the results from the quantitative and qualitative phases during the interpretation of the outcomes of the entire study.

The study results were then discussed in detail by grouping the findings to the corresponding quantitative and qualitative research sub-questions related to each of the explored factors affecting learner's risk behaviour, with particular focus on alcohol use and school climate factors. The discussion was augmented by data from in-depth interviews of key-informants, while at the same time citing related literature, reflecting both quantitative and qualitative published studies on the topic. Thus, combining the quantitative and qualitative findings helped explain the results of the statistical tests, which underscored the elaborating purpose for a mixed-methods sequential explanatory design (Creswell, 2014).

3.5 QUANTITATIVE APPROACH

In the quantitative phase of the study, the research questions focused on how selected internal and external variables (risks that learners are exposed to, school climate/ethos and key constructs of EHM theory) served as predictors of the health and wellbeing of students and staff at high schools in the Mankweng area. This section deals with the first phase of data collection in more detail.

3.5.1. Population

The population is the entire group of people the researcher wishes to obtain knowledge from (Creswell, 2014). The population for the quantitative approach in this study were all learners from grades 8 to 12 from the 11 public high schools in the Mankweng area within the Mankweng Circuit. Each class at these high schools had an average of 40 to 45 learners. The total population of learners was 2 400 (n= 2 400).

3.5.2 Sampling and sample size

Sampling is the process of selecting units from the population of interest so that by studying the sample we may fairly generalise our results back to the population from which they were chosen (Creswell, 2014).

A sample size of 754 (approximated to 800) was estimated based on the Yamane (1967) formula, using an estimated number of learners in Grade 9 and Grade 11 of 2 400, a degree effect of 2, a sampling error of 5% and 10% non-response rate.

Sample calculation:

n = 2400

1+2400(e)²

n = 2400

1+2400(5%) ²

n = 2400

7

n= 343 + 96 (5% sampling error) + (10 non- response error)

n= 754 (approximated to 800) (Yamane, 1967).

Eight (8) schools were randomly selected from the eleven (11) public high schools, such that the probability of learners being selected was directly proportional to the number of learners in the school. Grade 9 and Grade 11 learners were targeted for this study as they are expected to have adopted the practices and policies of the school. All grades 9 and 11 classrooms had an estimated number of 40 learners each. However, Grade 10 learners were included only where the number of learners in grades 9 or 11 were less than 40. All grades 9 and 11 learners were systematically selected using the class registers and were encouraged to participate. Some classes had more than 40 learners and were included in the study; hence, +9+he final study sample was n=834. The questionnaire was completed by 834 learners from eight (8) public high schools during October 2017.

- *Inclusion criteria*

For the purpose of this research, only high schools that are under the jurisdiction of the Limpopo Department of Education in Mankweng area were included in the study. Only grades 9, 10 and 11 learners took part in the study. The selected grades included learners that were already orientated towards the practices, rules and policies of the school, unlike the Grade 8 learners who are still influenced by their previous primary school practices.

- *Exclusion criteria*

Grade 8 and Grade 12 learners were excluded from participating in this study. Learners in Grade 8 are at their first year of high school. They bring with them practices

and behaviours that are influenced by culture, family values and their previous primary school settings.

Grade 12 learners did not participate in the study because they are at the exit level of high school and, according to the DBE policy in South Africa, they have to spend most of their time on activities to improve their matric results, such as attending extra classes. According to this policy, research activities must not interfere with their academic proceedings.

3.5.3 Instruments for data collection

Data collection refers to use of measurement tools (for example, questionnaires or scales) to obtain data on a topic of interest from research subjects (United States Census Bureaus, 2010). A questionnaire was used to collect quantitative data. A questionnaire provides a relatively cheap, quick and efficient way of obtaining large amounts of information from a large sample of people (McLeod, 2018). The questionnaire for this study has been used with success in previous studies in high schools in Mankweng (Aarø et al., 2011). Data drawn from this questionnaire included demographic and socioeconomic information (13 items), risk behaviour information (25 items), school's physical environment (8 items) and school climate ethos and EHM constructs (11 items). The questionnaire's inter-items correlation and internal consistency had previously been established. The Cronbach alpha was 0.8 (Aarø, et al., 2011).

The questionnaire consisted of four (4) parts. Part 1 included items on the demographic and socio-economic background of the learners, such as age, gender, school, school grade and home language. Part 2 included items on the general health and current health-related risks. Part 3 dealt with the school's physical and environmental factors, while Part 4 dealt with the school's climate/ethos and EHM constructs.

The questions included risks related to sexual and reproductive health; substance use, including alcohol and cigarettes; nutrition, including physical activities; the social environment; personal hygiene and school management. The dependent variables were lifetime experiences for each of these behaviours. These variables required a "no" or "yes" answer, followed by ages at which learners began to elicit the risky behaviours.

The questionnaire was printed in English and translated to Sepedi, which is the local language in Mankweng. Learners were allowed to choose the language they preferred. The two versions of the questionnaire, one in English and one in Sepedi, were made available during questionnaire administration and learners were allowed to make a choice.

3.5.4 Data collection

The Limpopo Department of Basic Education was contacted in August 2017 to obtain approval to administer the questionnaire at high schools in Mankweng Circuit. Enough time was allowed to get parents approval and to answer any question about the study. Survey coordinators were assigned to each school by the principal, or the deputy principal where the principal was not available, whose role was to assist the researcher to maintain order, identify the relevant classes and to introduce the researcher. Each participating school indicated its own appropriate time for the survey to be undertaken by Grade 9 and Grade 11 learners, depending on their free periods. In schools where the number of learners in grades 9 and 11 were less than 40 in each classroom, Grade 10 learners participated in the study.

Questionnaires were administered in a setting similar to an examination writing setting and collected immediately after the learners have completed all sections. The questionnaire took approximately 40-45 minutes to be completed. Only the researcher was in the classroom in order to encourage accurate responses to sensitive questions. Educators were not present during data collection to ensure that learners were free and relaxed, without the usual fear of their teachers.

Participation in the study was voluntary and learners were allowed to stop completing the questionnaire at any point if they felt too uncomfortable to proceed. Arrangements were made to refer any learners who were affected emotionally by their participation in the study to a psychologist for counselling. However, no learner was emotionally affected by any of the questions on the questionnaire, therefore, there was no need for any referral of a learner to a psychologist or psychiatrist for counselling. The school response rate was 73% while the learners' response rate was 100%. The weighted results presented in this report are based on the behaviours and opinion of the participants in the sample and the results can be used to identify priority health risks associated with all high school learners in Mankweng Circuit. However, users should

be careful when using data since respondents in self-reported surveys may have a tendency to underreport behaviours that are socially undesirable, unhealthy or illegal such as alcohol consumption, drug use, bullying others, sexual activities etc. and other report behaviours that are socially desirable (Krumpal,2011).

3.5.5 Data analysis

The IBM Statistical Package for the Social Sciences (SPSS) version 24 (2015), was used to capture and analyse quantitative data. With the guidance of a statistician, frequency distributions of variables were examined, followed by cross-tabulations. Statistical techniques used included one-way frequency and percentage distributions, cross-tabulation and significance testing. Inferential statistics were calculated and associations were determined using Chi-square. Adjustments for the cluster sampling effect were made when estimating p-value in significance testing (Krumpal,2011).

3.6 Measures to ensure validity and reliability

Validity and reliability of measurement instruments influence the extent of the phenomenon under study and the meaningful conclusion to be drawn from data (Taherdoost,2016). Validity of an instrument refers to the extent to which the instrument measures what it is supposed to measure (Taherdoost,2016). The questionnaire was previously tested and used for the SATZ projects and, therefore, validity of the instrument was ensured (Taherdoost,2016). In this study, a similar questionnaire, adapted from an English-language standard version with translations and re-translations and careful examination of all discrepancies revealed and standardised procedures for data collections, computerising and data cleaning, was used.

The previously used questionnaire that was tested for particular studies ensured validity and reliability (Polit & Beck, 2012). The questionnaire was modified for this study.

- In order to establish criterion-related validity, the questionnaire was drawn up following the SATZ items, which were validated by previous studies in terms of population, circumstances and methods followed (Cresswell & Poth, 2018) in the same area, Mankweng. Measures used in previous studies, where the

same instrument was used, showed stability across the selected methodology (Taherdoost,2016).

- Content Validity: Content validity is the extent to which a measure covers the construct of interest (Polit & Beck,2012). The items within the questionnaire reflected the content universe and may be generalised among the learners in the same setting.

- Reliability is defined as the consistency with which a measuring instrument yields same results when the entity being measured hasn't changed (Cresswell & Poth, 2018)

- Test-retest reliability was used to assess the consistency of a test across time and there was no change in the quality or constructs being measured. The test was administered twice at two different project sites in South Africa, including Mankweng area, which is the research site for this study (Cresswell & Inquiry, 2013).

3.7 QUALITATIVE APPROACH

This section details the qualitative approach of the study. The qualitative method allowed the researcher to obtain in-depth information from the participants. In this phase, the research questions addressed seven internal and external factors found to contribute differently to the health status of high schools in the Mankweng area. The methods followed are described in more detail below.

3.7.1 Population

The population for the qualitative approach of this study was the student representatives who took part in the quantitative study. All School Management Team members of two high schools under the Limpopo Department of Education in Mankweng area, within the Mankweng Circuit, served as key informants.

3.7.2 Sampling and sample size

For this phase of the study, the researcher purposefully selected four participants from two schools who completed the survey and were student representatives, serving on the school governing body. These are decision makers from the two high schools with the highest reported health risk prevalence rates. The participants included the deputy

principals, LO educators, School Management Team members, School Governing Body members and/or representatives of educators' unions and Representatives Council of Learners (RCL) from each school. A total of twelve (n=12) key informants from the selected schools were also interviewed. Their participation in the study, reminded them of the health priorities, concerns and priorities for developing health promotion interventions (Weathers et al., 2011).

- Inclusion criteria

Only high schools which were under the jurisdiction of the Limpopo Department of Education at the time of the study were included in the study.

- Exclusion criteria

Staff members who were not directly responsible for decision-making related to health promotion programmes at school were excluded from the study.

3.7.3 Instrument for data collection

A semi structured interview guide, the content of which was grounded in the quantitative results from the first phase, was developed and used to collect qualitative data, because the goal of the second, qualitative, phase was to explore and elaborate on the results from the first, quantitative phase of the study (Creswell & Inquiry, 2013). The researcher pilot tested the interview protocol on one participant, purposefully selected from those who had completed the survey in the first, quantitative, phase of the study. Based on this pilot interview analysis, the order of the protocol questions was slightly revised and additional probing questions were developed.

Apart from the demographic section, other sections ranged from views regarding risks, physical and social environment, community involvement, curriculum, services and policies at school. The central question was, "could you describe the risks of learners, environmental problems, curriculum and policy issues that hinder teaching and learning at your school?"

Creswell and Inquiry (2013) points out that a study is contextual when the researcher collects data from participants at the natural site where they experience the phenomenon, rather than in a laboratory. Learners and educators were interviewed at their schools in their natural settings. This enabled the researcher to have an idea of

the school environment where a HPS could be initiated. The field notes and tape-recorded data were transcribed after interviews.

3.7.4 Data collection

To provide richness and the depth to the study, the researcher used multiple sources for collecting the data: (1) in-depth semi-structured interviews with four participants; (2) researcher's reflection notes on each participant's perceptions, recorded immediately after the interview; and, (3) in-depth interviews of key informants purposefully selected. In addition, observations and mapping of the school environment, as well as elicitation materials such as photos, formed part of the data collection sources. One-on-one in-depth interviews were conducted using a semi-structured interview guide. The central question was: "could you describe the risks of learners, environmental problems, curriculum and policy issues that hinder teaching and learning at your school"?

Appointments were made with the school principal in order to conduct in-depth interviews with key informants during periods that best suited them so as to avoid interference with their duties. A separate office in a school was allocated for the in-depth interviews. All sessions were conducted in English or Sepedi to accommodate those who preferred either one of the two languages. Questions were posed in a neutral manner, with the researcher listening attentively to participant's responses and asking follow-up questions. Probes were made, where necessary, based on the responses by participants. On average, all interviews lasted 30 – 40 minutes.

A voice recorder was used, with the permission of participants, to capture all spoken words. All participants had an opportunity to share their views and data was collected until data saturation was reached (Polit & Beck, 2010). Field notes were taken during interview sessions to capture non-verbal information. The audiotaped data were transcribed verbatim immediately after the interview. Any form of activities taking place during the data collection period, or sign boards with messages and school environment factors that could influence the health of the school community, were noted.

3.7.5 Data analysis

A thematic analysis of the text data was conducted on two levels, data provided by the learners and data provided by the key informants. The analysis of the interviews started with a transcription of the information from the tape-recorded data in order to produce a manuscript. A comparison was then made between the transcriptions and the notes taken to verify accuracy. Transcribed interview texts were presented according to discrete steps for qualitative data analysis. This process involved the creation of codes, categories and themes using the following steps (Creswell, 2014):

- Familiarisation: As a first step, all interview transcripts were read several times to get a sense of the data, as a whole, and its key features and transcribed.
- Generating initial codes: This is an interpretive technique that affords the researcher an opportunity to both organise the data and to provide a means of introducing the interpretations of the data into certain qualitative methods (Johnson & Onwuegbuzie, 2010). Coding required the researcher to read the data and to demarcate segments within it. Each segment was labelled with a "code" – usually a word or short phrase that suggests how the associated data segments inform the research objectives.
- Categorising: Various codes were then compared for differences and similarities and sorted into fewer content-related categories, with sub-categories describing their different dimensions or characteristics.
- Themes: Finally, categories were organised into themes which reflect the underlying meaning, which can then be extrapolated from the data. A theme is considered a thread of meaning that recurs through the data for easy interpretation. Themes attain their full significance when they are linked to form a coordinated picture.
- Producing the report: This step involves writing up a clear, concise and straightforward logical report, with themes that make meaningful contributions and answers research questions. The qualitative data played a secondary supportive role to explore health risks and HPS practices in high schools. Data present the categories and contextual factors that play a role for the development of the training programme. Out of the views shared by participants, priority areas were identified and used as entry point examples to HPS during the training of educators.

3.8 MEASURES TO ENSURE TRUSTWORTHINESS IN QUALITATIVE STUDIES

It is important to establish the trustworthiness of a study in order to validate the findings regarding dependability, confirmability, transferability and credibility (Pilot & Beck, 2012).

Dependability refers to the fact that the study would yield the same results if the methodology used could be repeated among the same participants under the same conditions (Gunawan, 2015). A pilot study was conducted to ensure dependability.

Confirmability refers to objectivity where there is a potential for congruence between two or more independent people about the data's accuracy, relevance or meaning (Polit & Beck, 2012). Confirmability was ensured by sending the proposal, tapes and transcribed data to a co-coder, who is a specialist in qualitative research, for co-coding.

Transferability refers to the extent to which findings can be transferred to or have applicability in other settings or groups (Polit & Beck, 2010). In this study, transferability was achieved through the use of purposive sampling of the rural schools in the same circuit area and the use of key informants as participants for the qualitative part of this study.

Credibility criteria involved establishing the qualitative research results as credible or believable from the perspective of the participants in the research and was ensured by going back to the participants to share preliminary interpretations of data with them in an arranged seminar, so that they can evaluate whether the researcher's thematic analysis is consistent with their experiences (Pilot & Beck, 2010). Finally, trustworthiness was ensured by a thorough description of data sources and an alignment between the data and the analysis.

3.9 DATA MANAGEMENT

Data management include all aspects of data handling, the use and sharing of data (Fraser & Galinsky,2010**).** The responsibility of data integrity belongs to the researcher, however, in this study, it was extended to those who assisted in planning the study and analysing the research findings in order to enhance credibility of the study.

3.10 ETHICAL CONSIDERATIONS

The major ethical principles were considered in this study, namely: respect for autonomy; beneficence; non-maleficence; and justice. These four ethical principles were considered by following the steps listed below:

3.10.1 Process of seeking permissions

Ethical clearance was granted by the Turfloop Research Ethics Committee (TREC). Permission to conduct the study in schools was requested and granted by the Department of Basic Education (DBE) Limpopo Province, Circuit Manager's office, the Principals and the School Governing Bodies (SGBs) of each participating school prior data collection.

3.10.2 Principle of non-maleficence

In this study, no physical harm was anticipated. However, for those participants who displayed emotional distress due to questions relating to their challenges, the researcher arranged a psychologist to be on standby to provide counselling for any emotional distress.

3.10.3 Principle of respect for autonomy

This principle relates to recognising human dignity. Respect for autonomy concerns the obligation to respect the autonomy of other persons and decisions made concerning their own lives. The aim and objectives, duration and benefits of the study were explained to all participants prior to participation in the study. Participants, who agree to participate in the study, signed consent forms. Permission was requested from the parents of all learners under the age of 18 and have volunteered to take part in the study. These learners were given a letter addressed to parents providing the study background and consent forms to take home for the parents to sign if they permit their children to participate in the study. Participants were free to participate in this research and had the right to discontinue their participation at any stage of the research without providing any reasons.

3.10.4 Principle of beneficence

The participant benefited from the information of this study. The same information influenced the recommendations of this study.

3.10.5 Principle of justice

This research has an obligation not to harm participants and treat them equally, fairly, and impartially. The numbers were used instead of using participant's names to observe the right to confidentiality in this study. Information collected from participants, was used for research purpose only and not to victimise them. Educator's offices were used to conducted interviews to insure privacy and data was only available to the research team. The voice recorder used during interviews and the questionnaires are sealed and stored safely for a minimum of five years, where only the research team can access them (Polit & Beck, 2012).

Instead of names, numbers were used to label the questionnaires and interview transcripts to ensure anonymity. The research team only, to protect their identity and to ensure anonymity, knows the names of participants. Participants' names, job titles, their age or experience at work, is not revealed in the study. The location or type of schools sampled, was not mentioned in the study.

3.11 STUDY BIAS

In quantitative data collection, a study bias, which may result in the sample being unrepresentative of the population of interest, was avoided by taking the maximum number of participants from the study population. Influence from other participants and encouraging participants to focus on their own answers and not copy responses from others was avoided by allowing the school management team to address the learners before data was collected. Participants were encouraged to respond to all questions on the questionnaire in order to avoid a low response rate.

In qualitative data collection, bias was avoided by using purposive sampling, where participants would provide relevant information according to their levels of responsibility (Polit & Beck, 2012). Participants were allowed to state their views and no leading questions were asked (Polit & Beck, 2012). During data collection, health promotion concepts were only explained when participants did not understand what was required of them. The data collection process was done without any form of threats to, or intimidation of, the participants and data was collected until saturation was reached.

Phase 2: Developing a training programme

This phase focused on developing a health promotion training programme to train educators;

- Method

A two-session training programme was developed and titled ‘Health Promoting School Training Programme, five steps to Health Promoting Schools’. The first session introduced the HPS concept and the training programme’s goals, as aligned to the World Health Organisation’s Information Series on School Health, Local Action: Creating Health Promoting School (WHO, 2000). The second session covered the five steps of initiating HPS, developed as one section of the training programme. The principles of adult learning were taken into consideration by including discussion sessions and participation, which allowed educators to share experiences as part of training, based on Knowles’ theory (1968) of pedagogy and andragogy.

Phase 3: Guidelines for the implementation of the training programme

This phase describes the development of guidelines for the implementation of the training programme for LO educators in Mankweng Circuit.

- Method

An eight hours’ training schedule outlined time slots and topics for the training. A training schedule with was drawn, indicating the starting time, allocated time for all sessions, break times and time to end each session. The first session introduced HPS as a concept, followed by all the elements of HPS, including the legislative framework, the purpose of the training, eligibility for the training programme and the importance of training. The second session, introduced five steps to initiate HPS, outlining HPS implementation systematically. A questionnaire was developed to evaluate the training programme. All participants were respondents. An MS PowerPoint presentation was prepared to introduce all topics to participants. A schedule of dates for training was drawn up and made available to participants in order for them to choose a suitable participation date.

Phase 4: Implementation and evaluation of the training program

This phase describes the implementation and evaluation of the training programme for educators in the Mankweng Circuit.

- Method

The first training session commenced at 8:30 and lasted until 13:00 including 30 minutes for questions and clarification. The second session commenced at 14:00 and lasted until 16:30 with the last 30 minutes reserved for questions and clarification.

Educators from participating schools were invited for training through the Circuit Manager and the Principals of the schools. The Circuit Manager showed interest by being available for the morning session of the training. At the beginning of the training session, educators were requested form groups and to discuss and the write down their expectations of the HPS training programme on a separate piece of paper. Each group selected a presenter to present on behalf of the group in order to elaborate on their expectations. All expectations which did not appear on the programme were then incorporated into relevant sections. Some expectations were in the form of questions that were addressed as part of the introductory session.

Thereafter, a training schedule was distributed to all participants. A participatory method was used to unfold the programme. A MS PowerPoint presentation was created to emphasise important issues of HPS implementation. A questionnaire was distributed before and after the training for the purposes of evaluating the training programme. All participants were respondents. Effectiveness of the training programme was assessed by including questions related to the training programme's goals and objectives. Participants were offered an opportunity to share their experiences and to share what they have learned about HPS. At the end of the training programme, most of the educators enquired about how to register for a full course in which a module on the HPSI would be fully discussed.

3.12 CONCLUSION

The mixed method approach was useful in this study as the quantitative data were explained by the qualitative data. This method revealed the factors associated with the prevalence of learner's health risk. The next chapter will focus on findings and interpretation of findings in order to reflect on priority areas and an entry point to the HPSI. The quantitative results precede the results of the qualitative data. Both the quantitative and qualitative results are integrated during discussions and interpretation of the outcomes of the entire study is achieved.

CHAPTER 4 PRESENTATION OF RESULTS

4.1 INTRODUCTION

PHASE 1

The previous chapter outlined the research methodology used to collect data for this study. In this chapter, the quantitative results followed by the qualitative results will be presented and interpreted in two separate sections. The chapter will conclude with the qualitative data results.

The first section; the quantitative approach, will focus on the distribution of the prevalent rates of various forms of risks that learners are exposed to and explores whether there were any significant associations between lifetime alcohol use (which was the most reported risk among learners), and school-level variables. The effects of variables comprising the main elements of school climate and ethos, are also presented. Data were collected at individual level (from the learners). The second section, the qualitative approach, presents data that provides an in-depth understanding of what is going on in the schools and the complexities regarding the situation in relation to the main findings obtained in the quantitative phase of this study. Contexts such as the health risks that learners are exposed to, the school's environmental features, school climate and ethos are further explored.

Results of an observation technique using selected items of the main constructs under the EHM theory, will be presented too. Finally, the outcome of a review of WHO publications on guidelines for the establishment of HPS constitute the last part of this chapter. The aim is to present evidence-based data to inform the development and contents of a programme recommended to establish a Health Promoting School. Data also aided in determining an "entry-point" into the programme implementation and for selecting the schools that participated in the Health Promoting School programme administered as part of this study.

4.2 SECTION ONE: QUANTITATIVE APPROACH

This section presents the results of the first phase of data collection, the quantitative phase. In this section, presents the results of the demographic characteristics of respondents in the quantitative phase, stratified by gender, school, grades,

socioeconomic status and risk variables and confirmatory tests and inferential statistic results on significant variables are also presented. This section presents the results of responses obtained from learners from the questionnaire. This section presents demographic information of the participants and various forms of risks, and further identified and examined alcohol use as the leading form of risk which learners are exposed to.

4.2.1 Demographic characteristics of the participants

A total of 828 learners from eleven public high schools in the Mankweng Circuit participated in this study. Of the participants, 416 (50.2%) were male and 412 (49.8%) were females (Table 4.1). Their mean (SD) age was 17.6 (1.7%), with (44.8%) in the age group 17-18 years, followed by those aged 15-16 years (28.7%), with 18.7% of the participants between 19-20 years and 7.7% older than 20 years. Slightly more than half (53.3%) the learners were in Grade 11 and most of the learners were Africans (99.3%).

Only one participant (0.12%) had an opportunity to live in the city for 15 days, 347(42.52%) lived in a city for six (6) days about 338 (41.42%) never had an opportunity to live in a city, while 130 (15.94%) only lived in a city for only 2 – 5 days. Four hundred and fifty-eight (55.33%) participants stayed with their biological mothers, while 370 (44.68) stayed with other members of the family. Only 371(45.13%) slept in their own rooms, while 457 (54.87%) slept with between 1 and 12 other people in the same room.

Table 4.1: Selected demographics of the participants

Variable	**N**	**%**
Gender		
Male	416	50.2
Female	412	49.8
Age (years)		
15-16	238	28.7
17-18	371	44.8
19-20	155	18.7
21-22	64	7.7
Grade		
9	321	38.7

10	66	7.9
11	441	53.3
Racial group		
African	822	99.3
Coloured	6	0.7
Lived in city		
15 days	1	0.1
6 days	347	42.5
2-5 days	130	15.9
Never lived in a city	338	41.4
Stay with biological mother	458	55.33
Stay with other family members	370	44.67
No other people besides you, sleep in the room with you	371	45.1
1-12 other people sleep in the room with you	457	54.9

4.2.2 Risks that learners are exposed to in high school

Table 4.2 presents the frequency distribution of risks that learners are exposed to (n=828). The top three most common risks that learners are exposed to, in descending order, are: alcohol 35.9% (n=297), followed by sexual intercourse 31.2% (n=258) and bullying [(bullied at school 20.9% (n=221); ever bullied anyone 14.8% (n=122)]. Of the respondents who said that they had had sexual intercourse, about 98 (38.98%) said that they had had more than one sexual partner in the last year, while only 119 (47.79%) reported to have had only one partner in the last year. The reported substances used, besides alcohol, was cigarette smoking 10.7% (n=89) and dagga smoking 7.4% (n=61).

Twenty-one participants (2.59%) agreed that they carried a knife to fight at school. Fights do happen at school and 156 participants (18.84%) agreed that they were involved in fights at school. One hundred and three participants (12.44%) had some thoughts of committing suicide at some stage, while 98 (11.85%) participants indicated that they had tried to commit suicide.

Table 4.2: Frequency distribution of risks that learners are exposed to (n=828)

Risk	**N**	**%**
Ever used alcohol	297	35.9
Ever had sexual intercourse	258	31.2

Bullied at school	221	20.9
Engage in fights at school	156	18.8
Ever Bullied anyone at school	122	14.8
Had only one partner in the last year	119	47.8
Thought of committing suicide	103	12.4
Tried to commit suicide	98	11.9
Had more than two sexual partners in the last year	98	39.0
Ever smoke cigarette	89	10.7
Ever smoke dagga	61	7.4
Ever sniffed glue, petrol or thinners	24	2.0
Had knife to fight at school	21	2.6
Ever used crack cocaine	13	1.6
Ever smoke dagga & mandrax together	5	0.6
Ever used Nyaope	4	0.5
Ever used ecstasy	1	0.1

4.2.2.1 Alcohol and other drugs (AOD) classified by school, grade and gender

Alcohol and other drugs (AOD) use was found to be the most prevalent/common risks that learners are exposed to. Table 4.3 presents risk prevalence by school grade and gender. A higher proportion of learners in school 2, in Grade 11 and who were male were likely to have ever used alcohol than learners in the other groups (p<0.05). as shown in Table 4.3. Similarly, a greater proportion of learners who smoked cigarettes and who also smoked dagga were from school 5, were male and were in Grade 11 (p<0.05).

Table 4.3: Substance used by school, grade and gender

Variable	N	Ever used Alcohol (%)	p-value	Ever smoke Cigarette (%)	p-value	Ever smoke Dagga (%)	p-value
School							
1	86	32(37)		6(7)		4(5)	
2	119	**60(50)**		15(13)		5(4)	
3	80	29(36)		7(9)		4(5)	
4	92	27(29)	<0.001	3(3)	0.030	3(3)	<0.001
5	87	37(43)		**17(19)**		**15(17)**	
6	48	12(25)		6(13)		3(6)	
7	82	12(15)		6(8)		2(2)	
8	231	88(38)		29(13)		25(11)	
Grade							
9	320	87(27)	<0.001	15(5)	<0.001	7(2)	<0.001
10	66	18(27)		8(12)		3(5)	

11	439	**192(44)**		**66(15)**		**51(12)**	
Gender							
Male	414	**197(48)**	<0.001	**72(17)**	<0.001	**54(13**)	<0.001
Female	411	100(24)		17(4)		7(2)	

4.2.2.2 Risk of Alcohol use and selected demographic variables

Table 4.4 presents the odds ratios (OR) for the risk of alcohol use and selected demographic variable, such as the school where learners are studying, grade level, age, gender, class performance and absenteeism. In the univariate model, learners in Grade 11 (OR: 2.1; 95% CI: 1.5; 2.2) and those aged 21-22 years (OR: 4.1 (95% CI: 2.3; 7.4), who were male (OR: 2.8; 95% CI: 2.1;3.8), who had ever repeated a school year (OR: 1.8; 95% CI: 1.4,2.4) and who had been absent from school (OR: 1.6; 95% CI: 1.2;2.1) significantly increased the risk of having used alcohol (Table 4.4).

Table 4:4. The odds ratios for various demographics for alcohol use

Variable	Univariate Logistic Regression		Multivariate Logistic Regression	
	OR (95%CI)	p-value	OR (95%CI)	p-value
School				
1	Ref			
2	1.7(0.9;3.0)	0.061	-	-
3	0.9(0.5;1.8)	0.898	-	-
4	0.7(0.4;1.3)	0.266	**-**	**-**
5	1.2(0.7;2.3)	0.475	-	-
6	0.6(0.3;1.2)	0.151	-	-
7	0.3(0.1;0.6)	<0.001	-	-
8	1.0(0.4;1.7)	0.885	-	-
Grade				
9	Ref		Ref	
10	1.0(0.6;1.8)	0.989	0.7(0.3;1.3)	0.225
11	2.1(1.5;2.8)	<0.001	1.7(1.1;2.6)	0.010
Age (years)				
15-16	Ref		Ref	
17-18	2.2(1.5;3.1)	<0.001	1.7(1.1;2.6)	0.016
19-20	2.7(1.7;4.2)	<0.001	2.1(1.1;2.7)	0.010
21-22	4.1(2.3;7.4)	<0.001	2.7(1.2;3.7)	0.006
Gender				
Female	Ref		Ref	
Male	2.8(2.1;3.8)	<0.001	2.9(2.1;3.9)	<0.001
Ever repeat school year				
No	Ref			
Yes	1.8(1.4;2.4)	<0.001	-	-
Have been absent – school				
No	Ref		Ref	

	Yes	1.6(1.2;2.1)	<0.001	1.8(0.1;0.2)	<0.001
Hosmer-Lemeshow				**0.2613**	

In the multivariate model, learners in Grade 11 (OR: 0.7; 95% CI: 0.3; 1.3) and those aged 21-22 years (OR: 2.7 (95% CI: 1.2; 3.7), who were male (OR: 2.9; 95% CI: 2.1; 3.9), and who had been absent from school (OR: 1.8; 95% CI: 0.1; 0.2) significantly increased the risk of having used alcohol. The goodness-of-fit test was 0.2613 for the final logistic model.

4.2.3 School Climate/environment and ethos

This section deals with the variables making up the school climate (otherwise referred to as school environment and ethos), largely represented in the key constructs of EHM theory, which is the WHO guideline for the establishment of a HPS. Learners' response with regard to the existence of these variables in their schools, the frequency distribution, descriptive and inferential tests are presented. The final model in a univariate and multivariate tests, as well as a factor analysis, were performed and the results of the final models and factor loadings are presented.

4.2.3.1 Learner's perception of school environment and their involvement in activities

Table 4.5 presents the frequency distribution of learner's perceptions of their school environmental health services and their involvement in selected school activities, such as local events and the beautification of schools. On the positive side, safe clean water availability in schools was reported by more than 90% of respondents. Students' involvement in local events, presence of health topics in the curriculum, presence of garbage disposal services and presence of enough toilets, were reported by 85.7%, 84.9%, 84.9%, 74.5%, 65.9%, and 59.4% of the participants, respectively. Adequate maintenance of school grounds and student's involvement in beautifying school were negatively reported by the participants, (59.2% and 65.9%, respectively).

Table 4.5: Frequency distribution of learners' perceptions of their school environment and their involvement in activities

		No	**%**
Curriculum has health topics	Yes	691	84.9
	No	123	15.1

Educator/learner involve in local events	Yes	701	85.7
	No	117	14.3
Enough toilets	Yes	625	74.5
	No	214	25.5
Safe clean water	Yes	754	91.6
	No	69	8.4
Garbage disposal	Yes	699	84.9
	No	124	15.1
Learners involved in beautifying school	Yes	280	34.1
	No	543	65.9
School features support learning	Yes	491	59.4
	No	336	40.6
Ground maintained	Yes	336	40.8
	No	488	59.2

4.2.3.2 The risk of school environmental factors for Alcohol

In the univariate model test, curriculum contained health related activities (OR: 0.98 95% CI: 0.7-1.5), have garbage disposal system at school (OR: 1.5 95% CI: 1.0-2.2), student takes part in beautifying the school (OR: 1.5; 95% CI: 1.1-1.9) and (OR: 1.3; 95%CI: 0.9-1.7) physical feature of the school support learning (Table 4.6).

Table 4.6: The odds ratios about school's climate for alcohol use

		Univariate Logistic Regression		Multivariate Logistic Regression	
		OR (95%CI)	p-value	OR (95%CI)	p-value
Educator/learners participate in local events	No	0.98(0.7-1.5)	0.052*	-	-
	Yes	Ref			
Enough toilet	No	1.2(0.8-1.8)	0.396		
	Yes	Ref			
Safe clean water	No	0.9(0.6-1.2)	0.509		
	Yes	Ref			
Garbage disposal	No	0.9(0.5-1.5)	0.648		
	Yes	Ref		Ref	
Beautifying the school	No	1.5(1.0-2.2)	0.039**	1.6(1.1-2.3)	0.029**
	Yes	Ref		Ref	
	No	1.5(1.1-1.9)	0.016**	1.5(1.1-2.0)	0.011**

School features	Yes	Ref			
	No	1.3(0.9-1.7)	0.108	-	-
Ground maintained	Yes	Ref			
	No	1.1(0.9-1.5)	0.373		
Hosmer-Lemeshow				**0.9974**	

*<0,05; **<0.1; ***<0.00

In the multivariate model, only two items were significant which indicates the following results: have garbage disposal system at school (OR: 1.6 95% CI: 1.1-2.3), student take part in beautifying the school (OR: 1.5; 95% CI: 1.1-2.0).

4.2.3.3 Principal Component Analysis (PCA) of school health, curriculum issues and learner involvement in learning

The researcher performed a Principal Component Analysis (PCA) in order to determine which school health services, curriculum issues and learners' involvement factors contributed to learners' alcohol use. First, a descriptive statistic was performed to establish the frequency of the reported variables comprising the three domains. Students participating actively in learning was reported by 88.5% of the participants, followed by curriculum issue (78.7%), while students taking part in decision making was reported by 71.1% of the participants. Absence of screening services, unavailability of first aid kits and training in schools, as well as unsafe keeping of student records, were reported by most learners (81.5%, 73.2% and 73.1%, respectively). An almost equal number of students said referrals are linked to services within the community, see Table 4.7. The descriptive statistics analysis was followed by rotated factor loading of these and other variables.

Table 4.7: Descriptive Statistics of School curriculum issues and services

Variable		Valid N	%
Student take part in decision making About their learning	Yes	584	71.1
	No	237	28.9
Student active participation in learning	Yes	728	88.5
	No	95	11.5

Curriculum is interesting engaging and relevant	Yes	646	78.7
	No	175	21.3
Sufficient time is allocated to health in the overall curriculum	Yes	405	49.2
	No	419	50.8
First aid kit is available,	Yes	219	26.8
	No	598	73.2
Screening services are provided	Yes	152	18.5
	No	672	81.6
Learners records are kept safe at school	Yes	221	26.9
	No	600	73.1
Counselling services is available at school	Yes	397	48.1
	No	428	51.9
Healthy locally grown food is available at School	Yes	427	52.0
	No	394	48.0
Referrals linked to service within community	Yes	413	50.3
	No	408	49.7

4.2.3.4 Rotated Factor loading of school health services, curriculum and learner involvement

Exploratory factor analyses were performed on the 11 items representing curriculum issues and services at school and yielded five (5) factors with eigenvalue greater than 1 which, together, accounted for 63.5% of the variance. The Kaiser-Meyer-Olkin (KMO) measure for the model was 0.6117. Inspection of the component matrix found that 10 items had loading values greater than the cut-off point of 0.5 suggested by Kaiser (1974). The results obtained from the factor loading matrix are presented in Table 4.8 below.

Table 4.8: Rotated factor loading for measures of school climate from the PCA

Context	**Factors**				
	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5
Student take part in decision making and their learning	0.7683	**0.7683**	-0.0320	0.1793	-0.0670
Student actively participate in their own learning	- 0.0306	**0.5389**	-0.0639	-0.4593	0.3043
	-0.1820	0.4422	**0.6688**	0.1167	0.0531

Curriculum is interesting, engaging and relevant					
Sufficient time is allocated to health in the overall curriculum	0.2006	-0.2405	**0.7754**	-0.0746	0.1302
Treatment of minor ailments	**0.7856**	-0.0816	0.0977	0.0119	-0.0022
First aid kit is available and training is provided	**0.6699**	0.1123	-0.0801	-0.0115	0.1032
Screening services are provided	**0.5984**	0.0248	0.2483	0.2703	-0.0170
Learners records are kept safe at school	**0.6139**	0.1611	-0.0422	0.2837	0.1555
Counselling services is available at school	0.1049	0.0301	0.1481	0.0437	0.8462
Healthy locally grown food is available at school	0.0928	0.0920	-0.0177	0.8698	0.0797
Referrals link to service within community	0.3373	0.3373	0.3561	-0.1283	-0.4478

Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy = 0.6117

Factor loading one had four (4) items which was labelled ***Health related services***, Factor two had two (2) items and labelled ***Students involvement in learning*** and Factor three also had two (2) items, labelled ***Curriculum issues.***

4.3 SECTION TWO - QUALITATIVE APPROACH

In the previous section the results of data collected during the quantitative phase of this study were presented. This section presents the findings and literature control of the qualitative phase of the study. Polit and Beck (2012) describe literature control as a method of clarifying the findings and putting them into context. These findings emerged during data analysis using Tesch's open coding qualitative data analysis method as described by Creswell (2013).

As stated in Chapter 3 above, the goal of the second, qualitative, phase was to explore and elaborate on the results from the first, quantitative phase of the study (Creswell, 2014) so as to enable the researcher to understand why certain predictor variables contributed differently to the risks and the school climate/ethos in high schools in the Mankweng Circuit.

The following themes emerged from data analysis: health risks that learners are exposed to, environmental and physical factors, school climate/ethos and external and internal factors influencing schools.

4.3.1. Demographic characteristics of the key informants

The study sample comprised of four learners who took part in the quantitative phase and who were also members of Learner Representatives Council on the School Management Team. A further seven key-informants from the two participating schools were interviewed. These informants included, six (6) males and five (5) females. The age of the group of learner representatives was between 15 and 20 years. The key-informants comprised of School Management Team (SMT) members, aged between 35 and 50 years, were interviewed.

4.3.2 Themes and subthemes

As summarised in Table 4.9 below, data analysis yielded four themes and sixteen sub-themes. Themes in qualitative data analysis are theoretical relationships that emerge after the researchers have spent extensive time examining data, categorising and sorting elements into groups to look for patterns (Burns & Grove, 2013). The summary of the findings raised the following themes and sub-themes:

Table 4.9. Themes associated with Health Promoting Schools

Themes	Sub-Themes
1. Risks that learners are exposed to	1.1. Substance use among Learners; 1.2. Unsafe sexual risks among learners; 1.3. Bullying and fighting among learners;
2. School climate and ethos at schools.	2.1 Mission and vision of the schools; 2.2 Learner's interest in learning at school; 2.3. Learners involvement in school health activities; 2.4 Learner's involvement in working and learning at school; 2.5. Learner's participation in decision Making at school;
3. School environmental and Physical factors at schools.	3.1. School buildings and infrastructure 3.2. Water supply and sanitation at school; 3.3. Social environment at school; 3.4. Safety and security at school;
4. Internal and external factors at schools.	4.1 Management and planning at school; 4.2. General curriculum and health at school;

	4.3. Links with outside agencies and the Community at school; 4.4. Feelings, attitudes, values, competencies and health-promoting s at school.

4.3.2.1 Theme 1- Health risks

Health risks are behaviours that cause serious health problems. These behaviours also contribute to educational and social problems. The six priority health-risks examined in this study are: alcohol and other drug use, tobacco use, sexual behaviours that contribute to unintended teen pregnancy and sexually transmitted infections, including HIV and risk behaviours that contribute to unintentional injuries and violence (bullying and fighting). After interviewing participants in this study on the risks learners face, the following sub-themes emerged:

4.3.2.1.1 Sub-theme 1.1: Substance use among learners

Substance use is a serious risk which learners face. Many learners abuse different kinds of substances and they even smoke during school hours. It is also believed that the learners behaviour in class and usually after break, is associated with the use of substances to an extent that some learners do not cope in class, some produce weapons and engage in fights because of the influence of these substances. This was confirmed by statements such as:

> "*Amongst the learners, the use of substances drugs is high here at school. Substances, drugs, there is a park as you can see there, at break, they go there and smoke, after break in classroom they don't cope they just fighting and they gamble. Some of them they come to school with weapons, something like that, here it's a high risk of substances here (nodding the head)*" (***P11***).

> "*I can confirm that some substances are used, some substances, tobacco but the one that I know is Dagga, mainly due to peer pressure and I can say there are some kids who bring these things at school because of the lifestyle at home, ja...the lifestyle at home mostly kids from unstructured families (meaning families that do not have one or both parents with lack of parental control and discipline), find that their parents do not say anything to these kids*" (***P1***).

These findings confirm that substances such as tobacco and dagga are used in schools, and those who use these substances use peer pressure to influence other

learners to start using them. One educator indicated that the schools collaborate with SAPS representatives, who make unannounced visits to schools in order to search for illegal substances. They commonly find substances such as dagga. This is supported by statements such as:

> "*the schools collaborate with SAPS representatives who make unannounced visits to search for illegal substances. They commonly find substances such as Dagga" (**P7**).*

Responding to a probing question enquiring about the outcomes of the unannounced search by the SAPS officials at schools, the same participant said:

> *"Yes, they find some learners with boxes of matches that has got some Dagga inside, what we have not seen with our naked eyes is Nyaope and the others but with Dagga we are 100% sure*" (***P7***).

The health risks associated with substance use is attributed to unstructured families (where there is no parental control) and learners from such families applying peer pressure on other learners to use substances. The majority of respondents believed that substances are mostly used by learners from unstructured families, where the parents or guardians do not have complete control over the children, leading to uncontrollable behaviours. It was also confirmed that there are some learners who bring these substances to school because of the lifestyle they live at home. Nyaope was mentioned to be one of the substances commonly used and the name "Nyaope boys" is commonly used for those who use it. This group can destroy or steal anything to generate funds to buy Nyaope. This was confirmed by statement that:

> "*You know what Mam, here these people of smoking Nyaope, if the gate is not locked as we don't have security guard they smoke and after they get inside and break the pipes, they go and sell them somewhere. When we come on Monday we find that the water is flowing"* (***P11***).

A few participants noted that some schools have school-based social workers and try to involve them to assist learners that have substance use problems. This was confirmed by the statement that:

> "*They try to call social workers as you can see there are social workers in the staff room there, err… they tell the learners at assembly there, that if you have*

a problem of using drugs, if you want some help you must go to social workers and talk to them. something like that, so some of them are shy to go there they don't do that" ***(P11****).*

The Learner Representative Council (LRC) members are also requested to assist their peers to stop this risky behaviour. The following statement attests to this:

"*Err…. Me and my colleagues when we see someone who is using drugs we try to help him or her by going to call her asking how is he getting to using drugs and something like that so, if is the way we can help him, we tell him that maybe we come and check you ……you must leave this and choose the correct friends who can treat you in a good way, we just talk to them" (****P11****).*

Schools do not have clubs and peer educator programmes or experienced people who can effectively assist learners to deal with substance use. This is corroborated by the following statements:

"*We don't have such a club and but we are just making it on our own with no experienced person".* Substance use seems to be the highest priority that should be addressed first as an entry point to HPS in Mankweng Circuit (***P11*****).**

"*No, we don't, we just refer them to the Social workers and the Life Orientation Educator (****P7****).

Both male and female learners seem to have the same challenge. This was confirmed by the following statement:

"*It was a shock to realise that even our girls are involved in using the drugs especially the Marijuana, it was a shock. I think it was last year when we discover that even the grade 10 girls who were taking Marijuana but then fortunate because in our school we have some Social Workers who are attached to us. So the problem was then eh…addressed amicably. As I speak now err…especially from the side on girl's side, it has really improved. We are no longer getting reports that we still have some girls who are using the Marijuana. But I would say err… the boys we still have a problem with the boys. It's just that I was just saying maybe I am gender sensitive because it was very bad for us to realise that girls are also involved.*

*Yes, we still have boys who are seriously involved in that people who may help them, to assist us in getting away with this problem (**P9**).*

A study conducted by Reddy et al. (2010) in Limpopo Province revealed that about 10% of learners used cannabis (dagga), while 12% of learners surveyed have taken at least one illegal drug, such as heroin, mandrax, cocaine or methamphetamine ("tik"). Girls and boys were reported to use alcohol at an equal rate in Limpopo Province.

Peltzer et al. (2010) reported alcohol to be the most abused legal substance in South Africa, while cannabis is the most common illicit substance used. It was estimated that around 28% of the country's population consumes alcohol, while cannabis use among adolescents' ranges from 2% to 9% and among adults, 2% are cannabis users (Peltzer et al., 2010). The use of dagga and other psychoactive substances by high school students in the Cape Peninsula, South Africa, was also reported by Flisher et al (2010) and Onya et al. (2016).

One study found that about 21% of learners in grades 8 to 11 were monthly tobacco smokers, while 35% of the learners surveyed has used alcohol during the past month (Reddy et al., 2010). Of concern in this study was the fact that 29% of learner's binge drink on a monthly basis. Binge drinking is defined as having 5 or more drinks in one sitting (Reddy et al., 2010).

The study conducted by Reddy et al. (2010) further revealed that about 10% of learners surveyed used cannabis, while 12% had taken at least one illegal drug, such as heroin, mandrax, cocaine or methamphetamine ("tik"). Despite the ban on the use, possession and distribution of alcohol, tobacco and drugs on school property, in compliance with the South African Schools Act and the Department of Education's Drug Abuse Policy Framework, research reveals that 13% of learners had used alcohol on school property, 8% had used cannabis and 9% of learners had been offered, sold or given an illegal drug on school property (Reddy et al., 2010).

The Minister of Education has gazetted ten devices to test for drugs at schools and the procedure to be followed. Guidelines on drug testing and random searches have been developed and distributed to schools as an annexure to the gazette (DoE, 2008).

4.3.2.1.2 Sub-theme 1.2: Unsafe Sexual behaviours among learners

Learners get involved in sexual relationships and end up with reproductive health problems, such as teenage pregnancy, STIs and others. The following statement was given when the researcher enquired about the female learners that were pregnant at school:

> "*I cannot have the exact number now but when the girl is pregnant, the parent must come to school every day to take care of anything that can happen to the girl during school hours. Sometimes nurses do come and talk about these things at school" **(P1).***

> "*They do. Last week I was talking to a certain boy in grade 11 this boy was reported to me that this girl was involved with, you know like err…in with other boys and this boy confided to me that he wanted to commit suicide and that was last week, then err. When I tried to find out from the girl, I discovered that the girl wanted to just want to make him feel jealous so it's this relationship takes them very far because the boy was like I'm unable to read for this final examination because this girl is just taking me for granted, I don't know if I'll be ready for the final exam……**(P9**).*

Almost all the respondents confirmed that there were several learners who have children at school. Responding to the probing question to find out how the school deals with the problem of teenage pregnancy particularly**.** One participant said:

> "*Yes, we do see, but this year it has improved a lot since we have introduced this err. policy of err... parents who are supposed to accompany the learner, the girls when she's pregnant, maybe just somehow has led the parents to now become strict with the girls because maybe tell them I won't be able to come to school or things like that, so I think it has improved, even though we still have learners falling pregnant*" ***(P9).***

The following statement confirmed that there were learners who were pregnant at school. Responding to the probe to find out how the school responds to the problem of teenage pregnancy, one participant said:

> *"We have clinic but you see these learners they don't take instruction because in the LO subject, we teach them to abstain, to use condoms, but once a learner who is doing grade 8 and 9 gets pregnant this shows us that they don't use*

condoms, they don't abstain and remember the policy of the government is that we must not keep condoms at school but the pregnancy is there always ***(P2).***

Respondents unanimously confirmed that learners do not practice what they learn in LO class, although they have textbooks to read. Probing about the class performance, one participant said:

"… No they perform very well they know these things but practically they want to do things differently" ***(P2).***

Another said:

"The school calls their parents to come to school and be with them" (P10).

Enquiring about whether parents were offered a place where they can wait while their children were in class, a participant said*:*

"no, they just come to school and sit" (***P10*****).**

Although educators cannot clearly confirm sexual relationships among the learners, they, however, observe friendships between male and female learners and there are pregnant learners in the lower grades, such as Grade 9, who are about 14 to 15 years old, which shows that learners do engage in sexual relations while still young. Early sexual debut commonly leads to a tendency of non-regular sexual partners. This notion can be confirmed by the statement that:

Ja…., on relationships, eh is not something that we easily see here at school, ja... except that kids will be kids, friends, eh… just be friends eh… boys and girls, but we can say that there is indeed pregnancy of kids in grade 9 there, who are pregnant. So this is an indicator that they do engage in sexual activities. So we have pregnant girls (P1).

Findings of the Health Risk Behaviour Survey suggest that only few schools teach prevention of sexual health risks, such as HIV, STDs and pregnancy. Most schools in the United States, and only a fifth of middle schools, teach all topics recommended by the CDC as essential components of sexual health education (CDC, 2016).

A Human Science Research Council (HSRC) (2013) study, revealed that Limpopo Province had a significantly higher number of learners, accounting for 25% of learners

surveyed, who had had sex and had made someone pregnant or had been pregnant, compared to the national prevalence (HSRC, 2013). Teenage pregnancy and other factors related to early childhood pregnancy have been linked to increased patterns of absenteeism among school going girls (DBE, 2018). A study conducted by Reddy et al. (2016) reported that the prevalence of teenage pregnancy in South Africa is 47 births per 1 000 girls aged 15 to 19 years old per annum. which exceeds of the prevalence rate in high-income countries.

4.3.2.1.3 Sub-theme 1.3: Bullying and physical fights at school

All the participants confirmed incidences of physical fights at school, mostly girls fighting for boyfriends and, at times, a few instances of bullying. The involvement of learners in these risks is associated with low academic performance.

> "*Eh... the physical fights in the school premises, ha… I can say that its' normal ja… where one day the other one would complain that this one beat me…. but they are minor ja... they are minor, but there are extreme cases that we hear they are being reported because of these taverns and our own kids in taverns, there are even some charges have been laid in police station involving our kids, but when they are in the schoolyard, not serious fights, just bullying normal ja…ja "****(P1).***

> "*Ja… in the past it was worse now it has minimized, but you may find a boy fights a boy and girls fight girls, in most cases girls fighting each other and when we ask you may find that they are fighting for boys. Usually maybe sometimes fighting for gossip that they do boys but it's better these days ja…as compared to previous years* ***(P2).***

Reports are frequently received from the community indicating that several learners are involved in fights at nearby taverns after using alcohol, which shows that they abuse alcohol as well. These fights commonly get so serious that they are reported at police stations and are recorded as criminal offenses. Physical fights are observed less at school, as the learners know that it is an offense to be involved in fights at school. Learner representatives assist to control risk behaviours at school. This is confirmed by a statement such as

"……. *some learners bully others for no reason, we take them to the principal and ask them some questions why they did that"* ***(P1).***

"Ja… even bullying, even the bullying is there because we have learners who are old age, overage and in most cases, those learners give us a problem most in the school. You find that some they fail standard two times but when they came from primary school they are over age. You may find that in grade 8 we have a 17 years old learner once he reaches grade 12 they are 22 years" ***(P2****)*.

Probing how the teachers get to know about learners who fight in taverns, one participant said:

"The community members and some parents inform teachers about learners seen in taverns ***(P1).***

Most learners who are involved in bullying others do not progress well academically, some also get suspended from school on condition that parents send them for psychological assessment and that the parents produce evidence of such services being rendered as a condition for the learner to be re-instated at school. This was confirmed by the following statement:

"*The bullying is a, I would say it's also minimal but there was a boy who just enjoyed bullying particularly the small boys, ja…we also ended up recommending that he be taken for assessment by an educational psychologist and we need a report, the progress report, we are on that. Since he left, there is too much order, even the complaints are minimal. In most cases, these behaviours are elicited by troubled learners who do not have stable homes and parental guidance"* ***(P1).***

In response to a probing question as to whether the learner in question was expelled or perhaps managed to go on with studies? It was stated that:

"*No, no, He is a grade 9 learner who is repeating, who could have also repeated grade 8, he is an orphan, ja--ja, so you see he is just a troubled kid. We only recommended that before he can join us it's not necessarily suspended we actually requested that the parents, the uncle (ga a na batsoadi- he is an orphan) the uncle just take him to psychologist and what we need is, we just*

need a report that we are busy dealing with this, we will be able to know that he is taking some sessions and in that way we will be assisting the boy." **(P1).**

In a survey conducted in 2018, over half (52.3%) of students in South Africa said they had been bullied at school in the past 30 days, compared to 38.6% in 2016 (a 35% increase). In addition, almost one-third (30.4%) of students said they had bullied others at school in 2019, compared to 11.4% in 2016. There was no difference in the number of students who had experienced bullying at school at some point in their lifetime (73.1% vs. 72.8%), but the number that bullied others at least once in their life did increase to 40.7% from 31% (Hinduja & Patchin, 2018).

4.3.2.2 Theme 2: School climate and ethos at school

This part of the interview focused on the school's climate, the four (4) external and five (5) internal constructs of the EHM. The school climate also refers to the quality and character of school life, based on the patterns of students, parents, and school personnel's experience of school life reflecting the norms, goals, values, interpersonal relationships, teaching and learning practices and organisational structures, where the school would lead the learners, families, teachers and other staff members to love the school and look forward to being there each school day. A positive school climate and school culture promote students' ability to learn (Thapa et al., 2013). The subthemes that emerged are as follows:

4.3.2.2.1 Sub-theme 2.1: **Mission and vision of the school**

Most participants did not know the mission and the vision of their schools and the level of understanding of such terms varied from one participant to the next. It was also difficult for respondents to explain the mission statement and the vision of their schools with a clear understanding. These were evidenced by the statement such as:

"*Eh, the mission and vision of the school I would say the school is doing enough, because this school works best with the community, Mošate there, eh, most of the things good things we achieve eh, we always report that side, eh …when we call parent for meetings they come in numbers. They actually fully participate in this school ja, ja., That is exactly the mission ja… of the school*'***(P1).***

"*Mm … our mission is to see these learners be employed or be self-employed, we don't want to produce learners who will work for the government but our wish is to train learners to work for themselves and the system of education is confusing these learners our vision is to see these learners be a good community men and improve their community***" *(P2).***

Another participant said:

"*Eish! according to me, our vision and mission is only for grade 12 to make success. Any other things that they try to portray, I can't remember*" ***(P3)***.

This is supported by the statement that:

"*To sharpen these learners so that when they are adults they must be able to account for themselves****" (P7)****.*

"To be responsible citizens. …… the name of the school (So it is dawn, take care of the future). If you can even see the emblem of the jerseys and on the uniform it has a reflection of the sun there, it has just aroused so when you wake up you must think of the future. Know what has to happen. Know what kind of a person you want to be in future ***(P7****).*"

*"Our motto says Emancipate yourself we encourage these learners to work on their own if you just relax and think somebody will come and drag you we want them to be all active, so our motto says 'emancipate yourself" (****P9).***

Along with strategic planning, mission and vision statements are among the most widely used tools, and consistently rank above average in satisfaction to provide direction for operations in different organisations such as schools. They both convey how the school is different and they demonstrate why it is worth what it costs and help in attracting a quality field of prospective and appropriate families. Prospective customers need to understand what the school stands for, where it is going and what it values. A clear display of the Mission and Vision of the school, speaks directly to prospective customers and serve as a marketing tool (Connor, 2004).

4.3.2.2.2 Sub-theme 2.2: Learner's interest in learning at school

The majority of participants said learners who enrolled for science stream at school showed more interest in learning than those in other streams. This is reflected in the statements below:

> "*There are science class learners who are very much keen to learn than learners in general stream" **(P1**).*
>
> *"They (learners who are taking general stream subjects) seem not to have motivation to prepare for future" (P1).*
>
> *"The educators are not satisfied about the number of bachelors they produce, so few learners qualify to go to the university" (P1).*
>
> *"Many learners have a problem of identity. They need assistance in terms of profiling the learners in order to know how to assist the learners*." ***(P1)**.*

Learners' family background was also thought to have influence on whether learners would be interested in learning or not. This notion is supported by the statement from a participant:

> **"***Eeh ja, they show more interest but the problem is the background and the situation at home, coz the first teacher according to me is the parent at home. So we can differentiate between the leaner who come from a family who care and the learner who stay alone, so if the parents don't tell the learner to read, so the learners who behave at school, this can give you a background of the learner. Sometimes learners who stay alone can be a problem*." ***(P2).***

Some learners required some form encouragement and motivation from dedicated educators to develop interest in what they have to learn. This is indicated by this statement:

> "*Aa some of them they are interested some just hanging around in the school and smoke and our teachers go fetch them*" ***(P3)**.*

It is crucial to consider that the researcher's key interest is upon the learners, including their biomedical and lifestyle aspects. In one of the studies conducted, the community and the family were expected to provide social support, connection and structural arrangements, including community resources, policy decisions and distribution of economic resources, so as to increase interest in learning (Raphael, 2000).

4.3.2.2.3 Sub-theme 2.3 Learner's involvement in school health activities

One of the school health activities of interest here is recreation and physical activities. It was confirmed by the statement below that learners are involved in recreation and physical activities in the form of sports and choir in order to enhance their health:

> "*Yes we have soccer, netball and volley ball, sometimes baseball" "We practice every Wednesday" "but I don't think they are safe for the activities coz there are thorns around*" ***(P8).***
>
> *"Oh, kay nna (I) I'm also doing the choir coz is one of my favourite even football is my favourite"* ***(P3).***

Participants confirmed that they ate a balanced diet at school, which further enhances their health. The statement below can attest to this:

> *"Yes we have food supply" "once a day" "I would say they are balanced diet"* ***(P8)***
>
> *"Yes, we have nutrition programme. We eat at lunch which is break. The menu we eat Stamp, Rice and Porridge, Beans Cabbage and Fish"* (***P11****)*
>
> *"Ja…the nutrition is prescribed by government and they deliver food and there are food handlers. I think we follow the prescripts in terms of storing food here at school"* ***(P1****).*
>
> *"Ja… food is enough except only this month where the government is having problems. Instead of delivering food for 30 days they delivered for 13 days, something like that but eh…I wouldn't say it's a problem"* ***(P1****).*

Outlets of the National School Nutrition Programme, commonly known as the 'Feeding Scheme', existed in most schools. Street vendors, who were mostly women, commonly display their merchandises outside the school gates. Their wares include snacks, sweets, chips and others to learners. Some street vendors are positioned in such a way that they serve both the community members and the learners. There were no vegetable gardens, producing products to be added on to the National School Nutrition Programme meals for learners, at schools studied. There was no locally grown food available at all participating schools and the schools did not have tuck shop facilities to provide alternative or additional options for learner's nutrition.

An analysis of a nationally representative sample of youths ages 2 to 18 years in the US indicated that, over a 3-day period, the youths ate only 3.6 servings of fruits and vegetables daily and that fried potatoes accounted for a large proportion of the vegetables consumed. The analysis showed that 20.4% of the youths ate the recommended five or more servings of fruits and vegetables daily, while 50.8% ate fewer than one serving of fruit per day and 29.3% ate fewer than one serving per day of vegetables that were not fried. Adolescent females eat considerably less calcium and iron than recommended by the Food and Nutrition Board of the National Research Council (CDC, 2016).

In the US, children and adolescents appear to be familiar with the general relationship between nutrition and health but are less aware of the relationship between specific foods and health. They understand the importance of limiting fat, cholesterol, and sodium in one's diet, but they do not know which foods are high in fat, cholesterol, sodium, or fibre. One study indicated that adolescents were well-informed about good nutrition and health but did not use their knowledge to make healthy food choices (CDC, 2016). All elementary school teachers as well as secondary school teachers in disciplines such as home economics, family and consumer sciences, language arts, physical education and science should receive nutrition education training (CDC, 2016).

In SA the National School Nutrition Programme (NSNP) aims to enhance the learning capacity of learners through the provision of a healthy meal at schools. Where it is implemented, the programme has shown to improve punctuality, regular school attendance, concentration and the general wellbeing of participating learners. While learners are being provided with nutritious meals, they are also taught to establish and maintain good eating and lifestyle habits for life. Nutrition Education also provides educators with resource materials to support curriculum and to make every school a healthy school (DBE NSNP,2019).

Schools are also encouraged to establish food gardens from which they obtain fresh produce (vegetables/fruit) to supplement the menu in line with South African Food Based Dietary Guidelines. Learners, teachers and parents are provided with the skills needed to grow their own food, contributing towards long-term household food security. The gardens are also used as a teaching and learning resource and to beautify the environment. Training and education can increase the extent to which

teachers implement a curriculum, which in turn affects the likelihood that students' eating behaviours will change (DBE NSNP,2019).

Since 2010, the DBE, through National School Nutrition Programme Best Schools Awards, has been recognising excellence, innovation and the dedication of districts and schools in the successful implementation of the programme. The National School Nutrition Programme awards are utilised as a platform to celebrate the dedication and hard work of key role players such as the school management teams, educators, volunteer food handlers and school governing bodies for their daily contribution and dedication towards the success of the programme and displaying good practices.

The DBE requests all schools and districts to participate in the award-winning competition. The Tiger Brands Foundation donates prizes to the winning school to the value of R450 000 and an introduction of the in-school breakfast feeding programme for a minimum of three (3) years. The Department and the donors also award the nominated schools, the second and third award winners, with other necessary equipment to encourage them to value the nutrition programme at school (DBE, 2019).

In SA, there was a launch of the previous School Health Policy and Implementation Guidelines in 2003. The state of the Nation address for 2010, showed commitment of the government to reinstate health programmes in public schools in South Africa. This commitment is in line with the health sector's aim of providing health services to all sections of the population including schools, through a primary health care (PHC) approach, which embodies all elements of health care, with specific emphasis on preventive and promotive health care. These are the country's efforts to prevent risks among learners and promote their health (DoH, 2010). School-based health services are also set to expand over time as they are services for learners with special needs.

Nurses should embrace the HPSI as part of their School Health activities beyond a traditional reliance on the limited Health Education role, providing medication and first Aid in schools (Alexandropoulou, 2013).

The aim of the South Africa's ISHP (2013) is to provide a comprehensive package of services, to address other conditions which contribute to morbidity and mortality amongst learners during both childhood and adulthood. The programme also includes a new and more emphasis on the provision of health services in schools, which previously only offered health screenings and referrals.

Joseph, Alonso-Alonso and Bond et al. (2011) undertook an investigation in order to understand how physical activity and eating behaviours interact on a neurocognitive level. They concluded that the interaction could help to maintain a healthy lifestyle in an obesogenic environment.

4.3.2.2.4 Sub-theme 2.4 Learner's involvement in working and learning at school

The findings of the qualitative approach on this study, revealed that learners do not do any kind of work at school, except when they are being punished for violating rules. This was evidenced by the statement that:

> *"Learners do not do any form of work at school but it always happens in the form of a punishment. Some learners volunteer to take part in planting of trees" (P1).*

Participants unanimously agreed that learners require guidance and direction in order for them to take responsibilities at school. This is supported by the statement that:

> *"Yes, they do get involved. You see, learners just need somebody who will go after them. If you don't dictate to them that "do this do that", they just sit. But if you show them the way, they are like wheel barrows, then push them. If you just stand and push them say come this direction, they do" (P7).*

Some participants confirmed that schools hire people to do some work on behalf of learners. This was confirmed by the statement from a key-informant that:

> "*HHH…Nooo… we have people working for them**" (P4).***

The Learner Representative Council (LRC) members of the school do take part in helping other learners to follow the rules at school so as to assist in controlling existing social problems. This is considered part of management's work. The statement below attests to this:

> "*Err…...Me and my colleagues when we see someone who is using drugs we try to help him or her by going to call her asking how is he getting to using drugs and something like that so, if is the way we can help him, we tell him that maybe we come and check you ……you must leave this and choose the correct friends who can treat you in a good way, we just talk to them* **(*P11*).**

The belief among authorities in schools that learners should only concentrate on school work to improve their grades, differs with the principle of HPS, since HPS expects the school to develop personal skills among learners and to create an enabling environment for them to take control of their own situation. However, in a HPS setting, developing personal skills is one of the health promotion principal areas of Ottawa Charter (1986) which aims to enable learners to take control over their health. A positive school climate and school culture promote learner's ability to learn (Thapa et al, 2013).

In a HPS, learners should be involved in undertaking some general work and responsibilities. This is meant to develop the personal skills of the learners for empowerment, so that they can use such skills at home or later in life. The work they do at school is meant to train them on new skills and how to execute other functions, such as keeping the school premises clean, planting trees, gardening, watering plants, picking up papers and scholar patrol, so as to stimulate leadership skills (WHO, 2000).

In Australia, skin cancer incidence prompted the schools to adopt the Cancer Council Victoria, with emphasis on a sun protection policy that involves the whole school community (WHO, 2000).

4.3.2.2.5. Sub-theme 2.5 Learner's participation in decision making at school

All the participants confirmed that the learners are involved in decision making at schools as they are represented on the governing body of the school. When decisions are taken at school, the RCL contribute suggestions from learners and are given a chance to ask questions regarding all decisions taken at school in order to be able to clarify decisions among the rest of the learners. This is supported by the statements such as:

> **"***Learners do take part in decision making through learner representative councils. They learn how to be responsible under the leadership of a president who is a learner in grade 12"* ***(P1).***
>
> "*Learners, Yes. Em…When the SGB holds meetings Learner Rep must be there to show that they are involved. No decision is taken without their input*." ***(P7).***

It can be seen from the statement below that educators also observe a level of responsibility and readiness to take up leadership roles by learners before they assign the learners with responsibilities. This is supported by this statement, that:

> *"The way in which they, they react you will see that these learners are very active. When they come to school before the assembly you will see the LRC at the gate, they going throughout the day they will be going through the classes checking if other learners are on uniform they are just involved. If there are functions, they will be on the forefront, they are showing everyone what to do. Things of that nature" (P7).*

The South African Schools Act stipulates the provision for a uniform system for the organisation, governance and funding of schools to amend and repeal certain laws relating to schools and to provide for matters connected therewith. This includes the membership of the governing body of ordinary public schools. Based on this Act, the membership of the governing body of an ordinary public school comprises of elected members; the principal, in his or her official capacity, co-opted members, two elected members of the governing body shall comprise of parents of learners at the school, educators at the school, members of staff at the school who are not educators and learners in the eighth grade or higher at the school.

The South African Schools Act prescribes that there should be a Representative Council of Learners (RCL) referred to in section 11 (1) and that the RCL must elect the learner or learners referred to in subsection (2) (d). These should be learners in the eighth grade or higher at the school. The elected RCL members, who serve on the Governing Body of the school, take part in decision-making in all public schools.

4.3.2.3 Sub-theme 2.3 School environmental and physical factors

The healthy school environment can directly improve learner's health and effective learning giving rise to healthy adults, skilled and productive members of society. The school community should learn how to identify the environmental health threats that may be present in a school setting, and in homes, in order to recognise ways in which to make the home and environment safer. Learners who are knowledgeable about the link between the environment and the health can recognise and reduce health threats in their own homes as the setting are similar.

In this study, the school environment and physical features differed from one school to the other. Some schools have new modern buildings and have welcoming environments, while the rest of the schools look old and have prefabricated or tin houses as additional classrooms. Some schools have trees and flowers for shade and decoration. Some schools are paved to control dust while other schools have dusty grounds with no green grass, trees or flowers to be seen. There are no alternative measures to control dust in schools where the school premises are not paved, and educators do not associate dust control with creating a supportive environment for health at school.

The general cleanliness was low within the school premises of all the schools, and it was worse inside the classrooms. The outside environment of all participating schools was kept clean but classrooms were dirty, with papers lying in all corners and cupboards serving as dustbins. Participating schools have adequate lighting, through electricity, and ventilation, through windows. There appears to be limited or no control of dust next to classrooms and administration offices. Some schools have paved the area around the offices, while others have nots.

4.3.2.3.1 Sub-theme 3.1: School buildings

Some buildings appeared old, with additional mobile structures employed to provide the required number of classrooms, while very few schools looked new and modern. On enquiring about the school environment and physical features of schools, focusing on buildings, one participant said:

> "*There are enough classes and offices but they are old and dilapidated. The principal's office is having a big crack. Desks are insufficient for learners and they cannot seat well for learning purposes*" ***(P1).***

This was supported by another participant who confirmed that:

> **"***Mm infrastructure is bad more especially the admin since the 2000 floods, we have a big crack in the office of the principal since the foundation was not good and it's too risky if an earthquake can come we are in trouble. The classrooms have potholes on the floor. Only Grade 12 students seat well in the classroom, in form one they share desk*" **(*P1*).**

The need for new structures was confirmed by the statements below:

"*Our school need an administration block, we need an admin block but otherwise the classes are in good condition just that the classes are being used as the staff rooms so we end up with learners being congested in classes because instead of classes being used for the purpose of classroom they are used as staff rooms so, as such we have congested classes because of that. So I would say if our school can have an admin block we can have better classrooms*" ***(P9).***

"*Alright, pertaining to the offices of the school, I can tell you that we do not have an administration Block, we are suffering a lot, we have taken 3 classes of the school premises to make them offices 1 is for the principal and admin clerk and it is even a strong room and the other 3 is taken as a Library it is where we are now, and the other 2 are full-blown classes, wherein learners are supposed to be learning and learning and teaching should be taking place. We have already indicated that we don't have an office and there is overcrowding, you find there is, a class is carrying over 90 learners so learning and teaching is not that easy it's just that teachers are trying their best. Ja... and even the teacher-pupil ratio that is used to make the post establishment, Hai… we don't think it is fair to us, even if you did not say I must not comment on it but eh...I must just talk about because hey… really we are in a dilemma****" (P7).***

Respondents viewed vandalism as a problem. One hundred and thirty-eight (63.30%) participants answered 'yes', 44 (20.18%) answered 'no', and 36 (16.52%) participants were 'uncertain' to the question. However, it was clear that schools are regularly vandalised by herdsmen, gangsters, drop-outs, ex-learners and learners from neighbouring schools. The research findings show that juridical, economic, drug and alcohol, as well as learner-related, problems are considered important causes of school vandalism (de Wet, 2004). Makwarela, Mammen and Adu, (2017) found that schools that adopt the CFS programme can manage to improve the school buildings and infrastructure. The same schools initiated an income generating nutrition project (soup kitchen) with the help of a neighbouring school, in order to improve infrastructure. A sickbay and first aid kit room were established and one parent received training on first aid skills to assist with emergency health services at the school.

4.3.2.3.2 Sub-theme 3.2 Water supply and sanitation

All the participants agreed that schools had running water from taps or supplied from boreholes and tanks. Only running water taps were used for hand washing. A few participants mentioned that taps were flowing continuously, with no control over water and learners would drink and wash hands as the water flowed.

All the participants confirmed that all schools had water supply, but the researcher could only see water pipes and could not determine whether the supply of water was adequate or continuous. When asked about water supply, students confirmed that they had enough water. This was confirmed by the statement below:

> "*I think we have got enough water supply although in some seasons the ground itself seems not to have enough, we have a pumping machine eh ...but it's trying eh to, to accommodate us. There is also another… that is a very old technology, ja... (Is it a windmill) ja…I think. it's a windmill but it's very entertaining because eh…you see for you to have water, it's like this thing work while playing, it's a Swing-like and as they play they pump water in the tank, yes. So we normally have enough water during the first term of the year… children like it very much as they are coming from Primary, they are very happy to play there, but this time Hai, they are used to it, you see ja…..*" ***(P1*)**.

Some schools had boreholes. This was supported by the statement that:

> "*Jah we have borehole the other one which was done by the Department of Arts, so I think the water is enough*" ***(P10).***

When enquiring about hand washing, one participant said that:

> **"***Yes, we do have water but when we want to wash our hands we go to the tap so, we waste water so, we need basins to save water*" ***(P9).***

When enquiring about the state of the toilets at school, one participant was worried about vandalism. He said:

> *"Jah, we have enough latrines on the boys side the problem is vandalism and the teacher's toilets are in good condition*" ***(P1).***

Regarding the basins for hand washing, one participant said:

"*Yes they are there, but boys have vandalized them. The problem is that community; some are vandalizing our property*" ***(P1).***

"Yes we do have enough water for drinking and washing hands it is just the unfortunate part of it from our learners, they have a very bad attitude they think parents are paying R50 for cleaner, in particular, to keep the toilets clean. Our learners do not have a good attitude towards that so, the attitude our learners have towards these cleaners is very bad we tried to explain to them that these people are here to try to keep us healthy but err… is being, is not being well understood by learners, that is the most problem……". ***(P9)***

Some participants felt that water is not adequate, as indicated by the statement that**:**

"*Hmm…… we have our own borehole; we can't say we have enough coz we have 2 taps for more than 500 learners and basins for hand washing yes, they are there but for boys, they have vandalized them, the problem is that community, some are vandalizing our property*." ***(P6)****.*

Schools do not seem satisfied that the water supply was adequate. This was confirmed by a statement that:

"*They are, we got donation, but for boys and girls they are not enough, but they are better, donated." (P6)*

Responding to a probe to find out whether there is sufficient water for schools to have flushing toilets, one participant said that:

"No, they are not flushing since we don't have the running water they use this Bio–technology" ***(P6)****.*

Regarding sanitation at schools, one participant was worried about the hygienic conditions of the toilets. This was evident by the statement that:

"*They are bad, they are better now, coz we have two ladies who come and help*," (***P6***)

This suggests that learners do not keep toilets clean and they do not take part in cleaning their own toilets. A confirmation of this was made by one participant, who said:

"*Yes we do have enough water for drinking and washing hands it is just the unfortunate part of it from our learners they have a very bad attitude they think parents are paying R50 for cleaner in particular to keep the toilets clean our learners do not have good attitude towards that so the attitude our learners have towards these cleaners is very bad. We tried to explain to them that these people are here to try to keep us healthy but err... is being, is not being well understood by learners, that is the most problem but if we can keep education into these learners to keep their bathrooms clean but even though we have people cleaning because they don't take care of the bathrooms they take it for granted. They just throwing dirt all over, our toilets are always out of order, they particularly don't take care of them they think the R50 they paid should work. There is a lot of money it must work. The attitude we have is bad we are trying to talk to the parents, to let them talk sense into their kids when they come to school, that they must respect the bathrooms but we are failing to get there" **(P9).***

Globally, one sixth of the people lack access to safe and clean water sources. Infiltration can happen in intermittent water distribution system. Contaminated water may infiltrate into pipelines. The same report indicated that billion people globally do not have access to improved sanitation facilities (WHO, 2002).

Surveys of schools in South Africa have been conducted to establish a school's infrastructure, for example, the number and type of toilets in a school or the presence of tap water (Reddy et al., 2010).

4.3.2.3.3 Sub-theme 3.3 Social environment at school

The social environment at school was described differently by different participants. One participant said:

"*I see it in two different perspectives, they live, I can just say harmoniously with each other. Eh … It is good and conducive for learning but because you sometime.., people do things according to instructions if you've never instructed them to do anything they may not at all….or they, they, they ignore instruction after a certain period eh….you can give some tips that let us work this way, this way it take a period of 3 week, after that people relaxes, as if we say we said it's now the end of going on with the activity, you see and but let's look maybe*

at kind of fruit that are born if the fruits are enjoyable they also become happy for the fruits but they do not work for that , they do not work for those kinds of fruits they only do after the instruction. They want to do follow ups, where are you now? Did you do that? Things of that nature" ***(P7).***

There is a certain level of dissatisfaction among learners and staff members concerning the school environment. This is indicated by statement:

"*Eish., learners, everybody when you look at them, our learners are sometimes happy and our cookers are sometimes happy and our teachers are sometimes happy because we don't reach the level they want*" ***(P3).***

Participants indicated that staff members were previously divided into working groups by the school management to achieve certain set goals at school but they did not have a peaceful working relations. Later on, a compromise was reached, and they began to work together to achieve what they agreed to do**.** This is supported by the statement that:

"*Ja, uh…I can say, I think amongst the kids err…other than those elements of bullying, things are under control in terms of discipline of kids here. Ja…people like, when I arrive eh… some kids who know...I said I am going to lock the gate and they were not happy about it, now they are used to it, even when the gate is wide open they won't go out…. but there is an atmosphere that there is discipline and there is this thing that if you disturb me I will go to that office, and report you so that thing then is like form of security among the kids, but even among staff you could see that there were like, you know groups like ja ……. That's why you can see err... like we are able to gather like that (staff members having lunch together bidding farewell to a student-teacher that was leaving, going back to UL, the researcher was invited as well) that thing, when we arrive in the morning, I said this student teacher has been with us for some time here and I said but there was no time to say… (ga rentŝhe di R20.00 …) you see, so there is finance office, I just said go and buy some food, that thing shows that people will never be happy with each other but for the workplace it is acceptable"* ***(P1).***

The social environment reflects the quality of the relationships among and between staff and students in the school and the emotional well-being, which is influenced by relationships with families and the wider community.

In a study conducted by Viviers and Kunda (2009), participants shared the positive changes in their schools since the implementation of what they called the CFS programme. The initiative has similar goals and objectives to the HPSI creating an environment for emotional and social well-being at school (Viviers & Kunda, 2009).

In Sweden, school health activities, are generally prescribed and they are organised at three levels, namely, the organisational, group and individual level. The organisational level involves creating a school environment where all children can grow, develop and feel satisfied (WHO, 2012).

4.3.2.3.4 Sub-theme 3.4: Safety and security

Participants do not regard their schools as a safe place for work, to learn and live. This was supported by the statement that:

> "*I can say moderate, not that safe because we do not have the security at the gate we have tried to advertise the work of the security at the gate, they do not want the post err…maybe it is because of the salary that is small and that is the reason, there is nothing we can do*" **(P7).**

> *"Totally not safe, learners and educators are not safe everybody can access the school we have a fence which is more than 20 years old people from the village easily jump, controlling entry nobody is controlling the gate we only sing in the office due to lack of fund*" ***(P6).***

Probing to enquire whether a salary increase could make the position look better, the same participant said:

> **"***No that one we cannot do, as that is the contribution of the learners. They deny us to take that from the norms and standards, so we just ask the parents we talk to the parents and they are the ones who did put the salary there*" **(***P***7).**

It was not clear whether the security guard was the responsibility of the Limpopo Department of Education or not. This is supported by one participant who:

"*But it is supposed to be, it is just that the DBE does not do it. Yes, but in some of the schools they are there"* **(P7)**.

The main purpose of installing and implementing safety and security measures at schools is to create a safer environment in which individuals can move freely and feel secure in going about their daily schooling activities. Currently, school safety and security is one of the most basic problems facing South African schools. Studies show that creating and maintaining schools that are safe is a priority that should be on the agenda of every education department (Netshiṱangani,2014). The South African Schools Act expects school governing bodies to ensure that the school premises and staff members are safe while at work (SASA No.84 of 1996).

4.3.3.4 Theme 4: Internal and external factors

Education in schools is influenced by international bodies, such as the United Nations Educational, Scientific and Cultural Organisation (UNESCO) and the United Nations (UN) itself, through Sustainable Development Goals (SDGs) and strategies as external constructs of the EHM (SA Department of Economic and Social Affairs (2020). While discussing the internal and external constructs, the following subthemes emerged:

4.3.3.4.1 Sub-theme 4.1: Management, planning and allocation of roles at school

Many participants indicated that planning and management at school starts with the Principal of the school. They understood the organogram of the school management. This was reflected in statements such as:

"*Ja, the planning actually starts with err… I don't know whether the principal starts alone or the principal and me as a deputy, from there, is the SMT, where we have two HOD. So if the SMT, we have senior teachers, that is where the plenary starts, then it will be taken to teachers. Tasks: Normally the first time when we employ a teacher, the task given to teacher will obviously be about qualifications but as time goes by, we have a situation where in, one teacher can be interested in doing or teaching a particular subject that he is not trained for, or the teacher may be forced because of natural attitude so you find that these kids do not have a teacher per se and that teacher will say for the sake of the kids ja, and err, but the allocation is mainly on, on, on, qualifications but*

there will be even those who are interested in subjects even if they are not trained for, feel pity like ja. but when we see there is competencies" (***P1).***

The participants confirmed that the School Governing Body (SGB) and the Learner Representative Council (LRC) form part of the school management team This is supported by the statement that:

"*Err…Every Tuesday the school management team (SMT) sits down unless there is some disturbance, we come and hold the meeting the following week the other coming fortnight. But eh after the SMT has sat down, the information is going to be distributed to the educators. And then from the educators, if there is something to be approved by the SGB, that needs to be approved by SGB first before it can be implemented within the school, then it is done so, in the staff meeting. Because learners were represented in the SGB. There is time at which when the matter is finished will be taken to the learners or it will be taken to the learners or it will be taken to the learners by the management i.e. either by the Principal or the Deputy or one of the management team members. Right, and then if like the curriculum the days at which educators are to submit are given, then they do submit maybe if there is a problem with the one or two educators they will have to come and account before the SMT. Yes*" ***(P7).***

Allocation of duties among educators is sometimes based on their qualifications. This was supported by the statement that:

"*In terms of allocation it is only for the curriculum that is for the subject that you will be in Grade 8 or 9 that is where qualifications come in. If it's not that one, qualifications are not used but what will be used will be specialisation. This one specialises in this or is good in this and then they give them a role to play is then that roles will be allocated" **(P1).***

Educators do not seem to be familiar with international bodies. All participants had knowledge regarding the fact that school governance is based on Department of Basic Education Policies at national, provincial regional, and local levels. A code of conduct for schools, and local school policies mentioned, impacts on the school environment. This is consistent with the EHM (Stears,1998). One participant said:

"*We have code of conduct for the school we have HEQ they are many, I cannot just list them" **(P7)**.*

Another participant added:

"All of the policies that are within the school we have drawn them em… according to the once that we have from the Province and National. We did not just draw them on our own we've been directed by them" ***(P7).***

Some participants showed that they were familiar with the South African Schools Act and knew that the Act is the highest authority within the Department of Education. This is supported by this statement from a participant:

"*We have numerous policies. As I'm also the union leader here at school, we have the very recent ones according to the directives of the Provincial Basic* Education *but guided by SASA because that is the one that encompasses the whole. If the Provincial differs with the National, we always use the national ones*" ***(P6).***

Enquiring about the health-related policies at school, the statement below mentioned:

"*jah… just that a rural school is a rural school, is a rural school and you can try to* improve *but you get disturbance. We once… we once given role models at school and given certificate by Nkosazana Zuma when she was the Health Minister, they given a certificate for Health Model School but as I say teachers are overburdened, we have more classes, we are few, we now concentrate in the classroom*" ***(P2).***

The principal of a public school identified by the Head of Department of Education in terms of section 58B of the South African Education Laws Amendment Act, must annually, at the beginning of the year, prepare a plan setting out how academic performance at the school will be improved. The Act prescribes that an academic performance improvement plan must be presented to the Head of Department on a date determined by him or her and tabled at a governing body meeting. The Head of Department may approve the academic performance improvement plan or return it to the principal with such recommendations as may be necessary in the circumstances.

The Education Act introduced the requirement that all schools should prepare a School Plan using a collaborative process. A principle that is recommended by the HPS initiative (WHO, 1996).

4.3.3.4.2 Sub-theme 4.2: General curriculum and health

When enquiring about the health curriculum within the general curriculum, one of the participants said:

> **"***Eh… curriculum is actually prescribed, so whatever we do in terms of curriculum is actually what is prescribed, and eh... there is a subject called Life Orientation. That is the subject that deals with this awareness of particularly of health. Eh… but I think integrating with almost all subjects there must be some way of talking about health issues. Ja… and even if it's not part of curriculum. I think, to me it's another curriculum, we used to have health professionals. coming to school and even to neighbouring clinic, two weeks back they were screening the grade 8, they were screening them. It's another curriculum*." ***(P1)***

It was also indicated by participants that health professionals sometimes come to assist educators to handle the health issues at school, as educators are not trained in this area. This is supported by the statement that:

> "*Jah…especially the life orientation and some have, eh… have workers sometimes from the clinic, they come to school to teach" **(P2**)*.

The challenges facing the South African education system are continuously examined in some of the DBE meetings. The content knowledge of educators remains a serious challenge, as they seem to select and only teach the parts of the curriculum that they are comfortable with (Holborn, 2013).

In spite of the provision of three notional hours per week for the LO subject in high schools, according to the South African National Curriculum Statement Policy (2000 – 2005), providing for health promotion to be taught in schools, health problems continue to persist among school going youth (DoE, 2007).

This may point to a weakness in the delivery of the LO programme. LO is a subject meant to build the learner's character and shape the dedication of educators, laying a foundation for teaching and learning to take place (DoE, 2007). LO programme

implementation does not seem to take into account the HPS initiative prescribed by WHO (2000) to assist schools to address health problems. The implementation of HPS requires skills which may be beyond the preparation of LO educators in a school setting. As a result, the preparation of learners to deal with the health challenges becomes difficult for educators, leading to the continued presence of risky behaviours among high school learners in the province (Jacobs, 2011). This situation is made worse because of the insular position of the Mankweng Circuit, which is characterised by rural schools (StatsSA, 2011).

Since the learners are the future generation, it is important that their personal skills with respect to practicing healthy lifestyles be improved by their educators. Healthy lifestyles are predictors of future health, productivity and life expectancy. In the study conducted by Jacobs (2011), most educators felt that the outcomes of the LO teaching are not effective. It also appears that they do not feel they have adequate knowledge to teach this part of the curriculum and, therefore, effectiveness cannot be guaranteed (Jacobs, 2011).

4.3.3.4.3 Sub-theme 4.3: Links with outside agencies and the community

A few participants mentioned that the schools have links with outside agencies. These agencies assist schools with skills that will benefit the learners in their areas of interest. This is supported by the statement that:

> "*Ja, eh… even if, that one is err…international in collaboration with eh...I don't know how to call it a, how do I say it? it's a programme for soccer it's like an academy of some sort, that it's a… with us the kids they study here and most of those who are part of these academy end up at PSL and some even eh… even this year they will be going to represent Limpopo under 14 in soccer somewhere in October. Because of this academy, we go to places eh…in soccer. We know that particularly those at grade 8 and 9 they won't even go to grade 12 (laughing….) they're here for soccer they are at Baroka, they are at Sun Downs ja"* ***(P1).***

Some participants felt discouraged to work with outside agencies because that these agencies just come and speak about promises that are not fulfilled. This is supported by the statement that:

"*Ah…They only come and give promises we have never seen any organisation doing anything. But they do come let's say, Eish, here you need to have an admin Block if we can build you if you can be able to win donation, classes, the Library they just do promises and go, they do nothing*" ***(P7)***.

In the Mankweng Circuit, all policies at school link to the policies at the district, provincial, national and international level. The educators were more aware of the numerous policies that guide operations at school than learners were. The South African Schools Act provides the guidelines of policies at all South African Schools.

The World Health Organisation (WHO) is an international body responsible for the health of all individuals in all settings world-wide and schools are not an exception. The recommendation of the WHO (1996) to create a HPSI is one of the ways to demonstrate that people care about each other's sense of well-being as they care about reducing important health problems.

The EHM has four (4) main external and five (5) internal constructs that guide the HPSI. The external constructs include: international influences, national education and health legislation and provisions; regional health and education policies and initiatives and the local health and education initiatives. The five internal constructs include: management and planning, links with outside agencies, the family and community, the formal curriculum, the social and physical environment and the feelings, attitudes, values, competencies and health promoting behaviours (Pearson, Chilton, Wyatt, Abraham, Ford, Woods & Anderson,2015). Emerging evidence identified the school, the family and the community as a setting that can provide protective or damaging environments for learner's healthy decision making. Preventive strategies can provide support targeting at individual, familial and community levels towards risk factors and protective factors in settings such as schools (Lee, Lo, Li, Keung & Kwong, 2020).

4.3.3.4.4 Sub-theme 4.4: Feelings, attitudes, values, competencies and health-promoting behaviours at school

There was a plea for assistance at schools from participants regarding programmes that can address the gaps identified. This was supported by statements such as:

"I don't have any question but we can appreciate the tool, if you can assist us to have that tool to profile the learners get them at Grade 8. We know we can

have them, if we can get it and say this is the tool we will see if we can use it. I hope we treated you well we didn't disturb you. When you have pe

rmission from the department you have to do this" ***(P1).***

"Oh-kay can I just ask you actually are you intending to assist us and identify some gaps and come up with programs that can assist us?" ***(P9)****.*

Some participants confirmed that they try to encourage health-promoting behaviours at schools and encourage parents to join hands with them. The following statement can attest to that:

"*Jah, we do promote health because if the learner is not properly washed or dressed properly they her or even consult the parents what is wrong with the child, we don't encourage*" ***(P2)****.*

Principles and strategies for health promotion apply to a variety of population groups, risk factors and diseases, and can be used in variety of settings including schools (DoH, 2015). In some schools the internal policies encourage that learners who are interested to take part in any activity should be allowed to do so. Hence, the researcher found that 10% of Grade 10 learners participated in the study voluntarily.

Children enjoy enhanced physical, psychological and social well-being and the ability to take full advantage of every opportunity for education. They benefit from their parents' participation in the school. Children who learn skills to maintain health when they are young are able to apply them in their adult lives and pass them along to their children (WHO, 2000).

Countries all over the world continue to see an increase in the number of children who attend school. However, ill health still seems to prevent learners from acquiring new knowledge and skills and from growing into productive, capable citizens who can help their communities grow and prosper. To achieve their potential, schoolchildren must participate fully in educational activities by developing health promoting behaviours, positive attitudes, being attentive and emotionally secure. Schools can help promote the health of learners, staff, families and community members. Much is known today about the relationship between education and health. People everywhere can use this knowledge to help create Health-Promoting Schools (WHO, 2000).

4.4 CONCLUSION

In this chapter, the findings of both the quantitative and qualitative approaches to this study were clearly outlined. The following chapter focuses on the interpretations of these findings.

CHAPTER 5 INTERPRETATION AND DISCUSSION OF FINDINGS

5.1 INTRODUCTION

This chapter focuses on the interpretation and discussion of the major findings of the study, from both the quantitative and the qualitative data. Most literature explored for this study in Chapter 2, reflected data that is more than 10 years old. It was clear that current data is required to reflect the prevalence of the top three main youth health risks in Mankweng high schools, in order to develop recent and relevant programmes that would respond to current health risk factors affecting the learners. It is for this reason that the learner's health risk factors had to be explored to identify the priority areas, which the HPS programme can address in high schools of Mankweng Circuit.

In South Africa, the previous School Health Policy and Implementation Guidelines were launched in 2003 (DoH,2015). This commitment aims to providing health services to all sections of the population including schools, through a primary health care (PHC) approach (DoH, 2015).

In many countries around the globe, churches, charity organisations and other non-governmental organisations (NGOs) were the first to establish schools to socialise and take care of the children whose parents had moved into cities during industrialisation. Later, health education was introduced in schools, driven primarily by the medical fraternity, with exhortations about the dangers of various diseases. Schools were, and still are, seen as sites for health messages dissemination, and prevention programmes for both communicable and non-communicable diseases. Consequently, we have seen a wide variety of issue-specific and narrowly framed approaches leading to HPS initiation, come, stay or go across the educational landscape. Active schools focus on three areas, including: physical activity, drug-free environment near and beyond school and safe schools to prevent intentional and unintentional physical and psychological harm. These were the three examples of approaches developed to address health issues within the HPSs (DoH, 2013).

Similar to the requirements for the implementation of the HPS Initiative, implementation of the school health policy requires strong inter-sectoral collaboration across different sectors. The DOH, DBE and Department of Social Development (DSD) are the expected key role-players in the development of HPSs. However, other relevant government departments, educational structures, such as SGBs, teacher

unions, learner organisations, academic institutions, civil society and development partner organizations are also expected to contribute to the development of sustainable and comprehensive school health programmes (DoH, 2013).

5.2 LEARNERS HEALTH RISK

The discussion in this chapter will focus on the learner's health risks behaviours, physical environmental factors, ethos and climate of schools to guide the establishment of priority areas leading to entry points to the HPSI and to develop a training programme for schools in the Mankweng Circuit area. The age range of learners from participating high schools for this study was between 14 and 22 years and key informants were aged between 18 and 35 years. Participants were grades 9, 10 and 11 learners only.

This age range is similar to participants who took part in the Youth Risk Surveillance (2017) conducted by the CDC and collaborative members, where data was collected from grades 9, 10,11 and 12 learners, between the ages of 12 and 18 years. Key informants did not participate in the YRBS system of 2017 (Kann, McManus, Harris, et. al 2018). Findings of this study concur with the outcomes of the previous studies which shows that many high school learners engage in behaviours that place them at risk for most of the leading causes of morbidity and mortality. Before all health risk factors are examined, it is important to provide a brief explanation about the HPSI and what happens in such schools to promote the health and well-being of the whole school community. Schools have long been viewed as important settings for promoting the health and social development of learners and staff members because both learners and staff aggregate at school for more days in a year.

5.2.1 Abuse of alcohol by learners

The findings of this study show that alcohol use is the main health risk problem among learners, and this was confirmed by quantitative data from learners and qualitative data from key informants. Although young people are generally perceived to be of good health, substance use and abuse can increase their risk of injuries, violence, HIV infection, reduced concentration level and other diseases. According to Monitoring the Future Survey for High School and Youth Trends conducted by the National Institute of Drug use (2018) the overall, rates of vaping were second only to alcohol among substances surveyed, with 17.6% of the 8th graders, 32.3% of 10th graders, and

37.3% of 12th graders reporting past-year vaping. The survey findings were mixed, in terms of changes in the perceived risk of harm from using various substances. In this study, alcohol and other drug (AOD) use were found as most prevalent/common risks among learners by school, grade and gender as shown in Table 4.3. Alcohol use, was found to be one of the top three health risks among learners rating at 35.9% (n=297) in Mankweng area. According to Onya and Flisher (2008), cited by Tshiṱangano and Tosin (2016), alcohol use had a low prevalence rate among learners in Mankweng area. The low use of alcohol may be attributed to the African values regarding substance abuse, especially by young people, which indicated lack of proper child upbringing by parents. In the same study, the values also classify a substance user as a bad, unmannered and uncultured person.

In addition, most parents would discourage their children from associating with anyone using substances (Kann, McManus, Harris, et al. 2018). The key informants in the current study believed that their schools are in a semi-urban area, although most of the participants estimated at about 85%, said that their schools are rural. They come from rural areas far away from Mankweng, while a low proportion of the learners, about 15% come from urban area. Whether Mankweng is a rural area, semi-rural or urban area is still confusing to educators in this circuit. This uncertainty may be due to the gradual development that has occurred in this area over a period of years.

If the HPS goals and aim can be achieved, this age group can turn out to be a healthier generation in the coming decades. This is because a considerable body of evidence has emerged in the last twenty years to inform governments, schools, NGOs, teachers, parents and learners about effective school health programmes that are integrated, holistic and strategic. This evidence is more likely to produce better health and education outcomes than those that are mainly information-based and implemented only in the classroom.

The prevalence of most health behaviours varies by sex, race/ethnicity, and grade, and across schools and districts**.** A study conducted by Makwarela, Mammen and Adu, (2017) found that the schools previously had the most violent learners and they had no support from the parents and community members to deal with the challenge, however, after the implementation of the CFS programme, parents and community members were very supportive of the school and there was discipline. Some parents who participated in the CFS programme confirmed that there was a lack of co-

operation from the educators, parents and principal but that these attitudes changed after the implementation of the CFS programme, (an initiative similar to HPS by activities and principles), when they all worked as a team, including some of the learners (Makwarela, Mammen and Adu, 2017).

In this study, the top three most common risks which learners are exposed to, in descending order, were found to be alcohol 35.9% (n=297), followed by sexual intercourse 31.2% (n=258) and bullying [(bullied at school 20.9% (n=221); ever bullied anyone 14.8% (n=122)].

Substance use among learners was found to be a leading risk that requires immediate attention at school as key informants said that this risk behaviour causes learners to neglect schoolwork, to get involved in theft and physical fights among themselves and with educators. The findings of this study concur with findings of a study conducted by Tshiṱangano and Tosin (2016) in Cape Town which revealed that, in South Africa, substance abuse is extremely serious, and that drug use was reported as being twice the world norm, with over 15% of the population suffering from a drug problem. The SAPS published figures showing that drug abuse accounts for 60% of all crime in the country (Tshiṱangano & Tosin,2016). Key informants believe that some of these risks are attributed to the fact that learners come from families where parental control is inadequate and learners from such families apply peer pressure on others at school. The findings also concur with the outcome of the study conducted by the CDC (2016), where the risks, such as not attending physical education classes, using smokeless tobacco and marijuana, remained at the same prevalence rate when compared to the previous studies (CDC, 2016).

The government of South Africa has put in place, and strengthened, policies on drug control, which this includes legislation such as the South African Drugs and Drug Trafficking Act 140 of 1992, which was subsequently replaced by the Prevention of and Treatment for Substance Abuse Act 70 of 2008, promulgated on 01 April 2013. The Prevention of and Treatment for Substance Abuse Act focuses on new challenges related to the prevention of drug abuse and addresses gaps which existed in the Drugs and Drug Trafficking Act. The aim of the Prevention of and Treatment for Substance Abuse Act is to provide a comprehensive national response for combating substance use; providing mechanisms aimed at demand and harm reduction related to substance

use through prevention, and the provision of early intervention, treatment and re-integration programmes (Tshiṱangano & Tosin, 2016).

According to the National Institute of Drug Abuse (NIDA) (2018), alcohol use and binge drinking continued to show a significant five-year decline among all grades in schools. Past-month use of alcohol was reported to 8.2%, 18.6% and 30.2% in the 8th, 10th, and 12th graders, respectively, compared to 10.2%, 25.7% and 39.2% in 2013. Daily alcohol use and binge drinking (defined as consuming five or more drinks sometime in the past two weeks) also decreased significantly in all grades between 2013 and 2018.

In the same survey, there were significant declines in lifetime, past month and daily binge alcohol use among Grade 12 learners between 2017 and 2018. In addition, the perception of risk associated with binge drinking significantly increased among 12th graders in 2018. The percentage of high school teens who reported ever using alcohol dropped by as much as 58% when compared to peak years. The survey found that 23.5% of 8th graders reported to have ever tried alcohol, which is a 57.9% drop from the peak of 55.8% in 1994.

Among 10th graders, lifetime use of alcohol fell by 40.3% from 72.0% in 1997 to 43.0% in 2018, while there was a significant 28.4% drop in lifetime alcohol use among 12th graders, from 81.7% in 1997 to 58.5% in 2018.

The HPS could be one of the initiatives that could make use of existing policies to assist a school to develop programmes and control measures that could combat the substance use problem among learners at school. According to Reddy et al. (2010), surveys of schools in South Africa were conducted to look at risks that learners are exposed to, including sexual risks, infrastructure and nutritional patterns. Peu, Mataboge, Ladzani, Wessels, Mostert-Wenzel and Seane (2015) recommended that schools health promotion programs should respond to collaborative interventions, which is a strong principle of the HPSI.

Suicide attempts by adolescents are associated with early initiation of alcohol use before the 13th birthday and early initiation of drinking and smoking increased the risk of suicidal ideation. Suicide attempts among both girls and boys, occur where some learners are raised by a single parent, and have poor self-worth (Kim and Kim ,2010),

.

5.2.2 Unsafe sexual behaviour among learners

Sexual intercourse was recorded as the second highest risk that learners in Mankweng area were exposed to (31.2% (n=258)). The qualitative data confirmed that there are learners who become pregnant at school.

Key informants confirmed that pregnant learners are allowed to continue with school attendance, however, the South African Schools Act instructs parents to accompany their pregnant learners to school so as to guard against any pregnancy-related ailment that might occur while the learner is at school. The same Act indicates that educators are not allowed to attend to any pregnant learner at school as they are not trained in midwifery. Hence, parents are expected to take responsibility. This Act assists educators not to waste time caring for pregnant learners at school instead of focusing on teaching and learning responsibilities. The findings of this study revealed that parents accompany their children to school as long as they are pregnant as recommended by the Act.

Although educators cannot clearly confirm relationships among learners, they, however, observed friendship between male and female learners and there were pregnant learners in Grade n9, who were about 14 to 15 years old, which shows that learners do engage in unsafe sexual relations while still young. An early sexual debut is a challenge among the youth as it commonly leads to a tendency of non-regular sexual partners. In one of the participating high schools, key informants confirmed that they had about ten pregnant learners at their schools and some of the learners had already had children. This study revealed that 50.8% of participants confirmed that time allocated to health topics in the overall curriculum was not enough (Table 4.7 and Table 4.8). In South Africa, nurses have a role to implement pregnancy prevention programmes according to the DoH policy, however, the impact of their role is not visible at Mankweng high schools.

These findings concur with the outcome of the study by the CDC (2016) which confirmed that fewer than half of schools, and only a fifth of the middle schools, teach all 16 of the topics recommended by the CDC as essential components of sexual health education. The sexual health content embedded within the curriculum in schools is supposed to empower the learners to take decisions which will prevent

unwanted pregnancy, HIV and other STIs, as well as demands for termination of pregnancy (TOP).

Empowerment of learners and educators to improve health promotion practices is not clearly mentioned and the health promotion practices differ from one school to the next (Basch, 2011). Reddy et al. (2013) found that, five years back (2008), the prevalence of sexual initiation at less than fourteen years of age in Limpopo Province was 9.7% among learners. Among those learners who had had sex, 11.6% reported a significantly lower prevalence of having used alcohol before sex (Reddy, et al., 2013). In the same study, it was also indicated that the sexual reproductive behaviour recorded a slight decrease in the number of those who had had more sexual partner in their lifetime, from 45% in 2002 to 41% in 2008 (Reddy et al., 2008).

Teenage pregnancy and other factors related to early childhood pregnancy, are linked to increased patterns of absenteeism amongst school going girls (DBE, 2018). Reddy et al. (2016) reported that the prevalence for teenage pregnancy in South Africa is 47 births per 1 000 girls aged 15 to 19 of age per annum, which exceeds the prevalence rate of high-income countries.

Willan (2013) indicated that the key drivers of teenage pregnancy in South Africa are: gender inequality, sexual taboos in girls and sexual permissiveness in boys, poverty, inadequate access to contraceptives and termination of pregnancy (TOP), incorrect use of contraceptives, attitudes of health care workers, high rates gender based violence and poor sex education knowledge. One of the limitations of this study is that the researcher did not enquire about causes of pregnancy among learners. It was clear that relationships between learners could seriously affect their focus on their education and could give rise to emotional, psychological problems and unwanted pregnancies. The provision of health services at school would be of benefit to learners, as expected by the HPS principles.

5.2.3 Bullying and fighting

Table 4.2 shows the prevalence of physical fights, 156 (18.8%), between learners. This situation was confirmed by the qualitative data obtained during interviews, where key informants regarded physical fights as normal between learners. The key informants also agreed that there were extreme cases engaged in by learners that happen in taverns. The informants noted that such cases are reported to police

stations**.** Twenty-one (2.6%) learners agreed that they carried a knife to school to use in a fight, 122 (14.8%) learners indicated that they had ever bullied someone and 221(20.9%) indicated that they were bullied at school. Qualitative data confirmed incidences of physical fights at school, with girls found fighting for boyfriends and at times. These fights are associated with elements of bullying.

These findings concur with the outcome of the study by Reddy et al. (2007), where over a third (36.3%) of students were involved in bullying behaviour, 8.2% as bullies, 19.3% as victims and 8.7% as bully-victims (i.e. those that are both bullied and bully others). Male students were most at risk of both perpetration and victimisation, while younger boys more vulnerable to victimisation.

The involvement of learners in these risk behaviours gives rise to low academic performance. Confirmation of physical fights at school was made by both learners, through the quantitative data provided, and by educators. through qualitative data provided. It was also confirmed that some educators regard physical fights as normal among learners, although they also agree that there are extreme cases that occurred in taverns, outside school premises, which were reported to the police. Physical fights between learners seem to be a concern, even in international communities.

In the Youth Risk Surveillance conducted in 2015 in the United State, the prevalence of having carried a weapon at school was higher among white learners (18.1%) than among black learners (12.4%) and Hispanic learners (13.7%). This prevalence was also higher among white males (28.0%) than black males (17.6%) and Hispanic males (20.2%) (CDC, 2016).

The history of serious physical fights among individual learners at the research site is commonly attributed to alcohol abuse, as these fights take place near the taverns within the community. Table 4.3 shows that School H had the highest number of physical fights, 46 (20%) and that extreme cases happens outside the school premises, particularly next to taverns, where alcohol is readily available. Fights more commonly happen between boys than between girls, Charges against the perpetrators are laid at the local police station. In such cases, the school cannot interfere with legal proceedings. Learners who are involved in fighting which leads to charges being laid, end up with criminal records while they are still at school going age. These are challenges that the HPS Initiative attempts to prevent, at all costs.

During report writing for this study, a case of murder was reported on News Times of the 27th February 2019 in the same Capricorn District, Limpopo Province. A young man, aged 28, was brutally murdered by a gang of learners from nearby high schools. While the attack was happening, two videos were recorded and voices could be heard in the background, proudly saying that this gang is now committing murder and the victim will die there.

The incident shocked the Minister of Safety and Security, Mr Beki Cele, who attended the funeral in the Limpopo Province, to support the family. In his speech, he strongly advised the SAPS that this case should be given priority attention, meaning that the perpetrators should be dealt with accordingly and that necessary programmes should be developed to prevent such from happening again. He strongly spoke against gangsters emerging in small corners of the city of Polokwane, as how it happens in Cape Town. Nine people, most of them minors, were arrested in connection with this murder. Local community members elected a Community Police Forum for the area where the incident took place a week following the incident and they continue monitoring the area working together with the school.

In this study, about 20.9% of the learners reported to have been bullied at school. Educators reported that, among learners who are involved in bullying at school, there are those learners who do not progress well academically. Other learners get suspended from school, with conditions that parents should send them for psychological assessment and that the parents should produce evidence of the provision of such services to the learner, as a condition for the learner to be re-instated at the school.

The findings of this study concur with the findings of a study conducted by Waggie et al. (2013) in Cape Town, South Africa on a Health Promotion School based project where the needs assessment reflected problems at schools, such as violence, hygiene, nutrition and bullying, which did not show any change between 2005 and 2009 results.

Schools are responsible for children's safety while they are at school and even during school trips. Some forms of bullying are illegal and should be reported to the police. These include violence or assault, theft, repeated harassment or intimidation, such as name calling, threats, abusive phone calls, emails or text messages and hate crimes

(Waggie et al., 2013). Bullying at the high schools studied was confirmed by both learners and key informants, who said bullying commonly done by learners with bad academic records, those are orphaned and troubled children who are suspended and referred to psychologists. Similar results were obtained by Kim and Kim (2010), who found that some risky behaviours are displayed by both girls and boys, some of whom are raised by a single parent and have poor self-worth.

The adolescent stage is characterised by life changing challenges, which creates frustrations among the learners while at school, particularly if there are no school-based programmes to assist them to cope with such challenges. Some challenges are related to substance use, while others relate to low self-worth (Kim & Kim,2010). In this study, 103 (12.44%) of the participating learners had some thoughts of committing suicide at some stage and 98 (11.85%) participants indicated that they had tried to commit suicide. In comparison, the prevalence of suicidal tendencies in this study was lower than the 53% of American adolescents aged 13 to 19 who had suicidal thoughts, as recorded in the study conducted between December 2013 – April 2014 by Zygo, Pawłowska, Potembska, Dreher and Kapka-Skrzypczak (2019). One of the limitations of both these studies is that no question was posed to learners regarding the causes of their suicidal tendencies. However, Swahn et al. (2019), indicate that suicide attempts by adolescents was associated with early initiation of alcohol use before the 13th birthday. Kim and Kim (2010), who found that early initiation of drinking is associated with suicidal tendencies, obtained similar results and that smoking increased the risk of suicidal ideation and suicide attempts in both girls and in boys.

5.3 TYPE OF SCHOOL CLIMATE/ETHOS AT SCHOOL

The mission statement and the vision of a school shapes the climate of the school. It was interesting to see how schools displayed the vision and the mission statements at the entrance but that not all participants could remember and understand the mission statement and vision of their schools. Some participants could explain the mission statement and give examples of the activities embedded within the school's vision, as reflected on the emblem of the school.

5.3.1 Mission and vision of school

The mission and vision statements can be used to provide direction for operations in different organisations, such as schools. A mission statement defines the

organisation's business, its objectives and approaches to reach the set objectives. A vision statement describes the desired future position of the organisation. Elements of mission and vision statements are often combined to provide a statement of the organisation's purpose, goals and values. However, sometimes the two terms are used interchangeably (Kirkpatrick, 2016). But in this study, educators and learners could not relate their activities to the mission and vision of their schools.

A group of educators were challenged at one of the conferences 'session, where they were expected to make a meaningful change in a school based on the mission and the vision of their schools. Of the approximately 200 educators from across the country who attended the session, less than 10% could confidently meet the challenge. What was found to be even more alarming was the general agreement that many of the official vision statements were relatively meaningless, full of broad and ambiguous statements which were great for hanging on the wall, but ineffective in terms of motivating people to strive for a common goal of excellence (Owens, 2017). Connor (2004) says that the mission and the vision of the school, is expected to convey how the school is different and they demonstrate why it is worth what it costs and help in attracting prospective and appropriate families.

5.3.2 Learner's interest in learning at school

The findings of the study show that science stream learners show more interest in what they learn and are motivated to succeed. All learners should develop the same level of interest and adhere to extra study times to prepare for examinations. The HPS initiatives create an enabling environment to assist learners develop interest in what they learn, even showing how relevant every stream is for employment purposes through career guidance. Educators should profile learners in order to get to know the learner's backgrounds and interest in order to guide them appropriately. This would help determine the kind of assistance a learner would require in order to learn without disturbances and which would yield maximum educational performance. Assistance to develop a learner's profile was regarded as one of the needs to be addressed during the HPS training session for educators.

It is crucial to consider that the key interest is on the learners, including their biomedical and lifestyle characteristics. In one of the studies conducted, the community and family were expected to provide social support, connection and structural arrangements,

including community resources, policy decisions and distribution of economic resources, to increase interest in learning among learners (Raphael, 2000).

Physical changes alone will not suffice to create a health-supportive physical environment at schools or in communities. Learners and adults need to acquire knowledge, attitudes, values and skills to sustain improvements and to address new challenges in the environment. Skills-based health education, along with school health policies, school health services and a health-supportive school environment, are considered the basic components of an effective school health programme. They are complementary and reinforcing of each other.

Skills-based health education should increase awareness of environmental threats to health, generate interest and a feeling of responsibility for health and improve the health of students (WHO, 2000).

5.3.3 Learners involvement in school health activities

School health activities, in general, are prescribed by the DoH. The health activities in the school setting in South Africa should address the whole school as an organisation, as groups and as individuals. The organisational level involves creating a school environment where the health of learners, staff, family members and community members are promoted and where people learn and work, as well as care and respect each other, by creating schools that are health promoting. The approach is similar to the one used in Sweden, where school health activities, in general, are prescribed and organised on three levels (WHO, 2012), namely: the organisational, group and individual level. The organisational level involves creating a school environment where all children can grow, develop and feel satisfied.

Globally, education is one of the United Nations Sustainable Development Goals and its disturbance hinders the development of a country. Many professionals wonder why the health promotion is important in schools. World-wide, education and health are inextricably linked. In simplest terms:

- healthy young people are more likely to learn more effectively;
- health promotion can assist schools to meet their targets in educational attainment and meet their social aims;

- young people that attend school have a better chance of good health (DBE, 2019).

The EHM provides an ecological perspective and the different levels of influence on the health promotion practice at school. The four (4) external influences include the two central documents that guide the development and implementation of basic education policy and they are a) the National Development Plan 2030 (NDP), which sets quantitative goals for the schooling sector and b) the Department of Basic Education's own strategic plan, namely Action Plan to 2019: Towards the Realisation of Schooling 2030. The South African School Act is the overarching legislation that controls how schools should operate. In terms of the requirements of the South African Schools Act, a HPSI creates a platform that allows for provision of different services for the whole school community to benefit and to ensure that learners receive attention within the school premises.

When a school is linked with the outside community, it becomes easier to invite service providers to address challenges that require their expertise for the benefit of the whole school community. The rest of the schools only refers learners to general services outside the school premises, a process that wastes time which could have been used for classroom learning. Such referrals include social work services, health care services, the SAPS, pastoral services and services offered by the Department of Home Affairs. to name just a few.

Children and adolescents appear to be familiar with the general relationship between nutrition and health but are less aware of the relationship between specific foods and health. For example, young people understand the importance of limiting fat, cholesterol and sodium in one's diet, but they do not know which foods are high in fat, cholesterol, sodium or fibre. One study indicated that American adolescents were well-informed about good nutrition and health but did not use their knowledge to make healthy food choices (CDC, 2015). The National School Nutrition Programme aims to enhance the learning capacity of learners through the provision of healthy meals at schools. Where it is implemented, the programme has shown to improve punctuality, regular school attendance, concentration and the general wellbeing of participating learners. While learners are being provided with nutritious meals, they are also taught to establish and maintain good eating and lifestyle habits for life. Nutrition education

also provides educators with resource materials to support curriculum and to make every school a healthy school (DBE, 2019).

5.3.4 Learners involvement in working and learning at school

In the HPS, learners should be involved in doing some general work and responsibilities. This is meant to develop their personal skills for empowerment so that they can use such skills at home or later in life. The work they do at school is meant to provide them with an opportunity to learn new skills, such as keeping the school premises clean, planting trees, gardening, watering plants, picking up papers, scholar patrol, to stimulate leadership and other skills (WHO, 2000).

Learners wear sun protective clothing such as hats and sunglasses, apply sunscreen, avoid outdoor activities when the sun is at its highest, plant a tree for shade and study ultraviolet radiation levels at different times of the day (WHO, 2000).

5.3.5 Learner's involvement in decision making at school

Learners do take part in decision making through the Learner Representative Councils members who are part of the School Management Team. They stand for the interests of learners in all management processes at school and create a better flow of communication from management team members to learners at school. They learn how to be responsible and develop leadership skills, guided by educators.

The South African Schools Act indicates the provision for uniform systems for the organisation, governance and funding of schools to amend and repeal certain laws relating to schools and provide for all matters connected to schools. This includes the membership of governing bodies of ordinary public schools. South African Schools Act makes it clear that the membership of the governing body of an ordinary public school comprises of elected members, the principal, in his or her official capacity, co-opted members, two elected members of the governing body shall comprise of parents of learners at the school, educators at the school, members of staff at the school who are not educators, and learners in the eighth grade or higher at the school.

The South African Schools Act promulgates that there should be the representative council of learners (RCL) referred to in section 11 (1) and the RCL must elect the learner or learners referred to in subsection (2) (d). These should be learners in the

eighth grade or higher at the school. The elected RCL members who serve within the Governing Body of the school, take part in decision making of all public school.

A Health Promoting School is one that constantly strengthens its capacity as a healthy setting for living, learning and working, thus, the management team at a school can decide to adopt this initiative and support all processes.

According to the WHO (1996), a Health Promoting School assists managers to foster health and learning with all the measures at their disposal. The HPS concept engages health and education officials, teachers, teachers' unions, students, parents, health providers and community leaders in efforts to make the school a healthy place.

As part of management and planning, a HPS Initiative assists with the implementation of policies and practices that respect an individual's well-being and dignity, provides multiple opportunities for success and acknowledge good efforts and intentions as well as personal achievements. HPS initiatives strive to improve the health of school personnel, families and community members as well as pupils; and works with community leaders to help them understand how the community contributes to, or undermines, health and education (WHO, 1996). With this approach the school management team can achieve more than if they attempted to manage the school on their own.

5.4 SCHOOL PHYSICAL AND ENVIRONMENTAL FACTORS OF SCHOOL

Previous studies that looked at school environments could not be found during the literature search. The Health Promoting School concept assists in achieving healthy lifestyles for the whole school population by developing supportive environments conducive to the promotion of health. This concept further offers opportunities for, and requires commitment to, the provision of a social and physical environment that is safe and enhances health.

5.4.1 Buildings and infrastructure

The physical structure at school is a critical variable that affects the student morale and learning. Student involvement in the school processes of creating a conducive environment can empower them, develop community and increase motivation (Phillips, 2014). Table 4.5 shows learner’s perceptions of their school environment and

699 (84.9%) agree that garbage disposal is adequate at their school and that they get involved.

In the multivariate model, only two items were significant, which shows the following results: having a garbage disposal system at school (OR: 1.6 95% CI: 1.1-2.3) and learners take part in beautifying the school (OR: 1.5; 95% CI: 1.1-2.0).

Buildings in schools are old and dilapidated, with insufficient classroom and administration offices. Participants pointed out the fact that the administrative blocks that have big cracks in the walls and that there are insufficient offices for the School Management Teams. Additional mobile classes were arranged by the school for learners. Most of the participating schools still has temporary structures that added to the number of classrooms. Only a few schools were welcoming and decorated with flowers and landscaping designs. Toilets at the schools existed for both girls and boys, but they are not well cared for.

Desks inside classrooms at schools were insufficient for the number of learners and the seating arrangements were not conducive to learning purposes. About four learners shared one desk and this situation made it difficult for them to sit and write comfortably. There was minimum control of dust in most school buildings, as the premises were plain, with no green grass or paving. Failure to control dust in public premises can always be associated with respiratory conditions. In some schools, playgrounds were available for soccer, netball and chess, although they are not well cared for. There were schools that did not have playgrounds. These schools used community playgrounds for physical activities and only when they were available

The improvements were possible because of the CFS programme that was initiated at school and the school managed to attract collaborative partners who donated the resources required to improve the school infrastructure. Schools have their own boreholes, although that is not sufficient as there were only two taps for more than 500 learners and basins for handwashing were only available to the boys.

Generally, the community has vandalised the sanitation infrastructure as communities a tendency to vandalise school property, including the toilets, which are also not well cared for. The availability of safe clean water in schools was reported by more than 90% of the respondents.

The presence of garbage disposal services and sufficient toilets were reported by 85.7%, 84.9%, 84.9%, 74.5%, 65.9%, and 59.4% of the different schools which participated in the study respectively. Adequate maintenance of school grounds and student involvement in beautifying school were negatively reported, at 59.2% and 65.9% respectively. Key informants confirmed that there were no trees in most schools to provide shades for learners when it was hot, even though the Department of Environmental Affairs had donated trees to schools for planting. At times animals, such as goats, gained entry onto the premises and destroyed the emerging trees. The existing carports within the school premises were mainly erected for educators' cars.

There was no segregation of refuse into separate bins in all schools, such as tins, bottles, paper and others refuse which could be used as compost in the gardens. A school-based garbage disposal programme can become an income-generating venture where the tins, bottles and paper can be separated and be sold to relevant companies in order to generate income.

These are the activities that could be incorporated onto the HPS initiative and, when the funds are generated from such a programme, the school could use the funds to improve infrastructure and to add to the low salaries of the security guards in participating schools, which is an element that compromises safety in different schools. Skills development among staff members can benefit the schools in order to manage this kind of a programme.

Schools did not have food gardens to complement vegetables for the National School Nutrition Programme for learners. There were no fruit trees nor vegetables in their gardens. Some schools had vegetables occasionally, but this was not consistent. Locally grown food can always complement the National School Nutrition Programme basic supplies from the Limpopo DBE, which strives to provide learners with a balanced diet on daily basis. When a school lacks locally grown food and there is a shortage of supplies, learners are not likely to get nutrition as planned. In a rural setting, where food security might be a challenge to families, learners struggle to concentrate in class due to hunger.

5.4.2 Water supply and sanitation at school

Participating schools confirmed that they had safe water supply from different sources. Some schools had boreholes, while others had water pipes within the school premises.

The global situation is different as one sixth of people across the world lack access to safe and clean water. One of the reports by WHO (2002) indicates that problems, such as infiltration, can happen in intermittent water distribution system in schools if care is not taken and contaminated water may infiltrate into pipelines (WHO, 2002).

5.4.3 Social environment at school

The study site was classified by participants as rural and the participants displayed a certain level of dissatisfaction regarding the school's social environment, their level of interaction and the community's involvement in school operations.

The study found that staff members were previously divided into groups and they did not have a harmonious and peaceful working relations until the leadership made them aware that not much could be achieved if they do not reach a compromise between the groups and begin to work together to achieve the school's planned goals and objectives. In the end, they reached a compromise to the extent that they could have celebrations and farewell functions together.

Learners who come from poor neighbourhoods with low socio-economic status, such as those from rural areas, are more likely to drop out of school before completion than those who do not (WHO, 2004). In the same report, WHO (2004) provides an example of an Australian study of children living in 257 neighbourhoods.

Learners who engage in good social relationships seem to perform better academically than those who do not. Similarly, learners living in social environments characterised by residential stability are less likely to be absent from school and perform better academically than those who do not (WHO, 2004).

The study further reported that a sense of belonging to the neighbourhood (having positive social relationships within the neighbourhood) was associated with more pro-social behaviour among children. The situation was compared to an American study, which found that children growing up in neighbourhoods characterised by impoverishment were more likely to experience maltreatment (negative social relationships) than those living in neighbourhoods without these characteristics.

The study further found that the rules and norms which govern a community, could also exert an influence upon children. An example of several Australian communities was given, where these communities had laws which prevented adults from smoking

in the vicinity of children's recreational facilities. These laws increase the capacity of communities to protect their children's heath (WHO, 2004).

When a social environment lacks basic resources, such as healthy food, safe housing, living-wage jobs, decent schools, supportive social networks, access to health care and other public and private goods and services, it presents the highest public health risk for serious illness and premature death. This situation reflects an ecological approach to population health, one that recognises that individuals and communities interact with their physical and social environments. A HPS also strives to provide a healthy environment, school health education and school health services, along with school/community projects, and outreach, health promotion programmes for staff, nutrition and food safety programmes, opportunities for physical education and recreation and programmes for counselling, social support and mental health promotion (WHO, 1996). When there is an atmosphere of discipline within a school, and learners know that there are rules to control social interactions among learners at school, they feel safer and comfortable to attend school every day.

In the study conducted by Jacobs (2011), participants shared positive experiences on the changes that occurred since the implementation of the CFS programme in their schools. An environment for emotional and social well-being at school was created (Jacobs, 2011). In countries such as Sweden, School health activities in general do not rely on programmes, they are prescribed within the school setting and they are organised at three levels: the organisational, group and individual level. The organisational level involves creating a school environment where all children can grow, develop and feel satisfied (WHO, 2012).

5.4.4 Safety and security

The study found that the school fences were not secured and safe. Participants confirmed that the naughty learners jump over the school fence at times. Animals and unknown individuals also gain entry into school premises. Based on the findings, there is no consistency on how the Limpopo DBE assists schools to be safe settings for learning, working and staying. Schools responded differently to this question and they indicated that parents determine and become responsible for the salary of the security guard who should control the movements in and out of the school premises.

The salary of a security guard is presently very low as parents are the only source of the security guard's income. Consequently, this position is not popular and, thus, there is a low retention rate for this position. Therefore, learners, staff members and school resources might not feel safe in such an environment where there are no systems in place to control attacks and theft.

HPSs are initiatives that can take care of such needs. Movements of learners to school seemed to be safe as most schools are situated within the villages they serve. The main purpose of installing and implementing safety and security measures at schools is to create a safer environment where individuals can move freely and feel secure going about their daily schooling activities.

Currently school safety and security is one of the most basic problems facing South African schools. Therefore, creating and maintaining schools that are safe, is a priority that should be on the agenda of every education department (Van Jaarsveld, 2011). The South African Schools Act expects the School Governing Bodies to ensure that the school premises and staff members are safe while at work.

5.5 INTERNAL AND EXTERNAL FACTORS AT SCHOOL

Each of the internal and external factors at school is inextricably linked to the others in a dynamic interaction. These actions must be coordinated at local, regional, national and global levels to achieve solutions that are truly sustainable at any given school environment.

5.5.1 Management and planning at school

Management and planning in schools should be a serious element that can control processes and bring change and address all risk behaviours among learners. One of the main principles of management is planning and all the plans should consider the evidence that health is not merely the absence of disease but it can also be regarded as the resource for daily living. This was as outlined by (Raphael, 2000). through his identification of three approaches towards health: the biomedical, lifestyle and socio-environmental.

In the biomedical approach, emphasis on high-risk groups and their circumstances, which are learners in this case, routine screening and health care delivery, which is embedded within services provided at school. Health care professionals and

epidemiologists routinely define health as the absence of morbidity and mortality. They, therefore, direct their attention to identifying causes of and effective treatments for diseases, which is different from health promotion approaches. It is, therefore, important for the School Management Team members to have knowledge of what HPSI is and the different approaches to health promotion.

The behavioural approach focuses on high-risk attitudes and behaviours and it considers how programmes can be developed so as to educate and support individuals (learners) to change behaviours. The socio-environmental approach focuses on high-risk conditions and considers how individuals (learners) can adjust to these conditions to change them.

It is crucial to consider that the key interest is on the learners, including the biomedical and lifestyle aspects of their lives. In one study conducted, the community was expected to provide social support and connection including community resources, policy decisions and distribution of economic resources (Raphael, 2000). Schools in Mankweng have internal management policies, guidelines and procedures controlled by the principal of the school. These are internal school arrangements and the roles have to be accepted by staff members.

As reflected by the EHM (Stears, 1998), external and internal factors assist in ensuring the smooth running of schools and ensures that the school remains a healthy setting for teaching, learning and staying. For the HPSI to flourish, allocation of tasks and duties among staff members should be done according to interest, skills qualification, commitment, identification and collaboration with stakeholders is the key.

In the Mankweng Circuit, school policies are linked to the policies at the circuit office, district, provincial, national and international level. The educators are aware of the numerous policies that guides operations at school. The South African Schools Act provides guidelines of policies at all South African Schools.

The World Health Organisation (WHO) is responsible for the health of all individuals in all settings world-wide, therefore, their recommendations for creating a HPSI is a global approach to enhance a sense of well-being as people care about reducing health problems.

In this case, educators, health professionals and other stakeholders have to develop HPS policies to assist learners, parents and communities to stay healthy and reduce the burden of diseases as they work towards prevention of communicable and non-communicable diseases.

Through the implementation of internal policies, HPSs reduce the fear of whether learners will get to school safely, the insurance of getting a balanced meal once a day, reduction of risks such as smoking, keeping a clean environment and the prevention of injuries through fights. Healthy public policies can also encourage boys and girls, as well as men and women, to treat each other fairly and respectfully, which creates a peaceful environment at school. HPS policies discourage bullying practices and fights at school.

These policies ensure that someone is available to walk with a child or adolescent, who needs guidance and direction, on their journey towards adulthood. HPSs help pupils, parents, staff and community members to work together to set priorities and plan actions.

5.5.2 General curriculum and health at school

The curriculum is prescribed by the DBE. The health topics within the LO subject are meant to empower the learners to develop skills that will assist them to make healthier choices, reduce risks, prevent diseases and promote good health.

Table 4.4 shows that in all participating schools, more than 50% of learners in each school agreed that the existing curriculum had health activities involving learners and parents at schools. In the same table (4.4), the data also confirm that more than 50% of the learners agreed that educators and learners participate in local events.

These findings show that schools in Mankweng Circuit assist pupils, parents, staff and community members to work together to set priorities and plan activities similar to those expected within a HPS. This interaction among young people and adults generates commitment and support to adapt evidence-based interventions in order, to prevent initiation of health risks such as tobacco use, unprotected sexual intercourse and a sedentary lifestyle. Educators confirmed that they had little knowledge about health topics and, therefore, they sometimes call on health practitioners from nearby clinics to educate the learners. For this reason, there should be links between the

school and the outside community, where the school can draw on expertise to assist staff members when there is a need at school. Nurses should begin to embrace the HPSI as part of their school health activities through forging their way to move beyond a traditional reliance on the limited Health Education role the currently play, namely, providing medication and first aid to schools (Alexandropoulou, 2013).

The Intergraded School Health Programme is one example of a programme that addresses components such as health education, physical education and activity, nutrition services, health services, counselling and social services, employee wellness, safety policies and activities (DoH, 2013).

According to the ENHPS, “Health Education has been a long tradition in schools, but has usually been only a part of the curriculum and focused on single causes of ill-health in individuals, such as smoking and alcohol and drug abuse” (Rasmussen et al., 1999). However, the HPSI is expected to change this approach and use a whole school approach in order to address issues that disturb teaching and learning.

The aim of the ENHPS is to enable and assist schools to become healthier places, to integrate health promotion into every aspect of the curriculum, to introduce healthy programmes and practices into a school’s daily routines, to improve the working conditions and to foster better relations between the schools and their local communities (Rasmussen et al., 1999).

5.5.3 Link with outside agencies and communities at school

When implementing a HPSI, there is a need to link the school with the outside community for support and the supply of goods and services, as well as for the sharing of knowledge and expertise. Schools were proud to have suppliers that volunteer to provide commodities that the Limpopo Department of Education could not afford. However, if suppliers cannot locate the school due to lack of a visible road signs leading to the school, goods could be returned. This could hinder achievements of the planned HPS objectives. Road signs leading to schools makes life easier for service providers, visitors, business partners and suppliers of goods to school. It is, therefore, the management duties to have such signs in place.

Participants did not seem worried about the lack of road signs to direct people to schools. This could be attributed to rural area practices, where people rely on the word

of mouth for directions to schools. Street naming and street numbers are not formal in rural areas. Road signs directing visitors to schools are only found closer to the school or only placed inside the schoolyard.

The main road from the nearby town does not have any road signs giving directions to a school or indicating that there is a school ahead. Some schools only relied on prominent public structures which they use as landmarks for directions.

5.5.4 Feelings, attitudes, values, competencies and health promoting behaviour at school

Learners' and educators' positive feelings and attitudes, competencies and health promoting behaviours determine whether they will be motivated to achieve the educational goals set by the school or not. Through their actions, the HPSs acknowledge the value of promoting physical, mental and social well-being, coupled with efforts to reduce health problems and risks. World-wide, it is generally believed that the young people who feel good about their school, connected to significant adults, who continuously provide guidance and direction, are less likely to undertake high risk behaviours and are likely to have better learning outcomes (St. Ledger, 2005). It is generally believed that young people with positive health promoting behaviours are more likely to learn more effectively. It is, therefore, obvious that education and health are inextricably linked and health promotion can assist schools to meet their targets in terms of educational attainment and to meet their social aims as well.

The National Health Promotion Policy in South Africa, recognizes that health promotion is not limited to a specific health problem or to a specific set of behaviours, such as those which were assessed among participants. The principles and strategies of health promotion apply to a variety of population groups and can be used in variety of settings, including schools (DoH, 2015). In some schools, internal policies encourage learners who are interested in taking part in any activity to take part in that activity. Hence, this study found that 10% of Grade 10 learners participated in the study voluntarily.

This was a display of the EHM (1946) internal factors that control school activities as influenced by internal school policies. The EHM indicates that the HPSI is supported and guided by International, National and Local Policies and guidelines, hence the

external and the internal influences of the EHM. The EHM constructs, including international, national, provincial, district and local policies, was used as part of the HPSI, reflecting on how the decisions taken at all different levels can influence the management of schools in terms of making health a right for all individuals, including learners at school. However, the learners were not familiar with their school's vision and mission statement and could not mention existing school policies.

5.6 CONCLUSION

A realist systematic review of literature was undertaken to explain how, why and in what circumstances schools could provide a feasible setting for effective health promotion programmes (Pearson, Chilton, Wyatt, Abraham, Ford, Woods & Anderson, 2015).

The review was conducted in two phases where the first phase identified programme theories regarding implementation and the ideas regarding what enables or inhibits effective health promotion delivery in a school setting. Phase two tested the programme theories so that they can be challenged, endorsed and/or refined. It was found that there are mechanisms that affect the successful implementation of health promotion programmes in schools. They commonly occur during preparatory stage, during negotiations about the programme delivery and some affect the acceptability of the programme to those who will deliver it (Pearson, et al. 2015). Fears about programme novelty, subject matter, the extent of support and all similar concerns for delivery were addressed, by the training programme designed for educators in the Mankweng Circuit. The next chapter focus on the development of the training programme for educators and the programme's contents.

CHAPTER 6 DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF A TRAINING PROGRAMME FOR EDUCATORS

6.1 INTRODUCTION

This chapter describes how a HPSI training programme for high school educators in Mankweng Circuit was developed. A description of the training programme, implementation and evaluation of the programme will be presented. The chapter will also deal with the training LO educators on the HPSI and describe the evaluation the process followed when implementing the training programme. Programme development was guided by the objectives and the findings of the study. The sequential explanatory design used in this mixed method research approach was used to obtain quantitative data from the learners, using a questionnaire, and qualitative data from key informants, using the one-to-one unstructured interview approach, in order to achieve objectives of this study.

The training programme will make use of the key findings of this study as the priority needs to be addressed at school and to guide the health promotion programme development. The main findings of this study are based on the risks that learners are exposed to, although the environmental health risks, ethos and the school climate factors were also looked at. The risks learners are exposed to, which this study found as priority needs, in the descending order are alcohol use, sexual relations, bullying including physical fights at schools, and the fact that the schools are not creating enabling environments for learners to adopt healthy behaviours. The lack of adoption of healthy behaviours is evidenced by the fact that service providers only come to schools once in a while with the aim of educating learners about health-related matters. The once-off kind of interventions, presently implemented by different service providers from different sectors, such as, the DSD, the DoH, the Limpopo Department of Education and non-governmental organisations, is an approach that does not seem to bring any change of behaviour among the learners at schools.

When each school has assessed these priority needs and selected one main burning issue, this will be their entry points to the HPSI. The HPSI allows a school to constantly strengthen its capacity to make its premises a healthy place to learn, work and to live, according to the WHO (1986). The training programme development has to guide the educators on how to respond to the selected priority risks effectively. This means following the correct steps to initiate a HPS programme which will become a way of

life at school, unlike the once-off activities currently happening, which do not create an enabling environment for learners to change behaviours and adopt healthier practices.

6.2 THE NEEDS IDENTIFIED BASED ON THE RESULTS

The top three most common risks that learners are exposed to found through this study, in descending order, were substance use particularly alcohol, followed by sexual intercourse and bullying. Other substances, apart from alcohol, most often used by learners, and reported, are cigarettes and dagga smoking. A significantly higher proportion of male learners agreed that they use dagga than their female counterparts.

Keeping more than one sexual partner was found to be a common practice among learners and teenage pregnancy is frequently observed, even among learners in lower grades such as Grade 9.

A significant number of learners reported carrying a knife to school to fight and getting involved in fights. Dome learners agreed that they were once involved in fights at school, while other learners had thoughts of committing suicide at some stage and few learners had tried to commit suicide.

The findings regarding the school environment, ethos and climate factors showed that LO educators were not confident that they could address health topics adequately as part of the curriculum. Time allocation for health topics at schools varied from one school to the other in all eight (8) schools and educators confirmed that learners do not seem to practice what they learn in class. Planning and management factors were largely based on the Acts relating to education and on policies of the DBE, while there was minimum effort to develop internal school policies.

6.3 CONTENT OF THE TRAINING PROGRAMME DEVELOPMENT

The Health Promoting School Training Programme was developed to support educators on how to initiate HPSs in order to facilitate the development of schools at Mankweng into HPSs, so that they could become sites for the optimal well-being and development of the communities they serve. This training programme was designed to provide educators with a practical guide to the implementation of a HPS and to achieve HPS accreditation, if they so wished. The Health Promoting School Training Programme was developed to provide support for educators who would develop and interest to initiate HPS, facilitate the process of initiating schools in the Mankweng area

to be HPSs and, thus, to become sites for the optimal well-being and development of communities they serve.

6.3.1 The Training Programme

The training programme is the product that this study is contributing towards the development of knowledge in public health.

- **Name of the programme**

The training programme is named**:** Health Promoting School Training for Educators.

- **Duration of the training programme**

The training programme was offered as a one-day workshop to ensure that the relevant learning content is addressed as required. The DBE specifically prefers that educators should not be out of class for more than a day for extra curricula activities, such as research, so that teaching and learning is not interrupted.

6.3.2 Objectives, learning outcomes and critical cross-fields outcomes of the HPS training programme

The training programme objectives, learning outcomes and critical cross-field outcomes focused on the introduction of the HPS concept to educators, the empowerment of educators to initiate HPS, the improvement of existing HPS initiatives and to train educators to evaluate the HPS programme.

6.3.2.1 The objectives of the HPS training programme

- To introduce the HPSs concept to educators;
- To discuss the association between health and education within the school setting;
- To introduce the benefits of the HPSI;
- To discuss the need for HPS in the school setting;
- To discuss the selection of priority problems as entry points to HPS in a school setting;
- To introduce steps to be followed when implementing HPSI;
- To evaluate the HPS training programme.

6.3.2.2 The learning outcomes of the HPS training programme

By the end of the training programme, participants should be able to:

- Introduce the HPS concept to other staff members;
- Explain the association between health and education within the school setting;
- Explain why HPS is needed in the school setting;
- List the benefits of the HPSI;
- Outline the steps to be followed when implementing a HPSI;
- Evaluate the HPS training program.

6.3.2.3 Critical cross-fields outcomes

Although this is not a formal training programme with any NQF level, as expected by The South African Qualifications Authority (SAQA), critical cross-field outcomes (CCFOs) were found to be important in order to guide the lifelong learning of educators regarding the HPSI. CCFOs are generic outcomes that inform all teaching and learning, and they are deemed critical for the development of the capacity for long life learning (South African National Qualification Framework [SANQF], 2005). These outcomes are closely related to context and are discipline dependent. The CCFOs listed below are directly related to the HPS training programme. They were integrated into the learning programme through the material and methodology used by the facilitator. Emphasis was placed on the promotion of active, exploratory and self-directed learning among educators.

Educators should be able:

- to identify problems in schools, the responses to which demonstrate responsible decisions where critical and creative thinking has been applied;
- to consider different methods of data collection and analysis, and to evaluate information;
- to explain how to work effectively with others as team members, group, organisations and with the community.
- to demonstrate how to use science effectively, showing their responsibility to creating a healthy school environment, school climate /ethos and health of others;

- to interpret an understanding of the world as a set of related systems by recognising that problem-solving contexts do not exist in isolation;

6.4 THEORIES USED TO DEVELOP THE TRAINING PROGRAM

Knowles theory (1968) guided the development of the training programme. Reference is made to the old Knowles theory (1968), updated in 2018, which distinguishes adult learning (andragogy) from childhood learning (pedagogy). The theorist focuses on five main assumptions and four principles that make adult learning education more effective. This theory is still used today, even in the development of e-learning material. Knowles recommends that, before a training programme can be created, one has to remember the following principles:

- Adult learners have a well-established sense of self. Knowles believes that, as children, we learn from our parents and siblings and, as teenagers, we learn more from friends and peer group. However, as adults we form a complete entity and we pick and choose from the two previous stages and decide who we want to become believing that we are distinct and separated from those around us. This means that educators, as adults, should have a say in the training and autonomy in what they learn, otherwise they might lose interest.
- Educators have past experiences and, to teach them effectively, the training programme has to feed into what they already know. Sharing of experiences has to form part of the learning.
- As adults, educators, are purpose driven. They are motivated to learn when they see the relevance of what they are learning. The background and the benefits of the training programme formed part of the introduction. Only educators who are ready to learn should attend the training as theory indicates that adults learn well when they are willing to learn.
- Internal motivation makes adults develop their own methods of learning based on problem solving. Adults should not be expected to recite content but rather apply content in practice.
- During training, trial and error becomes the first method of learning, as mistakes are often the most valuable teacher. Adults learn well when they are allowed to explore the subject matter first-hand and learn from their mistakes.

- Adults should be allowed to play an active role in the course design process. They should personalise their learning paths and choose learning activities that are relevant to them and their job duties.

The four principles of adult learning include:

- Adults need to be included in the planning and evaluation of their instruction;
- Experience (including mistakes) provides the basis for learning activities;
- Adults are most interested in learning subjects that have immediate relevance and impact to their job or personal life;
- Adult learning is problem-centred rather than content-orientated.

6.5 STANDARDS USED FOR THE DEVELOPMENT OF THE HPS TRAINING PROGRAM

The Health Promoting School Training Programme was developed based on the World Health Organisation's Information series on School Health, Local Action: Creating Health Promoting School (WHO, 2000). This document was adapted from Regional Guidelines: Development of Health-Promoting Schools - A Framework for Action, WHO Regional Office for the Western Pacific, and from Promoting Health through Schools: The World Health Organization's Global School Health Initiative, WHO/HPR/HEP/96.4, the document meant to guide and increase the number of schools that are truly "Health Promoting".

The WHO has launched the Global School Health Initiative and an information series on school health in order to assist schools, policy-makers, community leaders, teachers, parents and students to develop HPSs.

Creating a HPS draws on experiences, writings and guidance of teachers, programme managers and health professionals around the world who were willing to share, and had an interest in sharing, their experiences with others and to contribute to the publication. Hence this remains a useful document of reference to develop the training programme for educators in the Mankweng Circuit area.

One of the more relevant documents consulted, was a HPS training manual titled "Achieving Health Promoting Schools: Guidelines for promoting health in school" (St. Ledger, 2005), which focuses on the following:

- The purpose of HPS;
- Elements necessary for starting a HPS;
- Principles of HPSs;
- Essential elements of promoting health in schools;
- Sustaining health promotion in schools;
- Factors that the potential to inhibit health Promotion development and
- Sustainability in schools if not addressed systematically.

6.6 THE CONTENT

The content to be taught during training of educators was divided into seven sections, as listed below:

Section 1: Introduction and background

- Introduction and the background of the HPS initiative will include:
    - What is a Health Promoting School?
    - The origins of the Health Promoting Schools Initiative;
    - Why should education and health policy makers work together for HPS;
    - Similar programmes such as Child Friendly Schools projects;
    - Benefits and importance of schools in promoting health;
    - Contributions of schools towards learner's health and well-being;
    - Contributions towards learner's health and wellbeing by the Department of Basic Education.

- Definitions of terms such as:
    - Health
    - Health Promotion
    - Health Risks
    - Healthy School Policies
    - School's Physical Environment
    - School's Social Environment
    - Climate and Ethos of a School
    - Individual Health Skills
    - Community Links
    - Inter-Sectoral Collaboration

- Health Services
- Entry Point into HPS Initiation

Section 2: Legislation and policies supporting HPS

This section describes the legislative framework, policies and supportive documents underpinning HPS implementation. Examples of the legislative framework and support for HPS implementation include:

- The Constitution of the Republic of South Africa Act 108 of 1996 which promulgates the rights to health and the right to education for all South Africans;
- The Health Act 63 of 1997 which stipulates the professional responsibilities, acts and omissions towards the health needs of all individuals;
- The National Education Policy Act 27 of 1996 provides for 2 hours 45 minutes weekly for health topics embedded within the curriculum and outlines what the school environment should look like for the benefit of all at school;
- Department of Basic Education (1996) curriculum which indicates the contact time for LO in grades 8 and 9, constituting 10% of the notional time, considering a 27 hours 30 minutes teaching time for the senior grades;
- The National Health Promotion Policy and Strategy 2015-2019 which focusses on creating an enabling environment that promotes healthy practices and recommends the use of health facilities and school health programmes.
- WHO Framework, which provides the guidelines and the steps required to develop HPSs

Section 3: Needs assessment for HPS

This section focuses on the needs identified in a school setting which can be addressed by the establishment of a HPSI. The following content will be addressed:

- Different methods that can be used to identify the situations that disturb teaching and learning at school, such as the top three risk behaviour findings of the study (alcohol use, sexual reproductive health risks and bullying;
- How to list the findings in the order of priority to guide programme development and activities in response to the needs identified at schools;
- Selection of the priority issues out of the findings;

- Making the top priority issue an entry point for HPS;

➢ **Risks at schools found in the study**

The following are the priority risks identified among the learners:

- Substance use
- Sexual health risks
- Physical fights and bullying
- Suicide

The school environment, ethos and climate of the school were also looked at and the following needs were identified:

- School's infrastructure;
- Management and planning;
- Internal school policy development;
- External and global factors influencing schools;
- Services to be offered at school;
- Inter-sectoral collaboration.

Examples of existing programmes and services that can be used effectively in schools to address substance use, sexual health risks**,** physical fights, bullying and suicide tendencies among learners include:

- The ISHP prescribed by the DoH, which provides services regarding the general health of learners at school;
- School health services offered by the DoH focusing on screening and curative services at school;
- Peer education programme prescribed by the DBE where learners are empowered to share information and learn from one another;
- Life skills programme prescribed by the DBE which equips learners with survival skills.
- LO programme prescribed by the DBE which should address all risk factors challenging learners as youth and prepares them to be healthy and productive members of the community.

- Substance use, rehabilitation and counselling programmes offered by DSD provides for health education and rehabilitation and counselling service for substance users.
- South African Cancer Association services provides non–governmental organisation services through screening services, counselling and referrals for rehabilitation.

- SAPS provide an education and awareness programme regarding different kinds of substances and their dangers, how to identify substances and rehabilitation of users.

Section 4: Developing the Health Promoting School Initiative

This section outlines the process for developing a HPS and the steps to be followed (WHO, 1996).

➢ **The steps to be followed to establish HPS**

Step 1: Within the school, the first step for HPSs framework implementation is:

- To understand what HPS is all about;
- To solicit and achieve administrative and senior management buy-in and support.
- To understand that the HPSI is a constant whole-school approach and, as such, needs to have ongoing support and commitment from school leaders.

Step 2: The second step is to create a small group which will be actively engaged in leading and coordinating health promotion actions and activities at school.

- The need for all key stakeholders to be represented on this group, including teachers, non-teaching staff, students, parents and community members;
- The guidelines for promoting health in a school setting, state that 'HPSs begin well if the workload is shared;
- Involving all key group members in decision making and implementation;
- The health promotion group's first task should be to conduct an audit of current needs and existing health promoting actions according to the six essential components of the HPSs framework. Research can be conducted to get scientific information if implementers have skills to do so or get experts to conduct research for them.

Step 3: The third step involves the group establishing agreed upon goals, objectives and activities:

- Developing strategies to achieve the goals within the capacity of the school's resources.
- Developing a HPS Charter which symbolises the commitment of the school, setting out the school's principles and targets, and enabling the school to celebrate its achievements in health promotion.
- Developing HPS guidelines to recognise that staff must also think about activities outside the classroom as being equally important as activities within it.
- How staff should have ongoing opportunities to attend professional development programmes and to be able to present and discuss their school's initiatives with others.

Step 4: The fourth step involves taking action

- Action plans have to be developed and,
- Tasks allocated to different individuals according to their experiences and background following the goals and objectives that were drawn.
- The community can be engaged by identifying some individuals who have skills to support HPS and to create a supportive environment for HPS to flourish?
- Inter-sectoral collaboration.

Step 5: The fifth step involves monitoring and evaluation of all processes:

- Determining whether the goals and objectives designed for the identified priority areas are achieved or not.
- Methods to assess if the planned activities and their implementation are managing to address the priority health risks that were identified during needs assessment.
- Launching schools as HPSs to show the world that they are constantly strengthening their capacity to make schools a healthy setting to work, learn and live.
- Assessing whether the task team is implementing the five (5) steps of HPS implementation as expected.

Questions that the school HPS task team may have about HPS.

Each step of HPS implementation has guiding questions that assist implementers/task team or groups to assess whether schools are on the right track regarding implementation of every step of the HPS. The WHO guidelines recommend evaluation questions related to the expected outcomes for all five (5) HPS steps to be followed. Below are the examples of guiding questions to assess whether schools are on the right track regarding every step of the HPS implementation by the implementers, school task team or group:

Step 1: During this step when HPS is introduced, the expected outcome is that everyone involved should have adequate knowledge about HPS. This can be assessed by answering the following questions correctly:

- In your own words, can you explain or introduce HPS to someone who does not know it, such as a school principal/head master or a new co-ordinator of HPS at school?
- In your explanation, can you indicate clearly how HPS can benefit the school?

The explanation should assist the school to have or to make a commitment to make a HPS work.

Expected answer:

The correct explanation of what HPS is, using own words, indicating the benefits of HPS to the learners and schools;

- Are the team members identified to make an effort to bring change and initiate HPS?

Expected outcome: Team members identified and the committee for HPS is established.

Step 2: Identifying needs

These are the questions that can assist the task team to identify priority needs at school which can be used as entry points to start the HPS initiative.

- Was there any review done in the past five years at your school?
- What can you say about the general health and risks of learners?

- What are your views regarding the school environment at your school?
- What can you say about the school community assessment in the last five years?
- Share your views regarding teaching and learning assessment in the last five years.
- How was the information/data collection done for all the above assessments and who was involved?
- Can you share the identified priority areas with us (entry point for HPS)?
- What was the entry point for HPS identified and how huge was the problem?
- Share statistics if you can remember them.

Expected answer: The task team should list the needs of the school in order of priority from the highest to the lowest and identify the first problem to be addressed which is regarded as an entry point to HPS.

Step 3: Draw up a plan of action based on priorities, resources and implement the plan.

- Can you share with us the action plans drawn for HPS activities at school, including the goal and objectives?
- Was there any training conducted for a HPS as part of developing personal skills among educators?

Expected answer: An action plan document is available to show allocation of tasks and activities.

Step 4: Taking action

- How was the process of tasks allocation?
- Was there any community engagement and a supportive environment for a HPS to flourish?

Expected answer: Task allocation is done according to experience, expertise and skills. Collaboration with other sectors forms part of community engagement.

Step 5: Monitoring and evaluation

How do you measure if goals and objectives for HPS were achieved?

- Was the school ever launched as a HPS?
- Do you have any comments to the researchers? (If you have comments please write them on the lines below).

Expected answer: Achievements are compared to the goals and objectives and the School is launched or is in the process of preparing the launching of the school as a HPS.

Implementation of the training programme preparations/arrangements

- Educators were invited to attend the training through the principals of all the participating schools as scheduled. Clear directions were provided to participants so that they could identify the venue. A seminar room was arranged as a central venue to conduct the training in. A training schedule, with topics and time allocation, was distributed to participants.

Implementation

- The training commenced at 8:00 am. All participants arrived on time at the venue and they signed the register as they entered the room.
- As part of the introduction, information was shared about the period of data collection at participating school, where the researcher met with some participants during interviews. A scenario was shared and an opportunity was provided for participants to ask questions after data collection for both quantitative and qualitative approaches. One participant enquired whether the information they provided would be generalised as the thoughts of the other educators too. This is supported by the statement below:

  "jah*… I have questions for you: err… is what I've said going, in fact is what I've said going to be generalised as the thoughts of educators?"* (P3)

Educators verbalised the need to be assisted by experts on issues related to the HPSI, especially assistance with respect to the questions that formed part of the interview, so that the school could receive assistance and improve the standards.

As part of the training, an explanation was given that honest answers were encouraged during data collection, and all responses were regarded as a reflection of what is actually happening in the participating schools. Data were analysed to

establish whether there were priority areas that the schools could give initial attention to, as entry points to the establishment of a HPS. Focus was directed at risks the learners faced, such as substance abuse, sexual risk, physical fights and bullying in schools. Based on the findings, the training programme for educators on HPS implementation had to be developed and arrangements were made with the school leadership for teachers to take part in a training workshop to develop their skills on HPS implementation.

Both quantitative and qualitative findings of the study revealed that the HPSI was a new concept to all participants. Both learners and educators confirmed that there were no programmes and activities at their schools which focused on the health risks behaviours experienced by both learners and educators at school, behaviours such as drug abuse, bullying, teenage pregnancy. except for the nutrition programme and the physical activities, which happened occasionally in some schools when it is not time for examinations and where social workers were deployed at school.

- The **first** activity was about participant's expectations of the training programme. Participants were free and interested to make a list of expectations about the HPS training programme. As recommended by Knowles's theory (1968), that adults wanted to have a say in what they would learn, otherwise they could easily lose interest. Expectations were compared to the topics included into the training programme and alignment was done for inclusion, if any different topics were raised. All topics listed as expectations were already included within the training programme.
- The **second** activity was to go through the programme and explain all topics to the participants and how the topics related to HPS, so that participants could see the relevance of what they would learn. The activities were useful in building internal motivation among the participants to learn.
- **Method used**: All modules were preceded by a sharing of experiences regarding the topic. Participants were afforded an opportunity to share knowledge and to ask questions. As they attempt to answer some questions, they enjoyed exploring the subject matter first-hand and learning from their mistakes. A PowerPoint presentation was used to introduce all modules and the content to the participants.

The third activity was preceded by asking educators to make a list of known health risks behaviours observed among learners at school. Groups were to present their list of risks and how their schools responded to such problems.

The presentation also displayed pictures of learners at school involved in risks, such as smoking, kissing in corners of classrooms, being pregnant, wearing short uniform skirts and physical fights among learners and between learners and educators.

- No practical activities or experiential learning was included as part of the training programme here. All modules were concluded by a question and answer session so as to clarify areas of concern.

➢ **Evaluation of the training programme**

This part of the report focus on the feed-back provided by the participants. According to Kusek and Rist (2004), an expert on instruments for training and learning evaluation, purport that when training, it is crucial to provide an end-of-programme validation, feed-back and follow-up instruments, if possible. Feedback assists in:

a) Determining what the participants have learned;
b) Giving the learners time to reflect on their learning during the programme, prior to their completion of their post-training personal action plan;
c) Getting useful feedback, in an organised manner, to help with the planning of future training, and
d) Ensuring trainees and learners follow-up their training with relevant actions to apply, improve, develop and reinforce learning attained.

At the end of the training session, an evaluation form was distributed among participants for them to indicate their views regarding what they learned. The evaluation form had traditional Likert scale-type items in order to measure the educator's impressions of the training programme, from 'bad, average, good to excellent' regarding:

- Expectations met;
- Speed or rate at which the training was presented;
- Practical application of training programme content to their daily work situation;
- How the training programme will affect ability to perform their job after training;

- Rating the focus and the structure of the course;
- Knowledge of the facilitator on subject matter;
- Understandable and clear explanation of concepts;
- Facilitation skills;
- Handling of questions;
- Rating the overall training programme;
- Aspects of training to be improved and general comments.

All educators rated the training programme between good and excellent, indicating that the training programme was an eye opener to their responsibilities, which they were not aware of. They had no idea that there were formal initiatives which could assist schools, parents, learners and educators to address challenges that disturb teaching and learning at schools and enhance the health of the school community.

As all participants were attending a HPS training programme for the first time, their expectations included topics such as “What is a Health Promoting School?”, “How can it be done?” and “Where can we get funds to initiate it?” Expectations of the training programme were covered within the training session topics.

Educators agreed that their expectations were addressed in an excellent way through the programme and the knowledge will affect their ability to perform their job in a better way. The following quotes were taken directly from the educator’s comments:

> *“the training was empowering and technical and really covered the content of what is going on in schools.”*
>
> *“the training was generally well planned and very informative.…”*
>
> *“the training was very good. I think most of the educators should be trained about this project, it will bring more changes at our schools.*

- **More comments:**

  “I suggest that this project can be presented Nationally to the Department of Education so that it can be adopted to improve the health of learners.”

  “More schools need to be invited to benefit from the Programme” This is exceptionally informative and an eye opener and presented by the expert of the topic indeed.”

"To improve the issue of attendees, ensure that we confirm number of people who are coming and make sure we invite as many people as possible because the training is really fruitful and it will make a unique difference down there at schools."

"Media (Video Play during presentation to play at least for 10 minutes on the issue. Invitation of more people to attend.

"The training was informative, what can be improved is inviting more representation from schools and I wish they can attend." "This is a good programme, if it can be implemented our communities and the country as a whole will change for the better. Indeed, its education for empowerment."

"The course was a success, we learned new skills to implement at schools to achieve better results."

"The training was perfect and will help in improving our living conditions."

"It was a really good training, provided lots of information and eye-openers. The training showed the importance of inter-sectoral collaboration to achieve success in HPS concept, the importance of community involvement as well as the importance of understanding student as it is mostly a cry for help. Again, the five steps are crucial for starters."

6.7 CONCLUSION

The comments by participants indicate that the HPS was a new initiative to them. However, in their opinion, the initiative could bring changes in their schools. Despite the fact that HPS has been criticised by other implementers, the educators in the Mankweng Circuit area felt that they were empowered and that the training programme presented could be used to develop skills among educators who were interested in using the HPSI to address the problems that commonly interfere with teaching and learning at schools. A range of strategies and programmes have evolved in previous years, with diverse names such as Health Promoting Schools, Comprehensive School Health, Child Friendly Schools and the Focusing Resources on Effective School Health (FRESH) initiative. However, these strategies use the whole-school approach and recognise that all aspects of the life of the school community are potentially

important in the promotion of health (Pearson, Chilton, Wyatt, Abraham, Ford, Woods & Anderson,2015).

It has become clear in the approaches that are is necessary to do more than just offer health education classes in the curriculum if we wish schools to fulfil their potential in promoting the health of all our young people.

The whole approach is meant to enhance educational outcomes and to facilitate actions for health by building health knowledge and skills in the cognitive, social and al domains (Pearson et al.,2015). All five (5) main steps to be followed when implementing a HPS and how they can be evaluated were outlined. The participants wondered why the HPS Initiative was not commonly spoken about and yet it sounded like an initiative that could solve many problems in schools. They also indicated that their expectations were satisfactorily met and they feel encouraged to start sustainable HPS initiatives at their schools. For sustainability, educators agreed that instead of inviting professionals for support services at schools and to conduct once off sessions with learners, they will draw a sustainable programme for continuous sessions to empower learners on health risks. Attempt will be made to recommend that other educators should attend the training with the hope that they will be ready to commence and support HPS initiatives at their school. The next chapter will focus on the summary, limitations and recommendations of the study.

CHAPTER 7: SUMMARY, RECOMMENDATIONS AND LIMITATIONS

7.1 INTRODUCTION

This chapter provides the summary, limitations and recommendations of the development, implementation and evaluation of the Health Promoting School Training Programme for Educators in High School of Mankweng area, Capricorn District in Limpopo Province.

7.2 SUMMARY

This study, established evidence-based data to inform the development of a Health Promoting School Training Programme that can provide direction for educators to establish HPSs in the Mankweng area. Any of the top three risks, found as a result of this study, can be addressed first at school, depending on how huge the problem is at that particular school. The same risk behaviour can, therefore, serve as an entry point to the initiation of a HPS. The priority problems to be addressed through the HPSI depend on several factors within the school setting such as i) Can the problem be altered? ii) Can schools access resources to address the identified problem? iii) Which part of the problem can easily be addressed? and, iv) What programme can quickly address the problem?

The qualitative data obtained in this study provided and in-depth understanding of what is going on in schools regarding the three main risks that learners are exposed to and the complexities of the situation in the Mankweng area. The school environment, ethos and the climate of school were also examined. The school infrastructure, management and planning, services and practices were found to required attention in order to enhance the health and well-being of learners.

The EHM provides an ecological perspective and the level of influence on the health promotion practice at school. The model embraces one of the action areas of health promotion, according to Ottawa Charter, namely; creating a supportive environment for health. Through this study, a training programme was developed and has proved to be useful to enhance the knowledge and skills of educators wishing to initiate HPSs in Limpopo Province. The contexts, such as health risk behaviours among learners, physical and environmental factors, ethos and the climate of schools, provided the basis of the HPS training programme for educators.

7.3 LIMITATIONS OF THE STUDY

This study had several limitations. Firstly, the study only considered adolescents who were enrolled within schools under the jurisdiction of the Limpopo Department of Education in South Africa. School-going adolescents may not be representative of all adolescents in Limpopo Province as the occurrence of health risks may differ between those who are at school and those who are out of school. Secondly, the data was based on self-reporting collection strategies, which may have introduced bias. Finally, the quantitative data does not provide information about causal relationships between risk behaviours and Health promotion practices in schools of Mankweng Circuit.

7.4 RECOMMENDATIONS

7.4.1 HPS practices of learners and health risks in High School

- Developing partnerships between the education and the health sector policy makers. The Department of Basic Education, through the South African Schools Act, as the overall legislation that controls how schools should operate, should collaborate with the DoH, through the School Health Policy, in order to draw on the understanding and experiences of educators, health workers and other school community members to initiate a HPSI. The collaboration will assist high schools to address health risks among learners. In contrast to the previous vertical model of delivering school health services, the School Health Policy should assist in the provision of school health services, integrated with other primary health care activities, allowing the HPSI to create a platform to control health risk practices. This include other different services provided at school to ensure that learners receive the required attention. The integration of these services and programmes in other sectors is particularly crucial to influence learners HPS practices in schools.
- This study also recommends that interventions for learners at school should be included as part of service provision and to ensure Universal Health Coverage, to promote HPS practices and to address social determinants of health and wellbeing. This is similar to the recommendations of the Sustainable and Development Goals (SDGs) that show strong synergies encouraged among different sectors to implement strategies initiated, led and supported by both the DoH and the DBE.

- Collaboration among different sectors can also assist in the reduction of the prevalence of risk behaviours, such as teenage pregnancy, in South Africa, which is currently at 47 births per annum per 1 000 girls aged between 15 and 19. This exceeds the prevalence of teenage pregnancy in high-income countries (Reddy et al., 2016). The HPSI is recommended as one of the initiatives which can assist the country to develop further by keeping the girl-child at school for a longer period of time, the practice recommended by SDGs numbers 3 and 4, although there is lack of understanding as to what constitutes best practice and how HPS implementation might vary, depending on context and traditions.
- The outcome of this study is meant to encourage and assist the DBE, the DoH and other stakeholders to opt for the HPSI as one of the strategies that can still be used to reduce health risk practices among learners at school.

7.4.2 The HPS physical features and the environment in high schools

- The Department of Basic Education should encourage that school environment must communicate messages through signs and billboards in order to prohibit health risk behaviours, such as substance use, smoking and carrying of dangerous weapons, on school premises. This could be achieved by assisting schools to adhere to the South African Schools Act and to develop school health policies that encourage putting up of “No Smoking” and “No dangerous weapons” signs in school premises. The HPS task team members could also come up with strategies to monitor the identified health risk behaviours learners are exposed to, especially in hidden corners of the school and to give thought to the implementation of planned strategies to deal with these risks.
- Administrators of HPS should develop both a sense of direction in the goals of the school and clear and unambiguous leadership and administrative support for the implementers of the HPSI, providing resources that complement the fundamental role of the educators and which are of a sound theoretical and accurate factual base.

7.4.3 HPS training programme for LO educators

- LO educators should be skilled on needs assessment among learners using reliable scientific methods to identify, prioritise the needs and to discuss priority issues leading to a strong foundation of HPS;
- Since substance use is found to be a serious health risk among learners, both locally and globally and they use substances even during school hours, educators should be empowered, through the HPS training programme, to be confident to share their knowledge with learners and to create a supportive environment to control the risk behaviours. The control of risk behaviours among learners, physical and environmental factors, ethos and climate of the school, may improve the educational outcomes.
- Educators should be confident to teach all the topics embedded within LO and make use of all the notional hours, as prescribed by the curriculum, to empower learners to resist challenges such as peer pressure and influence learners towards risk mitigation. They should provide adequate time for class-based activities, organisation and coordination, and out of class activities.
- The school-based health risk prevention programmes based on theory and evidence, can also be developed as part of HPS initiative. The skills will enable educators to identify symptoms of health risks and how to address them.
- The task HPS team should provide ongoing capacity building opportunities for educators and associated staff regarding HPS.
- The training can bring educational changes for HPS implementation by demonstrating how the key features of HPS matched with effective schools, and how to build up educator capacity so they can be fully engaged during the process of establishing the paradigm shift in school health promotion.

7.4.4 The HPS climate/ethos in high schools

- For HPS to thrive well, learners and parents should feel a sense of ownership in the life of the school;
- As part of HPS initiative, schools should develop healthy school policies based on the existing South African Schools Act to strengthen health promotion practices and to control challenges that disturb teaching learning and the

educational outcomes at school. There should be coordinated mechanisms, budget, procurement, human resource management, data and audits for HPS to benefit schools that opt to initiate it.

- The task team should develop and maintaining a democratic and participatory school community, exploring health issues within the context of the students' lives and community;
- Strategies that adopt a whole school approach should be utilised by the HPS task team, rather than primarily a classroom learning approach;
- The implementers of the HPS initiative should create an excellent social environment which fosters open and honest relationships within the school community, ensuring a consistency of approach across the school, home and the wider community;
- The schools should create a climate where there are high expectations of learners in their social interactions and educational attainments.

7.4.5 HPS Training Programme for LO Educators

- LO educators should be first to undergo HPS training in Limpopo Province High Schools as they are responsible for a subject that relates to health topics.
- LO educators only displayed knowledge of HPS activities during training, therefore a training programme is required to address all aspects of HPS initiative.
- The training programme can create awareness of how health risks among learners can be addressed by LO educators whose skills should be developed during HPS training.
- A knowledgeable LO educator can always improve learner's educational outcomes.
- Empowerment of all LO educators is recommended based on the fact that LO is a subject meant to assist learners to prevent health risks, address physical/environmental and school climate/ethos factors, assisting learners to achieve more academically.

7.4.6 HPS Training programme evaluation

- Expectations of participants should be listed at the beginning of the training and be fully covered during training for HPS. This will assist the trainers to respond specifically to areas of concern and knowledge deficit regarding HPS.
- Topics such as what Health Promoting School is, implementation and where can the school get funds to initiate it, should be included on the training programme as they were highlighted by most participants.
- Participatory approach during training of educators is recommended as they learn more and share information during training.
- The following quotes were taken directly from the educator's comments:
- The training should be empowering and technically correct to covered the content of what HPS is all about.
- The training must be well planned to accommodate the busy schedule of educators.
- Potential changes expected from HPS initiative in schools should be highlighted.

7.5 CONCLUSION

The study revealed that the health risk behaviours among learners remain a concern in Limpopo Province high schools with Alcohol being the most reported risk among learners, followed by sexual health risks and bullying. The development of a Health Promoting School Training Programme, is a supportive evidence that developing educator's personal skills improved knowledge on HPS, understanding and it further creates an enabling environment for learners to know how to control health risk practices and behaviours. The HPS initiative can assist learners to achieve positive educational outcomes and enhance their health and well-being, including staff and the wider school community. The Health Promoting School Training Programme improved the educators' knowledge, understanding and skills of how schools can be health promoting and address health risks, physical and environmental challenges and climate and ethos issues at school.

With this in mind, it is timely that educators determine their own HPS initiatives agenda for the future through their own evidence of effectiveness and efficiency at schools. Effective planned evaluation offers tangible evidence of what has been achieved and it offers confidence and satisfaction in relation to health promotion role (Samdal &

Rowling,2011). Evaluation has proved to be an essential activity for the HPS training programme. Failure to include it would make attempts to initiate HPS ineffective and unsuccessful. Educators are encouraged here to raise their HPS knowledge and skills by engaging into concerted HPS initiatives. It is hoped that the HPS training programme presented in this study will further assist those that participated in such activity to initiate HPS in their schools. Further research can focus more on investigating and the mechanisms of HPS interventions and evaluations of local practice, the dynamic nature of programme adaptation during implementation, and the programme sustainability.

REFERENCES

Aarø, L.E., Breivik, K., Klepp K.I., Kaaya, S., Onya H.E., Wubs A., Helleve, A. and Flisher, A.J. (2011). An HIV/AIDS knowledge scale for adolescents: item response theory analyses based on data from a study in South Africa and Tanzania. 26 (2), 212–224.From:https://academic.oup.com/her/article-abstract/26/2/212/582157. (Accessed: 11 May 2018).

Aldinger, C., Zhang, X.W., Liu, L.Q., Guo, J.X., Yu Sen, H. and Jones, J., (2008). Strategies for implementing Health-Promoting Schools in a province in China. *Promotion & Education*, 15(1), 24-29.

Alexandropoulou, M. (2013). The health promoting school and the school nurse: A content analysis of school staff's views. *British Journal of School Nursing.* 8(3), 2052-2827.

Anney, V. N, (2015). Ensuring the Quality of the Findings of Qualitative Research: Looking at Trustworthiness Criteria. *Journal of Emerging Trends in Educational Research and Policy Studies* (JETERAPS) 5(2):272-281.

Basch, C.E., (2011). Healthier students are better learners: A missing link in school reforms to close the achievement gap. *Journal of School Health*, 81(10), 593-598.

Bassett-Gunter, R., Yessis, J., Manske, S., and Stockton, L. (2012). Healthy School Communities Concept. Ottawa, Ontario: Physical and Health Education Canada. From: http://www.phecanada.ca/programs/health-promoting-schools/concept-paper (Accessed: 31 July 2016).

Beksinska, M.E., Pillay, L., Milford, C. and Smit, J.A., (2014). The sexual and reproductive health needs of youth in South Africa-history in context. *South African Medical Journal,* 104(10), 676-678.

Berkeley, L. (2013). Results from the School Health Policies and Practices Study. US. Department of Health and Human Services. Centres for Disease Control and Prevention Report. From: www.cdc.gov/healthyyouth/shpps/2012/pdf/shpps-results (Accessed: 17 August 2016).

Brener N.D., Kann, L., Shanklin, S., Kinchen, S., Eaton, D.K., Hawkins, J. and Flint, K.H. (2013). Methodology of the Youth Risk Surveillance System. Morbidity and Mortality Weekly Report 62 (1). U.S. Department of Health and Human Services.

Burns, N. and Grove, S.K (2013). The practice of nursing research. 8th edition. St. Louis: Elsevier.

Census Bureau, US. (2010). Statistical Quality Standards. From: http://www.census.gov/quality/standards/glossary.html (Accessed: 06 August 2016).

Centre for Disease Control and Prevention, 2016. Youth Risk Surveillance United States, 2015. *Morbidity and Mortality Weekly Report.*, *(65)6.* U.S. Department of Health and Human Services. Surveillance Summaries.

Creswell, J.W and Inquiry, Q. (2013). Research design: choosing among the five approaches. Third edition. Thousand Oaks: Sage.

Creswell, J.W., (2014). Research design: Qualitative, quantitative, and mixed methods approaches. Fourth Edition. Thousand Oaks, California: Sage publications Ins. Pearson.

Creswell, J.W., (2015). A concise introduction to mixed methods research. Thousand Oaks, Califonia: Sage Publications.

Creswell, J. W. & Poth, C. N. (2018). Qualitative inquiry & research design: Choosing among five approaches. (4th ed.). Thousand Oaks, CA: Sage.

de Guzman, M and Kathy R., G07-1715 (2007). High-Risk Behaviours among Youth. Families Adolescence & Youth. Historical Materials from University of Nebraska-Lincoln Extension. 65(9) G07-1715.

Department of Basic Education, (1996). South African Schools Act (SASA No.84 of 1996). Pretoria: Government Printers.

Department of Basic Education, (2018). Health Promotion. From:https://www.education.gov.za/Programmes/HealthPromotion.aspx. (Accessed 13 March 2018).

Department of Basic Education (2016) Action Plan to 2019: Towards the Realisation of Schooling 2030. Pretoria, Government Printers.

Department of Basic Education (2012). Curriculum and Assessment Policy Statement (CAPS) Pretoria: Government Printers.

Department of Education (2008). Devices to be used for drug testing and the procedure to be followed. Pretoria (Government Gazette, no. 31417).

Department of Education (2008). Education Statistics in South Africa 2006. Pretoria: Government printers.

Department of Health (2015). The National health promotion Policy and Strategy 2015 – 2019. Government Printers.

Department of Health, (2014). The National Health Promotion Policy and Strategy 2015 – 2019. Republic of South Africa. Government Printers.

Department of Health (2013). Policy: South Africa's Integrated School Health Programme. Republic of South Africa. Government Printers.

Department of Health, (2010). Integrated School Health Policy. Pretoria: Government Printers.

DeWitt, P and Slades, S (2014). School Climate Change: How do I build a positive environment for learning? ASD arias Publications. New York

Ethos, n.d. In Dictionary.com, LLC. From: https://www.dictionary.com/browse/ethos?s=t, (Accessed: 2 May 2020).

Flisher, A.J., Ziervogel, C.F., Chalton, D.O., Leger, P.H. and Robertson, B.A., (1993). Risk-taking behaviour of Cape Peninsula high-school students. Part IV. Alcohol use. *South African Medical Journal,* 83(7) 480-482.

Flisher, A.J., Townsend, L., Chikobvu, P., Lombard, C.F., & King, G. (2010). Substance use and psychosocial predictors of high school dropout in Cape Town, South Africa. *Journal of Research on Adolescence*, 20(1), 237-255

Guével, M.R., Jourdan, D. and Pommier, J. (2015). Mixed methods' contribution to the evaluation of health promotion approaches in the school setting. In V. Simovska & P.M. McNamara (Eds.) Schools for health and sustainability – Theory, research and practice (pp. 379-404). New York: Springer from: https://www.iresp.net/wp-content/uploads/2019/01/. Accessed: 04 February 2020.

Gunawan, J. (2015). Ensuring trustworthiness in qualitative research. *Belitung Nursing Journal.*1 (1):10-11. From: http://belitungraya.org/BRP/index.php/bnj/ Accessed (13 March 2018).

Harris K, Holden C, Chen M. (2010). Background information on national indicators for social determinants of health. Paper presented to the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020, National Opinion Research Center; January 5, 2010. From:https://www.healthypeople.gov/2020/about/foundation-health measures/Determinants-of-Health (Accessed: 22 April 2020).

Hidden Curriculum, (2014). In Abbott, S(Ed). The glossary of education reform. From http://edglossary.org/hidden-curriculum (Accessed: 11 February 2016).

Hinduja, S., and Patchin, J.W. (2018). Connecting Adolescent Suicide to the severity of Bullying and Cyber Bullying. *Journal of School Violence.*18(3). From: https://www.researchgate.net/publication/327167587_Connecting_Adolescent_Suicide_to_the_Severity_of_Bullying_and_Cyberbullying__*1538-8239*. (Accessed: 11 February 2016).

Holborn, L. (2013). Education in South Africa: Where Did It Go Wrong? Africa in Fact, *the journal of Good Governance Africa*. From: http://www.ngopulse.org/article/education-south-africa-where-did-it-go-wrong (Accessed: 27/02/2020).

Holan, L., Flisher, A.J., and Lombard, C.J. (2007). Bullying, violence, and risk in Soty African school students. *Child Abuse and Neglect, the International Journal*. Vol 31(2) 161-171

Human Science Research Council: Umthente Uhlaba Usamila (2013). The third South African National Youth Risk Behaviour Survey 2011. From https://africacheck.org/wp-content/uploads/2018/10/3rd-Annual-Youth-Risk-Survey-2011.pdf(Accessed: 29 January 2019).

Jacobs, A. (2011). Life Orientation as experienced by learners: a qualitative study in North-West Province. *South African Journal of Education*, 31(2), 212-223.

Jamshed, S. (2014). Qualitative research method interviewing and observation. *Journal of Basic and Clinical Pharmacy*, 5(4), 87-88.

Johnson, R. B., & Onwuegbuzie, A. J. (2010). Mixed research. In R. B. Johnson & L. B. Christensen, Educational research: Quantitative, qualitative, and mixed approaches (4th ed., pp. 439-459). Thousand Oaks, CA: Sage. (12 Seiten).

Joseph, R., Alonso-Alonso, M., and Bond, D et al. (2011). The neurocognitive connection between physical activity and eating. *Obesity Reviews*, 12 (10) p 800-812.

Kann L, McManus T, Harris WA, et al. (2018). Youth Risk Behaviour Surveillance—United States, 2017. *MMWR Surveill Summ*: 67(No. SS-8).

Key, J. P. (2013). Research Design in Occupational Education. Oklahoma State University. Trustworthy in qualitative research. https://www.okstate.edu/ag/agedcm4h/academic/aged5980a/5980/newpage21.htm. Accessed: 30 November,2020.

Kim, D.S and Kim H.S (2010). Early Initiation of Alcohol Drinking, Cigarette Smoking, and Sexual Intercourse Linked to Suicidal Ideation and Attempts: Findings from the 2006 Korean Youth Risk Behaviour Survey. *Yonsei Medical Journal*; 51(1): 18-26.

Knowles, M.S (1978). Andragogy: Adult Learning Theory in Perspective. Adult and Student Learning, 5 (3): 9-20. From: https://journals.sagepub.com/doi/abs/10.1177/009155217800500302. (Accessed: 27 February 2020).

Kirkpatrick, S.A (2016). Build a Better Vision Statement: Extending Research with Practical Advice. Lexington Books. Amazon.

Krishna, R., Maithreyi, R. and Surapaneni, K. (2010). Research bias: a review for medical students. *Journal Clinical and Diagnostic Research*, 5(4), 2320-2324.

Krumpal, I (2011). Determinants of social desirability bias in sensitive surveys: A literature review. *Quality and Quantity*, 47(4) 2025-2047.

Kusek, J.Z and Rist R.C (2004) A handbook for development practitioners. The Steps to a Result-based Monitoring and Evaluation System. The World Bank. Washington DC.

Langford, R., Bonell, C.P., Jones, H.E., Pouliou, T., Murphy, S.M., Waters, E., Komro, K.A., Gibbs, L.F., Magnus, D. and Campbell, R. (2014). The WHO Health Promoting School framework for improving the health and well-being of students and their academic achievement. London: The Cochrane Collaboration.

Lee, A., Kenny, VMW. Lo ASC. Kwong, CM and Armstrong, E. (2014). Developing a framework for evaluating efficiency in Health Promoting School in Hong Kong. *Journal of Health Education*. 114:225-242

Lee, A., Lo, A.S.C., Keung, M.W. et al. Effective health promoting school for better health of children and adolescents: indicators for success. BMC Public Health 19, 1088 (2019). From: https://doi.org/10.1186/s12889-019-7425-6. Accessed: 30 November 2020.

Lee, A., Lo, A., Li, Q. Keung, V. & Kwong, A. (2020) Health Promoting Schools: An Update. Applied Health Economics and Health Policy (18), 605–623. From: https://doi.org/10.1007/s40258-020-00575-8. (Accessed: 12 December 2020).

Makwarela, M.C., Mammen K.J. and Adu, E.O (2017). An Assessment of the Implementation of DoE and UNICEF Guidelines for Creating Safe, Caring and Child-friendly Schools: A South African Case Study, Journal of Social Sciences, 50:1-3, 1-7.

Malahlela, M.K. (2012). The effects of teenage pregnancy on the behaviour of learners at secondary schools in the Mankweng area, Limpopo Province. South Africa. Masters dissertation. From:uir.unisa.ac.za>dissertation_mk. (Accessed: 15 August, 2016) Mankweng: Unpublished dissertation.

McLeod, S. A. (2018). Questionnaire: Definition, Examples, Design and Types. Simply psychology: https://www.simplypsychology.org/questionnaires.html(Accessed: 15 August 2016).

Mononela, M., Viviers, A., Makatu, S., Maritz, G., Wilson, C. and Albino, N. (2008). Implementation Guidelines: Safe and Caring Child-Friendly Schools in South Africa. Department of Education and UNICEF, South Africa.

Netshiṱangani, T (2014). Causes of School-Based Violence in South African Public Schools: Application of Normalisation Theory to Understand the Phenomenon through Educators' Perspectives*. Mediterranean Journal of Social Sciences*;5 (20), 2039-211.

NIDA (2018). National Survey on Drug Use and Health (NSDUH). From https://www.drugabuse.gov/related-topics/trends-statistics/national-survey-drug-use-health-nsduh (Accessed: 27 February 2020).

Onya, H., Tessera, A., Myers, B. and Flisher, A. (2012). Adolescent alcohol use in rural South African high schools. *African Journal of Psychiatry*, 15 (5) 352-357.

Owens, B (2017). Do You Know Your School's Vision? Tips on Making a Meaningful Mission Statement. From: https://www.edweek.org/tm/articles/2017/11/22/do-you-know-your-schools-vision-tips.html?print=1 (Accessed: 27 November,2019).

Pappas, C. (2013). The Adult Learning Theory - Andragogy - of Malcolm Knowles. From:https://elearningindustry.com/the-adult-learning-theory-andragogy-of-malcolm-knowles. (Accessed: 30 November, 2020).

Pearson, M., Chilton, R., Wyatt, K., Abraham, C., Ford, T., Woods H.B., Anderson R. (2015). Implementing health promotion programmes in schools: a realist systematic review of research and experience in the United Kingdom. *Implementation Science: IS* 10(149) 1 to 15 (2006 to 2020).

Peltzer, K; Ramlagan, S; Johnson, B.D & Phaswana-Mafuya N (2010). Illicit Drug Use and Treatment in South Africa: a review, *National Institute of Health*. *NIH Public Access*, 45(13): 2221–2243.

Persson, L. and Haraldsson, K. (2013). Health promotion in Swedish schools: school managers' views. *Health Promotion International*, 1(May), 29-34.

Persson, L. (2016). Health Promotion in Schools - Results from Public Health project. Doctoral Thesis: Karlstad University Studies.

Peu, D., Mataboge, S., Ladzani R., Wessels, L., Mostert-Wentzel, K & Seane, N. (2015). Perceptions of educators regarding the implementation of the health promotion programme manuals for children in schools of Makapanstad, South Africa. *Curationis* 38(2), Art. no.1529. From: http://dxdoi.org/10.4102/curationis.v38i2.1528. (Accessed: 2 February 2018).

Phillips, M (2014). A Place for Learning: The Physical Environment of Classrooms. From: https://www.edutopia.org/blog/the-physical-environment-of-classrooms-mark-phillips (Accessed: 10 February 2019).

Polit, D.F. and Beck, C.T. (2010). Essentials of nursing research: Appraising evidence for nursing practice. 8th Edition. Lippincott Williams & Wilkins. London.

Polit, D.F. and Beck, C.T. (2012). Nursing research: Generating and assessing evidence for nursing practice. Philadelphia, PA: Lippincott Williams & Wilkins.

Pommier, J., Guével, M. and Jourdan, D. (2010). Evaluation of health promotion in schools: a realistic evaluation approach using mixed methods. *Bio Medical Centre Public Health*, 10(43)1471-2458.

Pommier, J., Guevel, M. and Jourdan, D. (2012). A Health Promotion Initiative in French Primary Schools Based On Teacher Training and Support: Mixed Methods' Contribution and First Results. A Conference Paper: ECER 2012. From http://www.eera-ecer.de/ecer-programmes/conference/6/contribution/16139/ (Accessed: 12 February 2020).

Rajasekar, S., Philominathan, P. and Chinnathambi, V. (2013). Research methodology. India. Tamilnadu.

Raphael, D., (2000). The question of evidence in health promotion. *Health Promotion International*, 15(4), 355-367.

Rasmussen, V. B., Rivett, D. and Stewart-Burgher, M., WHO Regional Office for Europe, European Commission (1999). The European Network of Health Promoting Schools: the alliance of education and health. Copenhagen: WHO Regional Office for Europe. From: https://apps.who.int/iris/handle/10665/108143. (Accessed: 04 February 2020).

Reddy, S., James, S., Sewpaul, R., Koopman, F., Funani, N., Sifunda, S., Josie, J., Masuka, P., Kambaran, N. and Omardien, R. (2013). Umthente uhlaba usamila-the 2nd South African national youth risk survey 2008. Cape Town. South African Medical Research Council.

Reddy, S., James, S., Sewpaul, R., Koopman, F., Funani, N., Sifunda, S., Josie, J., Masuka, P., Kambaran, N. and Omardien, R. (2010). Umthente uhlaba usamila-the 2nd South African national youth risk survey 2008. Cape Town: South African Medical Research Council.

Reddy, P, Sewpaul, R, & Jonas, K. (2016). Teenage pregnancy in South Africa: reducing prevalence and lowering maternal mortality rates. Human Science Research Council 15: 1-7.

Samdal, O and Rowling L. (2011). Theoretical and empirical base for implementation components of health-promoting schools. Health Educ. 2011;111(5):367–90.

Senior, E. (2012). Becoming a health promoting school: key components of planning. *Global Health Promotion*, 19(1), 23-31.

Shilubane, H.N., Bos, A.E., Ruiter, R.A., van den Borne, B. and Reddy, P.S (2015). High school suicide in South Africa: teachers' knowledge, views and training needs. *BMC Public Health* (15), 245.

Statistics South Africa (2011). Census in brief. From: www.statssa.gov.za. (Accessed: 15 August 2016).

Stewart-Brown, S. (2006). What is the evidence on school health in improving health or preventing disease and specifically, what is the effectiveness of the health promoting schools approach? Copenhagen: WHO Regional Office for Europe, Health

Evidence Network Report. From: http://www.euro.who.int/document/ (Accessed 25: February 2013).

St Leger LH., Kolbe L., McCall, D., Young I. and Lee, A. (2007). “School health promotion – Achievements, challenges and priorities”, global perspectives on health promotion effectiveness. New York: Springer Science; (10) 107-24.

Struthers, P., Wegner, L., de Koker, P., Lerebo, W. and Blignaut, R.J (2016). Validity and reliability of the South African health promoting schools monitoring questionnaire. *Health Promotion International* (32) 2, 260- 270.

Sunitha, S and Gururaj, G. (2014). Health s & problems among young people in India: Cause for concern & call for action. *Indian Journal of Medical Research*, 140(2): 185–208.

Swart, D and Reddy, P. (1999). Establishing Networks for Health promoting schools in South Africa. *Journal of School Health*/Volume 69 (2):47-50.

Guedria-Tekari, A., Missaoui S., Kalai W., Gaddour, N and Gaha, L. (2019). Suicidal ideation and suicide attempts among Tunisian adolescents: prevalence and associated factors. *Pan African Medical Journal*, 34(105),1-13.

Taherdoost, H. (2016). Validity and Reliability of the Research Instrument; How to Test the Validation of a Questionnaire/Survey in a Research. SSRN Electronic Journal 5(3):28-36.

The South African National Qualification Framework. Developing Learning Programmes (2005). South African Qualifications Authority. Republic of South Africa.

Thapa, A., Cohen, J., Guffey, S. and Higgins-D’Alessandro, A. (2013). National School Climate Center. *A Review of School Climate Research*. September 2013, Vol. 83, No. 3, pp. 357–385. From: http://rer.aera.net (Accessed: 2 October 2019).

Thompson, K (2019). The Hidden Curriculum and School Ethos”

Tjomsland H.E., Wold B., Krumsvik R.J., Samdal O. (2015) Evaluation Research in Health Promoting Schools and Related Challenges. In: Simovska V., Mannix McNamara P. (eds) Schools for Health and Sustainability. Springer, Dordrecht. From: https://doi.org/10.1007/978-94-017-9171-7_17. Accessed: 30 November 2020.

Tjomsland H.E., Wold B., Krumsvik R.J., Samdal O. (2015) Evaluation Research in Health Promoting Schools and Related Challenges. In: Simovska V., Mannix McNamara P. (eds) Schools for Health and Sustainability. Springer, Dordrecht. From: https://doi.org/10, W. M. K. (2006).

Tshiṱangano, T.G, and Tosin O.H (2016). Substance use amongst secondary school students in a rural setting in South Africa: Prevalence and possible contributing factors. *African Journal of Primary Health Care & Family Medicine* 8(2) 934. From: https://doi.org/10.4102/phcfm.v8i2.934. Accessed: 04 February, 2020.

Tsotetsi, M (2019). Final Report: Mankweng Community Development Framework. Nedbank's Proud of My Town Initiative.

UNICEF, (2013). Definition of Terms. From: https://www.unicef.org/lifeskills/index_7308.html (Accessed 11 October 2018).

UNICEF, (2015). Review of the life skills education programme: Maldives. From: https://www.unicef.org/evaldatabase/files/LSE_Maldives_review_2015.001.pdf.Accessed: 30 November 2020.

U.S. Department of Health and Human Services and U.S. Department of Agriculture (2015 – 2020). Dietary Guidelines for Americans. 8th Edition. December 2015. From: https://health.gov/dietaryguidelines/2015/guidelines/. (Accessed: 06 August 2016).

Vaismoradi, M., Jones, J., Turunen, H., Snelgrove, S. (2016). Theme development in qualitative content analysis and thematic analysis. *Journal of Nursing Education and Practice,* 2016, 6(5). From: http://jnep.sciedupress.com (Accessed: 9 September 2019).

Van Jaarsveld, L. 2011. An investigation of safety and security measures at Secondary Schools in Tshwane, South Africa. Dissertation. UNISA

Viviers, A. and Kunda, R. (2009). Testimonies on child friendly schools from the field. UNICEF South Africa.

St Leger L, Young I et al. (2010). Promoting health in schools: from evidence to action. Saint-Denis: IUHPE; (http://hivhealthclearinghouse.unesco.org/library/documents/promoting-health-schools-evidence-action. Accessed 30 November,2020.

Waggie, F., Laattoe, N. and Filies, G (2013). Moving from conversation to commitment: Optimising school-based health promotion in the Western Cape, South Africa. *African Journal of Health Professions Education*, 5(1), 26-29.

Wang, M.T and Degol, J. (2015) School Climate of the Construct, Measurement, and Impact on Student Outcomes. *Educational Psychology Review* 2016 (28)315-352

Weathers, B., Barg, FK., Bowman, M., Briggs, V., Delmoor, E., Kumanyika, S., Johnson, J C., Purnell, J., Rogers, R and Halbert, C H. (2011). Using a Mixed-Methods Approach to Identify Health Concerns in an African American Community. *American Journal of Public Health*, 101(11): 2087–2092.

Wiebesiek, L. (2015). Some Reflections on Rural Education in South Africa. *Trends in International Mathematics and Science study* (TIMSS). News Letter. South Africa.

Wise, M. and Signal, L., (2000). Health promotion development in Australia and New Zealand. *Health Promotion International*, 15(3), 237-248.

Wollaston School. From: https://www.wollastonschool.com/about/school-ethos/. Accessed: 23 May 2019.

WHO (1986). Ottawa Charter for Health Promotion. Available from: http://www.euro.who.int/en/publications/policy-documents/ottawa-charter-for-health-promotion,-1986 (Accessed: 3 October 2016).

Global recommendations on physical activity for health, World Health Organization, (2010). (http://apps.who.int/iris/bitstream/10665/44399/1/9789241599979_eng.pdf . Accessed 30 November 2020.

WHO (1991). Sundsvall Statement on Supportive Environments for Health. Third International Conference on Health Promotion, Sundsvall, Sweden, 9-15 June 1991. From: www.who.int/healthpromotion/conferences/previous/sundsvall/en/ (Accessed: 17 February 2016).

WHO, (2017). Health Promoting Schools. From: https://apps.who.int/iris/bitstream/handle/10665/255625/WHO-NMH-PND-17.3-eng.pdf;jsessionid=ECD40D1998D13B283118016F1BBB9786?sequence=1. Accessed: 30 November 2020.

WHO, (2012) Social determinants of health and well-being among young people: Health in School-Aged Children (HBSC) study: international report from the 2009/2010 survey. *Health policy for children and adolescents*, No. 6. Regional Office for Europe.

WHO (2016). EMRO al risk factors. From:http://www.emro.who.int/health-education/health-risk-factors/-risk-factors.html (Accessed: 25 October 2016).

Willan, S. (2013). A review of teenage Pregnancy in South Africa-Experience of schooling, and knowledge and access to sexual and reproductive health services. From:www.hst.org.za/publications/NonHST%20Publications/Teenage%20Pregnancy%20in%South%20Africa%20Final%20%2010%20May%202013.pdfsearch (Accessed:10 March 2018).

Yamane, T (1967). Statistics. An introductory Analysis. 2nd edition. New York: Harper and Row.

Young, I., St. Leger, L. and Blanchard C. (2013). Health-promoting schools: working in partnership to address global needs, a collaboration leading to the production of practical tools for practitioners. *Global Health Promotion,* Vol. 20 Supp. 4: 122– 127.

Zimmerman, (2016). School conditions matter for student achievement, new research confirms. *CHALKBEAT Newsletters*. *New York City education news*. From: https://chalkbeat.org/posts/ny/2016/03/24/school-conditions-matter-for-student-achievement-new-research-confirms/ (Accessed : 27 February 2020).

Zygo. M., Pawłowska, B., Potembska, E., Dreher, P. and Kapka-Skrzypczak, L (2019). Prevalence and selected risk factors of suicidal ideation, suicidal tendencies and suicide attempts in young people aged 13–19 years. *Annals of Agricultural and Environmental Medicine*; 26(2): 329–336.

ANNEXURE 1: QUESTIONNAIRE (ENGLISH)

(INSTRUCTIONS)

Carefully read the following instructions before beginning:

1. Please answer ALL questions by making a cross (x) in the appropriate square of your choice.

2. Note that in some questions, you will be expected to make a cross in more than one square, e.g. Question 10.

3. Where you are asked to give numbers or write your opinion, a space is provided for that, e.g. _____

4. Where your answer is NO please do not write answers for the following sub-sections a, b, c and d.

5. If your answer is YES then please go ahead to answer sub-sections a, b, c and d

PART 1: DEMOGRAPHICS

Before we start we need to know a few things about you?

1) How old are you? ____years.

2) What is your sex

- ❑ *Male*
- ❑ *Female*

3) Which school do you attend?

_____
_____

4) In which class are you (for example, 7f) _____

5) Have you ever repeated a school year?

- ❑ *Yes*
- ❑ *No*
- ❑ *No*

6) During the first school term of this year, approximately how many days were you absent? _____days.

7) What was your racial classification under the previous government?

- ❑ *Asian*
- ❑ *Black*
- ❑ Coloured
- ❑ White

8) Which of the following languages are spoken at home? Please mark as many as necessary.

- ❑ Afrikaans
- ❑ English
- ❑ Xhosa
- ❑ Zulu
- ❑ Sepedi

Other(s) pleases specify:

_____

9) What is the total number of years you have lived in a city since birth? ____years

10) With whom do you live? Please mark as many as necessary?

- ❑ Biological mother
- ❑ Biological father
- ❑ Step mother
- ❑ Step father
- ❑ Grandmother(s)
- ❑ Grandfather
- ❑ Aunt
- ❑ Bomalome
- ❑ Uncle
- ❑ Sister

Other(s) please specify

_____

11) Who raised you or brought you up? Please mark as many as necessary.

- ❑ Biological mother
- ❑ Biological father
- ❑ Step mother
- ❑ Step father
- ❑ Grandmother(s)
- ❑ Grandfather

Other(s) please specify:

_____

12) a. Which of the following do you or your family have at home? Please mark as many as necessary.

- ❑ Telephone
- ❑ Television
- ❑ Motor car

❑ Electricity

b. Does your family own any sheep?

❑ Yes
❑ No
If yes, how many sheep does your family own?
_____

c. Does your family own any cattle?

❑ Yes
❑ No

If yes, how many cattle?
_____

d. Does your family own any goats?

❑ Yes
❑ No
If yes, how many goats do your family own?
_____

13) a. How many people besides you, sleep in the room with you at night, when you are at home?
_____

b. What type of dwelling do you live in? Please mark more than one if necessary

❑ Tin House
❑ Brick House
❑ House with tiled roof
❑ Hut (Mud house).

PART 2: LEARNER'S RISKS

This part of the questionnaire is concerned with the use of tobacco, alcohol and other drug

14) Have you ever smoked a whole cigarette?
❑ Yes
❑ No

15) Have you ever used alcohol (including beer, wine and home brewed beer) other than a few sips?
❑ Yes
❑ No

a) If Yes, how old were you when you first used alcohol?
_____

16) Have you ever smoked dagga?
❑ Yes
❑ No

a) If Yes, how old were you when you first used dagga?
_____

17) Have you ever smoked dagga and mandrax together (white pipes, buttons)?
❑ Yes
❑ No

a) If Yes, how old were you when you first used dagga and mandrax together? _____

18) Have you ever sniffed glue, petrol or thinners?
❑ Yes
❑ No

19) Have you ever used crack cocaine?
❑ Yes
❑ No
❑ I do not know it

20) Have you ever used derbisol?

- ❑ Yes
- ❑ No
- ❑ I do not know it

21) Have you ever used Ecstasy?

- ❑ Yes
- ❑ No
- ❑ I do not know it

22) Have you ever used any other type of illegal drug, such as cocaine, heroin, stimulants, hallucinogenic such as LSD, Nexus and MMDA?

- ❑ Yes
- ❑ No

23) Have you ever injected any illegal drug (i.e. Mainlining)?

- ❑ Yes
- ❑ No

24) Have you ever used Nyaope?

- ❑ Yes
- ❑ No
- ❑ Do not know it

25) In the past 4 weeks at school did you ever carry a knife to be used as a weapon?

- ❑ Yes
- ❑ No

26) During the past 12 months, have you ever been bullied at school?

- ❑ Yes
- ❑ No

27) During the last 12 months, have you ever bullied anybody at school?

- ❑ Yes
- ❑ No

28) During the past 12 months have you been involved in any physical fights?

- ❑ Yes
- ❑ No

29) During the past 1 month, did you ever seriously think about harming yourself in a way that may result in your death?

- ❑ Yes
- ❑ No

30) During the past 12 months, did you actually ever try to put an end to your life?

- ❑ Yes
- ❑ No

This part of the questionnaire is concerned with sexual and reproductive health risks.

31) Have you ever had sexual intercourse? (this means intimate contact with someone of the opposite sex during which the penis enters the vagina.)

- ❑ Yes
- ❑ No

IF YES

a) How old were you when you first had sexual intercourse?

_____

b) With how many different

partners have you had sexual intercourse in the last 12 months

_____

c) How long ago did you last have sexual intercourse?

_____

d. On the last occasion that you had sexual intercourse, had you known your partner for more than 7 days?

- ❑ Yes
- ❑ No

On the last occasion that you had sexual intercourse, did you or your partner use anything to prevent pregnancy (family planning) or prevent disease?

- ❑ Yes
- ❑ No

e. On the last occasion that you had sexual intercourse, if you did do anything to prevent pregnancy (family planning) or disease, what did you or your partner use? (indicate more than one if applicable).

f. Have you ever been pregnant?

- ❑ Yes
- ❑ No

g. Do you know girls who have child at school?

- ❑ Yes
- ❑ No

h. Have you ever had anal intercourse? This means intimate contact with another person during which the penis enters the anus

- ❑ Yes
- ❑ No

PART 3: THE SCHOOL'S ENVIRONMENTAL FEATURES

31) Curriculum contains health related activities that involve learners and families.

- ❑ Yes
- ❑ No

32) Educators and learners participate in local events (culture, sports and festivals).

- ❑ Yes
- ❑ No

33) There are enough toilets/latrines for males and females.

- ❑ Yes
- ❑ No

34) Safe clean water is available for drinking and hand washing.

- ❑ Yes
- ❑ No

35) We have garbage disposal system at school.

- ❑ Yes
- ❑ No

36) Students take part in beautifying the school (painting, planting, cleaning up school grounds).

- ❑ Yes

❑ No

37) Physical features of the school supports learning.
❑ Yes
❑ No

38) Play grounds are well maintained.
❑ Yes
❑ No

PART 4: SCHOOL CLIMATE AND ECO-HOLISTIC MODEL CONSTRUCTS

This part of the questionnaire is concerned with Curriculum issues

39) Students take part in decision making and their learning.
❑ Yes
❑ No

40) Students actively participate in their own learning.
❑ Yes
❑ No

41) Curriculum is interesting, engaging and relevant.
❑ Yes
❑ No

42) Sufficient time is allocated to health in the overall curriculum.
❑ Yes
❑ No

This part of the questionnaire is concerned with services at school

43) Basic health services are available for students and staff.
❑ Yes
❑ No

44) First aid kit is available and training is provided.
❑ Yes
❑ No

45) Screening services are provided.
❑ Yes
❑ No

46) Learner's health records are kept safe at school.
❑ Yes
❑ No

47) Counselling service is available at school.
❑ Yes
❑ No

48) Healthy locally grown food is available at school.
❑ Yes
❑ No

49) Referrals are done at School serving as a link to services within the community.
❑ Yes
❑ No

This part of the questionnaire is concerned with policies.

50) List all school health policies that you know of at school.
_____
_____
_____
_____

QUESTIONNAIRE (SEPEDI)

QUESTIONNAIRE ON ADOLESCENT RISK BEHAVIOUR

INSTRUCTIONS

MELAO

Ke kgopelo gore o bale melao ye, o e kwešiše pele ga ge o ka thoma go araba dipotšišo tše di latelang:

1. **Hle nke o arabe dipotšišo kamoka, ka go bea leswao (x) ka mo lešakaneng leo.**
2. **Hlokomela gore mo dipotšišong tše dingwe o tla swanela go bea maswao a mmalwa mo mašakaneng ao a nepagetšeng, bjalo ka potšišo ya lesome.**
3. **Mo o kgopelwago go ngwala dinomoro goba go fa mogopolo wa gago o tla humana go na le mothaladi _____**
4. **Ge phetolo ya gago e le AOWA gona o seke wa leka go araba dipotšišo tša seripa sa a, b, c le d.**
5. **Ge phetolo ya gago e le ENG gona ka kgopelo, t**šwela **pele o arabe dipotšišo moseripaneng sa a,b,c le d**

KAROLLO 1: DEMOGRAPHICS

Pele re thoma re kgopela go tseba dilo tše di latelago?

1) O tsena sekolo se sefe?
   _____

2) O mo mphatong ofe?
   _____

3) Nkile wa boeletša mphato naa?
- ❑ Eng
- ❑ Aowa

4) Mo kotareng ya mathomo ya ngwaga o ile wa se ye sekolong ga kae?
   _____ matšatši.

5) O na le mengwaga e mekae? _____ mengwaga

6) O mueng?
- ❑ *Munna*
- ❑ *Mosadi*

7) Kafase ga mmušo wa kgale o be o le wa lefapha le lefe?
- ❑ *Asian*
- ❑ *Black*
- ❑ Coloured
- ❑ White

8) Ke maleme afe ao le a šomišago ka gae?
- ❑ Afrikaans
- ❑ English
- ❑ Xhosa
- ❑ Zulu
- ❑ Sepedi

Ge e ba gona le a mangwe a ngwale: _____

9) Ke mengwaga e mekae e nkileng wa dula toropong e sale mola o belegwa?
   _____mengwaga

10) O dula le mang? Bontšha bao o dulago le bona go ba latelago?
- ❑ Mma yo a ntswetšego
- ❑ Papa yo a ntswetšego
- ❑ Bokoko
- ❑ Borakgolo
- ❑ Borakgadi
- ❑ Bosesi
- ❑ Buti

Ge e ba go ba le babangwe ba bontshe:
_____

11) O godisitšwe ke mang? Bea leswao mo go swanetšego.
- ❑ Mma yo a ntswetšego
- ❑ Papa yo a ntswetšego
- ❑ Bokoko
- ❑ Borakgolo
- ❑ Borakgadi
- ❑ Bomalome
- ❑ Sesi
- ❑ Bosesi

Ge e ba go na le babangwe ba ngwale:
_____
_____

12) a. Ke eng tšeo batswadi bagago banago le tšona mo go tše?

- ❑ Telephone
- ❑ Television
- ❑ Motor car
- ❑ Electricity

b. Ka lapeng la geno le na le dinku naa?

❑ Eng
❑ Aowa

c. Ge o re eng, lena le dinku tše kae?

_____

d. Kalapeng la geno le na le dikgomo naa?

❑ Eng
❑ Aowa

e. Ge o re eng, lena le dikgomo tše kae?

_____

f. Kalapeng la geno le na le dipudi naa?

❑ Eng
❑ Aowa

g. Ge o re eng, lena le dipudi, ke tše kae?

_____

13) Le robala le ba kae ka mo kamoreng e tee? _____

KAROLLO 2: RISKS

14) A nkile wa fola sekerete kamoka ha yona?

❑ Eng
❑ Aowa

Ge o re eng,

a) O be ona le mengwaga e mekae la mathomo ge o fola sekerete?

15) A nkile wa šomiša bjala (le ge e le biri, beine le bjalwa bja Sesotho) ge e se go sora ga nyenyane?

❑ Eng
❑ Aowa

Ge o re eng,

a) O be ona le mengwaga e mekae la mathomo ge o šomiša bjala?

_____

16) A nkile wa fola patše?

❑ Eng
❑ Aowa

Ge o re eng,

a) O be ona le mengwaga e mekae la mathomo ge o fola patše?

_____

17) A nkile wa šunyetša patše le mandrax de li kamoka?

❑ Eng
❑ Aowa

Ge o re eng,

O be ona le mengwaga e mekae la mathomo ge o šomiša patše le mandrax?

_____

18) A nkile wa sunyetša glue, petrol le thinners?

❑ Eng

❑ Aowa

19) A nkile wa šomiša crack le cocaine?

❑ Eng
❑ Aowa
❑ A ke i tsebe

20) A nkile wa šumiša Derbisole?

❑ Eng
❑ Aowa

21) A nkile wa šumiša Ecstacy?

❑ Eng
❑ Aowa

22) A nkile wa šomiša e ngwe ya dinotagi bjale ka cocaine, heroin, ditlhabosamadi (stimulants), hallucinogenic tša go swana le LSD, Nexus, MMDA

❑ Eng
❑ Aowa

23) A nkile wa ke hlaba engwe ya di ritifatše?

❑ Eng
❑ Aowa

24) A nkile wa šomiša Nyaupe?

❑ Eng
❑ Aowa
❑ Ga ke tsebe

25) Dibekeng tše nne tša go feta, a nkile wa swara thipa ya go lwana ka yone sekolong?

❑ Eng
❑ Aowa

26) Dikgweding tše lesome le tše pedi tša go feta, a nkile wa tlaišwa sekolong?

❑ Eng
❑ Aowa

27) Dikgweding tše lesome le tše pedi tša go feta, a nkile wa tlaiša o mongwe sekolong?

❑ Eng
❑ Aowa

28) Dikgweding tše lesome le tše pedi tša go feta, a nkile wa lwana sekolong?

❑ Eng
❑ Aowa

29) Mo kgweding ya go feta, a nkile wa nagana go e gobatša le go ke polaya?

❑ Eng
❑ Aowa

30) Mo kgweding tše lesome le tše pedi tša go feta, a nkile wa leka go ke polaya?

❑ Eng
❑ Aowa

Tša thobalano

31) A nkile wa dira thobalano (ya go bontšha lerato la monna le mosadi?

❑ Eng
❑ Aowa

Ge o re eng,

a) O be ona le mengwaga e mekae la mathomo ge o robalana le mošimane goba mosetsana?

_____

b) Mo kgweding tše lesome pedi tša go feta o robetše le balekane ba kae? _____

c) E sale o dira tša thobalano neng?

_____

d) La mafelelo ge o dira tša thobalano, o be o tseba molekane wa gago matšatši ama kae?

_____

e) La mafelelo ge o dira tša thobalano, le šomišitše thibela pelegi goba malwetši naa?

❑ Eng
❑ Aowa

Ge o re eng, le šomešitše thibela pelegi e feng gobe tše di feng?

_____

f) O kile wa ima?

❑ Eng
❑ Aowa

g) O tseba basetsana baba kae ba beng le bana mo sekolong?

_____

h) A nkile wa dira thobalano yeo le šumišang marago (mo le sunyetsang ka mo maragong?

❑ Eng
❑ Aowa

Ge ore eng, le šomišitše thibela pelegi goba malwetši naa?

❑ Aowa
❑ Eng

KAROLLO 3: SCHOOL CLIMATE

31) Dithuto tša sekolo di akaretša tša maphelo go barutwana le batswadi?

❑ Eng
❑ Aowa

32) Barutiši le bana ba sekolo ba tšea karolo mo go tša go e tšhidolla le tša setšo.

❑ Eng
❑ Aowa

33) Gona le dintloana tša botshwela mare tša go lekana basetsana le bašimane.

❑ Eng
❑ Aowa

34) Meetse a gona a go nwa le go hlapa matsogo.

❑ Eng
❑ Aowa

35) Re na le dipini tša go lahlela matlakala sekolong.

❑ Eng
❑ Aowa

36) Barutwana ba kgona go thuša go dira gore sekolo se be botse (ka go penta, go byala le go kolomaka).

❑ Eng
❑ Aowa

37) Moago wa sekolo o gona o tšweletša dithuto pele.

❑ Eng
❑ Aowa

38) Lepatlego la go ralokela le a hlokomelwa.

❑ Eng
❑ Aowa

Tša thuto

39) Barotwana ba kgona go tsenela mo tshepelišong ya sekolo le mo go tša thuto.

❑ Eng
❑ Aowa

40) Barutwana ba kgona go tsenela mo tshepelišong ya tša thuto.

❑ Eng
❑ Aowa

41) Thuto e ya kgahliša ebile ke ye e swanetšego.

❑ Eng
❑ Aowa

42) Nako ya go ruta bana ka tša maphelo e lekanetše.

❑ Eng
❑ Aowa

Health services

43) Tirelo ya tša maphelo e gona ka sekolong.

❑ Eng
❑ Aowa

44) Ditirelo tša tšhoganetšo di gona ka sekolong.

❑ Eng
❑ Aowa

45) Ditirelo tša go nyakišiša malwetši di gona ka sekolong.

❑ Eng
❑ Aowa

46) Dikarata tša maphelo a barutwana di a tlhokomelwa.

❑ Eng
❑ Aowa

47) Barutwana ba hwetša thušo ya ge ba tswenyegile menaganong?

❑ Eng
❑ Aowa

48) Go na le dienyoa tše di byalwago ka sekolong.

❑ Eng
❑ Aowa

49) Barutwana ba hwetša thušo ya tša maphelo ka mo motseng.

❑ Eng
❑ Aowa

Policies at school

50) Ngwala melao ya sekolo ye o e tsebago.

_____
_____
_____
_____
_____

References

1. Aarø, L.E., Flisher, A.J., Kaaya, S., Onya, H., Fuglesang, M., Klepp, K.I. and Schaalma, H. (2006). Promoting sexual and reproductive health in early adolescence in South Africa and Tanzania (SATZ): development of a theory- and evidence-based intervention programme. *Scandinavian Journal of Public Health*, 34(2), 150-1582.

2. Helleve, A., Flisher, AJ., Onya, H., Kaaya, S., Mukoma, W., SWAI, C., and KLEPP, K. (2009). Teachers' confidence in teaching HIV/AIDS and sexuality in South African and Tanzanian schools (LASH). *Scandinavian Journal of Public Health*; 37(Suppl 2): 55–64

3. WHO (2000). Local Action Creating Health Promoting Schools. Information Series on School health. Adapted from Regional Guidelines: Development of Health Promoting Schools – A framework for Action. WHO/HPR/HEP/96.4.

4. WHO, (2009). HEALTH PROMOTING SCHOOLS: A framework for action. Western Pacific Region. WHO Press, Geneva. Switzer

ANNEXURE 2: INTERVIEW GUIDE

Title: DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF A HEALTH PROMOTING SCHOOL TRAINING PROGRAMME FOR EDUCATORS IN HIGH SCHOOLS OF MANKWENG CIRCUIT, LIMPOPO PROVINCE, SOUTH AFRICA

PART 1: DEMOGRAPHICS

1. Gender: □Male □Female
2. Age category □20–25 □26–30 □31–35 □36–40 □41–45 □46–50 □51–55 □56-60y other (specify)
3. Name of school …….
4. District and Circuit ……
5. Province/State ..…….
9. Contact person at School.…….
10. What is your position at school ……
11. Which subjects are you responsible for? .....
12. How long have you been working in this school? ……
13. Is the school Private /Public? □Private □ public
14. Is the school in a rural /semi-urban area? ……□ Rural □Urban
15. School Enrolment.……

PART 2: LEARNERS' RISKS

This part of the interview is concerned with learner's risks;

16. What is your view regarding the learner's general health and risks?
    - The use of tobacco, alcohol and other substances;
    - Sexual and reproductive health risks (Relationships, teenage pregnancy and contraceptive use);
    - Physical fights and bullying;
    - Recreation and Physical activities at school
    - Access to and eating healthy food.

PART 3: THE SCHOOL'S ENVIRONMENTAL FEATURES.

17. What can you say about the school environment and physical features?

- School road sign;
- Buildings;
- Play grounds;
- Water and sanitation;
- Gardens;
- Fence;
- Garbage disposal;
- Safety;
- Availability of healthy locally grown food.

PART 4: SCHOOL CLIMATE AND ECO-HOLISTIC MODEL CONSTRUCTS

This part of the interview is concerned with the School climate and Echo-Holistic Model constructs.

18. What are your comments about the following?

- Mission and vision of the school;
- Health Curriculum within the general curriculum;
- Learner's involvement in working and learning;
- Learner's participation in decision making;
- Learner's interest in learning;
- Services available;
- Existing school Policies.

This part of the interview is concerned with the Echo Holistic Model constructs

19. Can you comment about the following?

- the International, National, Provincial, District and local policies that you use school?
- Management, planning and allocation of roles at school;
- Links with outside agencies and the community;
- Social environment

- Feelings, attitudes, values, competencies and health promoting s at school;

20. Do you have any comments to the researchers?

_____

_____

THANK YOU VERY MUCH FOR YOUR TIME AND EFFORT!

ANNEXURE 3: TRANSCRIPT

Title: DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF A HEALTH PROMOTING SCHOOL TRAINING PROGRAMME FOR EDUCATORS IN HIGH SCHOOLS OF MANKWENG CIRCUIT, LIMPOPO PROVINCE, SOUTH AFRICA

PART 1: DEMOGRAPHICS

1. Gender: *X*□ Male □Female

2. Age category □20–25 □26–30 *X*□31–35 □36–40 □41–45 □46–50 □51–55 □56-60y other (specify)

3. Name of school: BJATLADI SENIOR SECONDARY SCHOOL…….

4. District and Circuit: ……*CAPRICORN DISTRICT, MANKWENG CIRCUIT*

5. Province/ State: ……LIMPOPO PROVINCE……

9. Contact person at School: *Deputy Principal*…….

10. What is your position at school: *Deputy Principal*…….

11. Which subjects are you responsible for?.....*Accounting*.....

12. How long have you been working in this school? ……*8 Months*…….

13. Is the school Private /Public? □Private *X* □ public

14. Is the school in a rural /semi-urban area? ……□ Rural *X*□ Semi-Urban

15. School Enrolment……**509 learners**…….

PART 2: LEARNNER'S RISK BEHAHAVIOURS

This part of the interview is concerned with learner's risk behaviours

16. What is your view regarding the learner's general health and risk behaviours?

- The use of tobacco, alcohol and other substances;

I can confirm that some substances are used, some substances, tobacco but the one that I know is Dagga, mainly due to peer pressure and I can say there are some kids who bring these things at school because of the life style at home, ja…the lifestyle at

home mostly kids from unstructured families, find that their parents do not say anything to these kids. Some of these are alcohol but we get reports that it's because of local taverns, as they come here that's when you find this thing of peer pressure, because of the lifestyle at home. The life style at home…these kids are. mostly kids who come from unstructured families. But we get reports that from time to time these kids are found in taverns, these kids tend to bring these things at school.

- Sexual and reproductive health risks (Relationships, teenage pregnancy and contraceptive use);

Ja…., on relationships, eh is not something that we easily see here at school, ja... except that kids will be kids, friends, eh... just be friends eh… boys and girls, but we can say that there is indeed pregnancy of kids in grade 9 there, who are pregnant. So this is an indicator that they do engage in sexual activities. So we have pregnant girls.

- Physical fights and bullying;

Eh the physical Fights in the school premises, ha… I can say that its' normal ja…where one day the other one would complain that this one beat me…. but they are minor ja... they are minor, but there are extreme cases that we hear they are being reported because of these taverns and our own kids in taverns, there are even some charges have been laid in police station involving our kids, but when they are in the school yard not serious fights, just bullying normal ja...ja.

Ja… ja…The bullying is a, I would say it's also minimal but there was a boy who just enjoyed bullying particularly the small boys, ja…we also ended up recommending that he be taken for assessment by an educational psychologist and we need report, the progress report, we are on that. Since he left, there is too much of order, even the complaints are minimal.

Probe: Was he expelled or did he complete his studies?

No, He is a grade 9 learner who is repeating, who could have also repeated grade 8, he is an orphan, ja, so you see he is just a troubled kid. We only recommended that before he can join us it's not necessarily suspended we actually requested that the parents, the uncle (ga na batsoadi) the uncle just take him to psychologist and what we need is, we just need a report that we are busy dealing with this, we will be able to know that he is taking some sessions and in that way we will be assisting the boy. He

requested that he be taken…in fact it was, this decision was not taken, the uncle did not believe that he is doing this, until he is doing more and more of this, and what is left is jail it is better if he can take the advice of the school.

- Recreation and Physical activities at school

Ja… what I can say is that on Wednesdays eh…we have got a sports day, eh… ja… where all lessons will stop, ja...and for a period of an hour plus and then learners participate playing Volley ball, they play Chess, netball, there is soccer, others will not even participate but it is that time which is created for them, others will gather in class and do some singing, and those who perform poems, and also be doing those, but eh we have recently stopped that thing because of these things of exams, these things do not necessarily mix. If you come in February March, April May you will find these activities being serious here.

- Access to and eating healthy food.

Ja…the nutrition is prescribed by government and they deliver food and there are food handlers. I think we follow the prescripts in terms of storing food here at school.

Ja...food is enough except only this month where the government is having a... problems. Instead of delivering food for 30 days they delivered for 13 days, something like that but eh…I wouldn't say it's a problem.

This part of the interview is concerned with the school environment.

17. What can you say about the school environment and physical features?

- School road sign;

Ja… right at the tarred road there, where you join the gravel road to school, there is a road sign. No I don't know.

- Buildings;

Ja. eh. I can say we got enough classes, we also have enough offices, we have a problem with the hall. I can say these buildings are old they are actually dilapidated, you can see they have cracks, its worse with the principal's office and the next door office, its actually the offices that need to be demolished.

Probe: Other resources such as tables, learner's desks, chairs?

Ja ,… especially with learners desks some of chairs we got them from (ko Moŝate) it's just a problem….

- How is the control of dust around the premises?

Eh…Not sure if I understand ….

Probe: Control of dust like say the wind blows now and how do you control of dust from blowing up and coming into offices and classrooms, and sand?

Oh ooo, normally there is a matt here at the entrance but today I didn't see that one. Going to classes, there is no such. We don't have much places where we can say there is dust.

Probe: Do you sometimes sprinkle water sometimes to make sure that dust does not blow up?

No we don't have areas where we can say there is dust, but if there is dust we have cleaners who just have to clean.

- Play grounds;

Ja… I wouldn't say for different sporting codes, but for Chess we have got something if we can go I can show you, the Soccer is fine and Netball is fine but others like Volley ball we compromise because we have to share Volley ball with Netball and ……but I would say its satisfactory, we have got enough soil… we have got 3 grounds and we still have got enough land, we can expand.

- Water and sanitation;

I think we have got enough water supply although in some seasons the ground itself seem not to have enough, but we have a pumping machine eh ...but it's trying eh to… to accommodate us. There is also another… that is a very old technology, ja…(Is it a wind mill) ja…I think. it's a windmill but it's very entertaining because eh...you see for you to have water, it's like this thing work while playing, it's a Swing-like and as they play they pump water in the tank, yes. So we normally have enough water during the first term of the year… children like it very much as they are coming from Primary, they are very happy to play there, but this time Hai, they are used to it, you see ja….

Sanitation?

What is latrine? (the toilets) ok… Jah…I think we have got enough. I think they are good, I think for girl's toilets you can go and see them, they are fine except for boys you know, boys vandalise, for the toilets of boys and girls, you can even think that they are 10 years older than the other one. Ja, but we try to punish them some of them, make sure that they clean the toilet. Because there is actually…, in terms of caring for the toilet, they don't care, they vandalise, there is not even a single glass of the window, but if...toilet, vandalise. If you can go to the girls, you will see that these ones are toilets.

- Gardens;

Ja... we've got a site for garden but I must say it that…it's not taken care of, ja…even if we can go and see it you will see that we are not that serious about it, ja…but with regard to planting of, of, of trees, there are few trees around the school, we recently planted six trees I think last week, six trees were donated by the Department, but there are a number of trees around, yes…

- Fence; and Safety;

Ja… this fence to me is not a secured fence, eh...it's actually for directions so that you can see that we are here, it's just for minimal security, even these kids, naughty kids can easily jump, ja, it needs to be strengthened.

- Garbage disposal;

We have drums to collect refuse.

- Availability of healthy locally grown food.

Probe: Any fruits and vegetables?

No, no, on, otherwise it can be vegetables but I doubt if there is a …not fruits.

PART 3 SCHOOL CLIMATE

This part of the interview is concerned with the School climate and Echo-Holistic Model constructs.

18. What are your comments about the following?

- Mission and vision of the school;

Eh… the mission and vision of the school I would say the school is doing enough, because this school works best with the community, Mošate there, eh...most of the things good things we achieve eh…we always report that side, eh …when we call parent for meetings they come in numbers. They actually fully participate in this school ja, ja... That is exactly the mission ja… of the school.

- Health Curriculum within the general curriculum;

Eh… curriculum is actually prescribed, so whatever we do in terms of curriculum is actually what is prescribed, and eh… there is a subject called Life Orientation. That is the subject that deals with this awareness of particularly of health. Eh… but I think integrating with almost all subjects there must be some way of talking about health issues. Ja... And even if it's not part of curriculum. I think, to me it's another curriculum, we used to have health professionals. coming to school and even to neighbouring

clinic, two weeks back they were screening the grade 8, they were screen them. It's another curriculum.

- Learner's involvement in working and learning;

P1: *Ja eh… since I arrived here I don't think, there is…except it's in a form of punishment, but to say let us do…it happens when we were planting trees, that we were planting those trees with kids, who were like volunteering, I mean they were happy to do it, learning how to plant trees. But to say that we have programmes, I don't think. Otherwise, eh…Like in the class it so happened that more than half of the class, did not bring text books, so I was so angry because this accounting I used to borrow them mine extra text book and I said to them they must (ba ye ko mehlareng ba nweŝetŝe kwa), so it's some work and we only do it as a form of punishment. But there just as a campaign, eh. I, I, I, don't know. but there was actually a project with grade 10 learners, they did something, I don't know what it all about, but it was a cleaning campaign of the school and they got a donation of some Bins (Drums), they were just erected outside, it was last week, some where there.*

- Learner's participation in decision making;

P1*: Ja, emmm…. even though I don't attend meetings of SGB's I'm not sure if they are part of, of, of the governance, but what I can say is they do take part, eh... we know it's unbelievable, but err... I can for example we can leave the grade 12 with their president and they will not go home, ja because of some monitoring instruments that we use say that you all going to sign at 4:15 I am leaving I have issues to attend to you remain studying here whoever is not studying loitering disturbing others, I will get a report, so they will remain working. It's because we talk with them and also give them time to talk and we implement their decisions. Some proposal like what time can they start with their morning studies, its mainly their decisions.so we do involve them and we implement their decisions.*

- Learner's interest in learning;

P1*: What I can say is that, it mostly appears as if we are pushing them. But there are certain classes the science classes, they are different, say go to grade 10 grade 11 grade 12 of science classes, they are different, they are very serious those learners. You can see willingness in those kids, but when you go to those other streams, the general streams, it's a mess. So those we force them but eh… I worked in about 3 schools but I could see a difference, eh...that eh School like this is a very rural school where there is no motivation at all, there is no competition at all. So it then becomes a problem even to realise the importance of learning but we trying very hard. I would not say it's a bad school but in terms of the through put I doubt if we are doing enough for better life in future, ja... because eh you measure it in terms of the Bachelors that are produced' they are few ,1 2 3 ….out of 120 learners eh...we should be saying but at least eh…we have done something when we have around 40 Bachelors you would say but at least we have done something, yes ja. but eh… you find that Bachelors are*

very few and eh…so, It's not enough, I think the background, the community, just stay at home...ja...there is no motivation at all, motivation, there is no such.

But Mostly I realised that these kids, we have a lot of…. orphans, ja... there is something that, families they are not well structured, in a family you would expect a proper family there will be a father, the mother and kids, ja…there may be instances where maybe the other one is no more but here, there is no order, ja... there is no order. With cases we are dealing with, many kids there are problems of identity with their fathers

Probe: Is it about relationships and reproductive health issues leading to unstructured relationships and families……)

P1: *It is continuing, and it is a problem that will continue even in some generations to come.*

Researcher comment:(That is the reason why we doing research…….)

There are a lot of orphans from unstructured families. We were even thinking of a way of profiling these kids. Maybe you, maybe, you would eh… you will assist us I was thinking maybe a way of profiling these learners. The problem I have is to have the instrument, that even if it can be like this page, so that when we have the details, we will able to know the background of the kid because that will assist us. You can realise that this kid is having a problem per se because he does not know who their father is and once we know that this one, we will be able to know and how to then assist. Parents are unable to tell the kids they even lie or to say your father is that were as is not and those things. Some they even learn from the street, that, that person is your father but they can't even meet. So, so, the issue of identity is a problem, maybe you will assist us.

Researcher: *Its noted*

- Services available;

No, no, I wouldn't say them, but I think we do refer, if we are convinced that eh…I think we, we referred another one this week. We just talk to the parent, and there is social worker and the cleaner who work with us by the name of Malatjie, so, we normally refer to Malatji, and ja, that's how we only referrals, counselling I wouldn't say... Maybe I must indicate that, may be is what you want, eh…We have got eh…its Bishop Komane, he is a teacher here, he is the one in-charge of our assembly, assembly that is where we pray and the like, he is the person responsible for the assembly, so what happen is that sometimes we invite people to come and preach, but in a way talking to these kids. Ja. Pastors who normally come here, maybe I would say that is another service, and they do a lot of counselling. Normally we just call these kids whom we know they are in trouble. We have just been told that there's some form of improvement.

Existing school Policies.

Ja… we have policies.

This part of the interview is concerned with the Echo Holistic Model constructs

Q19. Can you comment about the following?

- the International, National, Provincial, District and local policies that you use school?

Ja, they link because we guided by policies from up there, so… so maybe for example when we say there is policy to come to work and there is time register, so, so in a way we are implementing a policy, to say that the movement of teachers, even relating it to any … to see if indeed the teachers are signing in and out, yes.

Yes, like maybe there are eh…policies like SGB creating parent meetings, example if a learner brings cell phone, the parent will have to release it by R100. So if you come here not wearing uniform, maybe you have something, ja, its uniform policy and how to deal with eh… wearing proper uniform, but we do policies in relation, in line with policies up there, because we won't do something like corporal punishment declared, there are circulars reminding that there is a policy like this.

- International policies:

I wouldn't say there is a programme as yet, but there is a programme coming soon by a company that is international, it's a NGO, it's a programme on agriculture and eh…interested in the nutrition of the school actually.

But some will assist us to do garden train people who will be responsible. I can't say we had it for some time, we still planning.

- Management, planning and allocation of roles at school:

Ja, the planning actually starts with err... I don't whether the principal starts alone or the principal and me as a deputy from there is the SMT where we have 2 HOD so if the SMT, we have senior teachers, that is where the plenary starts, then it will be taken to teachers.

Tasks: Normally the first time when we employ a teacher, the task given to teacher will obviously be about qualifications but as time goes by, we have a situation where in one teacher can be interested in doing or teaching a particular subject that he is not trained for, or the teacher may be forced because of natural attitude so you find that these kids do not have a teacher per se and that teacher will say for the sake of the kids ja…and err... but the allocation is mainly on, on, on, qualifications but there will be even those who are interested in subjects even if they are not trained for, feel pity like ja… but when we see there is competencies.

- Links with outside agencies and the community;

Ja, eh… even if, that one is err…international in collaboration with err… I don't know how to call it a, how do I say it? it's a programme for soccer it's like an academy of some sort, that it's a... with us the kids they study here and most of those who are part of these academy end up at PSL and some even err… even this year they will be going to represent Limpopo under 14 in soccer somewhere in October. Because of this academy we go to places err…in soccer. We know that particularly those at grade 8 and 9 they won't even go to grade 12 (laughing….) They here for soccer they are at Baroka, they are at Sun Downs ja…

- Social environment

Ja… uhhh…I can say, I think amongst the kids err…other than those elements of bullying, things are under control in terms of discipline of kids here. Ja…people like, when I arrive eh… some kids who knows ..I said I am going to lock the gate and they were not happy about it , now they are used to it even when the gate is wide open they won't go out……..but there is an atmosphere that there is discipline and there is this thing that if you disturb me I will go to that office, and report you so that thing then is like form of security among the kids, but even among staff you could see that there were like, you know groups like ja… but they hear some people who would want to.. no longer appreciate or did not even want to appreciate the principal now that I am here they would make use of me to, I refuse to be in that and say we are one family. That's why you can see err... like we are able to gather like that (staff members having lunch together bidding farewell to a student teacher that was leaving, going back to UL, the researcher was invited as well) that thing, when we arrive in the morning, I said this student teacher has been with us for some time here and I said but there was no time to say... (ga rentŝe di R20.00 …) you see, so there is finance office, I just said go and buy some food, that thing show that people can be together, there is err.. even those tensions are now broken. Even if people will never be happy with each other but for workplace it is acceptable.

- Feelings, attitudes, values, competencies and health promoting behaviours at school;

People are conscious specially teachers, we have got very disciplined teachers to be honest, very, very, very disciplined even we have some it's not easy to see that people are too young, they behave if you can see them in assembly too, I don't go to assembly myself, I prefer to be at the gate, but you can see that err...this people I they do promote issues of health except that I am worried on the side of the kids, these kids they entertain some things like going to taverns ,ja…and err… even parent one parent came here when we were referring the learner to….., she has a kid who fight but and, we said if this kid fights, the kid was arrested, is only released because he is a scholar here, but how do you allow this kid to be at tavern at 12 midnight. They say this kid is jumping the window. this and that, the same weekend...this parent she gave, it was

around the weekend, gave the boy some money to go to the tavern, and he is grade 10, and claiming that no…. he is not even ……then we say that is his interest he is not drinking so this parent is promoting among the kids they are too much in to fun to be honest …we don't know….

20. Do you have any comments to the researchers?

I don't have any question but we can appreciate the tool, if you can assist us to have that tool to profile the learners get them at Grade 8. We know we can have them, if we can get it and say this is the tool we will see if we can use it. I hope we treated you well we didn't disturb you. When you have permission from the department you have to do this.

THANK YOU VERY MUCH FOR YOUR TIME AND EFFORT!

ANNEXURE 4: APPROVAL LETTER DEPARTMENT OF EDUCATION

LIMPOPO PROVINCIAL GOVERNMENT

REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF EDUCATION

Cnr. 113 Biccard & 24 Excelsior Street, POLOKWANE, 0700, Private Bag X9489, POLOKWANE, 0700 Tel: 015 290 7600, Fax: 015 297 6920/4220/4494

Ref: 2/2/2 **Enq: MC Makola PhD** **Tel No: 015 290 9448**

E-mail: MakolaMC.@s!du.li111popo.gov.za

Mashamba TJ - University of Limpopo

Private bag X1106 Sovenga

0727

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH

1.The above bears reference.

The Department wishes to inform you that your request to conduct research has been approved. Topic of the research proposal

"DEVELOPMENT, IMPLEMENTATION AND OF EVALUATION OF HEALTH PROMOTING SCHOOL TRAINING PROGRAMME FOR EDUCATORS IN HIGH SCHOOL OF MANKWENG CIRCUIT, LIMPOPO PROVINCE"

The following conditions should be considered:

1.1 **The research should not have any financial implications for Limpopo Department of Education.**

1.2 **Arrangements should be made with the Circuit Office and the schools concerned.**

1.3 **The conduct of research should not anyhow disrupt the academic programs at the schools.**

1.4 **The research should not be conducted during the time of Examinations especially the fourth term.**

1.5 **During the study, applicable research ethics should be adhered to; in particular, the principle of voluntary participation (the people involved should be respected).**

REQUEST FOR PERMIS SION TO CONDUCT RESEARCH: MASHAMBA TJ

CONFIDENTIAL

***The heartland of southern Africa* - development is about people!**

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

PRIVATE BAG X1108
SOVENGA
0727

TEL: 015 267 5641
FAX: 015 267 5248

DEPARTMENT OF EDUCATION
CAPRICORN DISTRICT
MANKWENG CIRCUIT

Enq: MJ KEKANA
Tel No: 015 2675641

2017.08.23

MASHAMBA T.J
UNIVERSITY OF LIMPOPO
SCHOOL OF EDUCATION
PRIVATE BAG X1106
SOVENGA
0272

REQUEST OF PERMISSION TO CONDUCT RESEARCH IN 10 SCHOOLS OF MANKWENG CIRCUIT.

1. **The above matter refers.**
2. **We acknowledged the receipt of your letter. Requesting to conduct Research Project Titled: "DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF HEALTH PROMOTING SCHOOL TRAIINING PROGRAMME FOR EDUCATORS IN HIGH SCHOOLS" at Mankweng Circuit high school.**
3. **Permission is hereby granted for the above mention request.**
4. **Wishing you for the success in your studies.**

.....
MAGAGANE M.D.
(CIRCUIT MANAGER)

23/08/17
.....
DATE

University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 2212, Fax: (015) 268 2306, Email:noko.monene@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE CLEARANCE CERTIFICATE

MEETING: **31 August 2017**

PROJECT NUMBER: **TREC/237/2017: PG**

PROJECT:

Title: Development, implementation and evaluation of a Health Promoting School Training Programme for Educators in High Schools of Mankweng District, Limpopo Province, South Africa

Researcher: Ms TJ Mashamba
Supervisor: Prof N Malema
Co-Supervisor: Prof HE Onya
School: Health Care Sciences
Degree: PhD in Health Sciences

PROF TAB MASHEGO
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: **REC-0310111-031**

Note:
i) **Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.**
ii) **The budget for the research will be considered separately from the protocol.**
PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

Finding solutions for Africa

ANNEXURE 5: LETTER TO LEARNERS, PARENTS/GUARDIANS AND CONSENT FORM

Letter for participation: Learner, Parent/Guardian

Enquiries: Mashamba T J (Public Health Department. University of Limpopo)

(015 268 4614/4062)

RESEARCH TITLE: DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF A HEALTH PROMOTING SCHOOL TRAINING PROGRAMME FOR EDUCATORS IN HIGH SCHOOLS OF MANKWENG CIRCUIT, LIMPOPO PROVINCE, SOUTH AFRICA

To whom it may concern,

My name is Mashamba T J, a PhD student at the University of Limpopo. I would like you to give permission for your child to participate in the survey regarding the adolescent's health risks which is part of the research project indicated above. We need to gather more information from learners (young people). This information will be used to develop a training programme to guide educators in schools for Makweng area. The purpose of this project is to align the content of the training programme with the needs of the learners at school.

The survey will take place at school and will take about one hour and fifteen minutes of the participant's time. We will ensure that any information included in our report does not identify participants as the respondents. All responses will be kept confidential. Learners may stop responding to questions at any time when they feel that they cannot continue.

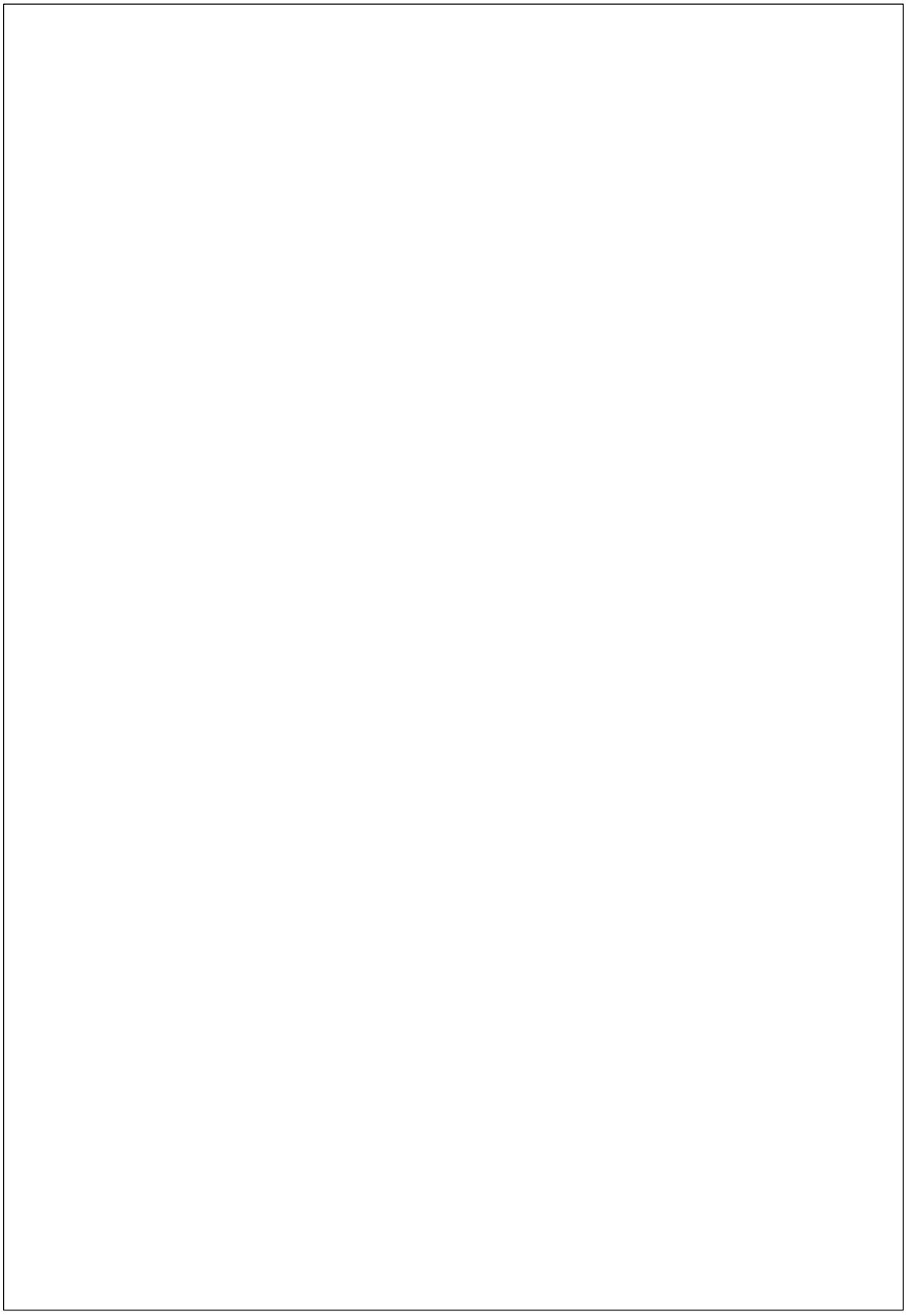
If you agree that your child should participate in this survey and the child is willing, kindly complete the attached consent form and sign on the appropriate area provided. Your assistance will ensure the development of health promoting schools in Mankweng area.

Signature: 

Researcher: Mashamba T J

University of Limpopo

ANNEXURE 6: LETTER FROM CODER



TO WHOM IT MAY CONCERN

18 March 2020

RE: Confirmation of Independent coding

This letter serves to confirm that I conducted extensive independent coding for Joyce Mashamba for her research entitled "Development, Implementation and Evaluation of a Health Promoting School Training Programme for Educators in High Schools of Mankweng District, Limpopo Province, South Africa".

Yours sincerely

Linda Shuro

Independent coder, MPH, PHD Student

ROUNDSADDLE
11 BOSBOK AVENUE, FAUNA PARK POLOKWANE
TEL: 083 244 3371; EMAIL: lindashuro@gmail.com

ANNEXURE 7: LETTER FROM EDITOR

1

The Computer Room

Desktop Publishing • Web Design • Proof Reading • Editing

Your one stop document handling service

Plot 48, Palmietfontein, Polokwane, 0699
Postnet Suite 226 • Private Bag X9307 • Polokwane • 0700
Tel: 076 079 0214 • Fax: 086 216 7380

Date: 19 April 2020

To Whom it May Concern

I hereby confirm that I have proof-read the document entitled: "DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF A HEALTH PROMOTING SCHOOL TRAINING PROGRAMME FOR EDUCATORS IN HIGH SCHOOLS OF MANKWENG DISTRICT, LIMPOPO PROVINCE, SOUTH AFRICA" authored by TJ Mashamba and have suggested a number of changes which the author may or may not accept, at her discretion.

Each of us has our own unique voice as far as both spoken and written language is concerned. In my role as proof-reader I try not to let my own "written voice" overshadow the voice of the author, while at the same time attempting to ensure a readable document.

Please refer any queries to me.

Andrew Scholtz