Health promotion in schools: perceptions of the health promoters

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Hons. Educational Psychology

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Declaration

I, the undersigned, hereby declare that the work contained in this dissertation is my own original work and that I have not previously in its entirety or in part submitted it at any university for a degree.

Signature

[Signature]

Date

2015/10/12
Acknowledgements

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Abstract

Key words:
Health, health promotion, health promoters, health promoting schools, Department of Health (DOH), Department of Education (DOE)

Schools are seen as one of the most important settings for the implementation of health promotion strategies in communities. The establishment of effective health promotion in schools is therefore regarded as one of the most essential factors in the improvement of education and community health across South Africa. Health promotion programmes at schools can have an impact on a significant amount of learners, reaching the core of a community and improve the overall health status of people living in the area. Effective health promotion can increase a community’s capacity and the empower individuals to take charge of their own health.

Although health promotion plays an essential role in the improvement of community health, this study has revealed significant inadequacies and shortcomings within the health promotion sector of South Africa which correlates strongly with international patterns. The aim of the study was to explore the perceptions of health promoters regarding the status of health promotion at schools situated in the Dr Kenneth Kaunda district, North West province of South Africa.

The study followed a qualitative approach to achieve the research aim. Focus group interviews were conducted so as to obtain the perceptions of the respective health promoters. The data collected was analysed to reveal patterns with regards to common perceptions of a selection of health promoters in the study area. The patterns were then compared with international trends to reveal common denominators. From the results, guidelines were generated with recommendations to improve the inadequacies related to health promotion identified during the research.

The results obtained during the study revealed that the sample health promoters view themselves as a link between the Department of Health and the community. A prevalent perception among the participants is that they perceive their main role as the custodians of health education in communities and to assist nurses with health screenings. The interviews also showed that the health promoters in the study area experience certain barriers in the execution of their day to day tasks. These barriers mainly relate to difficulty in their attempts to engage with the Department of Health and the Department of Education. Moreover, the study
showed that a severe lack of knowledge and skills, poor support from government sectors, negligence regarding the allocation of resource and recognition are some of the prevalent obstacles that health promoters face to effectively perform their roles and responsibility at schools and community. Consequently, the inadequacies related to health promotion hamper the implementation of health strategies in communities leading to poor health at schools.
Opsomming

Sleuteltermes:

Gesoondheid, gesondheidsbevordering, gesondheidspromotors, gesondheidsbevorderende skole, Departement van Gesondheid (DvG), Departement van Onderwys (DvO)

Die vestiging van effektiewe gesondheidsbevordering in skole word beskou as een van die mees noodsaaklike faktore vir die implementering van gesondheidsbevorderende strategieë in gemeenskappe. Die vestiging en implementering van effektiewe strategieë vir die verbetering van gesondheidsbevordering by skole word dus gesien as 'n sleutelfaktor vir die verbetering van opvoeding en gesondheid regoor Suid Afrika. Gesondheidsbevorderende programme by skole het die potensiaal om 'n beduidende uitwerking te vestig vir 'n groot aantal skoliere en om die algemene gesondheid van 'n gemeenskap te verbeter. Taakgerigte gesondheidsbevordering kan 'n gemeenskap se vermoë verbeter om eienaarskap te neem van hulle gesondheid.

Alhoewel gesondheidsbevordering 'n essensiële rol speel in die verbetering van gesondheid binne 'n gemeenskap, het hierdie studie bevind dat beduidende tekortkominge voorkom binne die gesondheidsbevorderingsektor. Die tekortkominge geïdentifiseer gedurende die studie korreleer grootliks met die bevindinge van internasionale studies. Die doel van die navorsing was om ondersoek in te stel rakende die persepsies van gesondheidspromotors in die Dr Kenneth Kaunda distriksmunisipaliteit van die Noordwes-provinsie, Suid Afrika.

Die navorsing het 'n kwalitatiewe navorsingsmethode gevolg om die doel van die studie te bereik. Fokusgroeponderhoude was uitgevoer met gesondheidspromotors om hulle persepsies rakend gesondheidsbevordering te peil. Die ingesamel data is ontleed om patrone te ontdek met betrekking tot algemene persepsies van die gesondheidspromotors rakende gesondheidsbevordering in skole. Die patrone is dan vergelyk met internasionale tendense om gemeenskaplike kenmerke te openbaar. Laastens is riglyne ontwikkel met voorstelle vir die verbetering van die geïdentifiseerde tekortkominge.

Die navorsingsresultate het aangetoon dat die betrokke gesondheidspromotors hulself sien as 'n brug tussen die Departement van Gesondheid en die gemeenskap. 'n Oorhoofse persepsie binne die groep is dat hulle hulle sentrale rol beskou om gesondheidsonderrig te verskaf, asook verpleegsters te ondersteun in hulle gesondheidsondersoeke. Die onderhoude het ook aangedui dat die gesondheidspromotors in die studiearea talle hindernisse ervaar wat hulle
kortwiek om hulle daaglikse funksies uit te voer. Hierdie hindernisse hou hoofsaaklik verband met kommunikasie met die Departement van Gesondheid en die Departement van Onderwys. Die studie het verder 'n beduidende tekort aan kennis en vaardighede, swak ondersteuning vanaf die regering, tekort aan hulpbronne en erkenning as sommige van die hindernisse wat gesondheidspromotors in die gesig staar om hulle take effektief uit te voer.
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<td>Australian Health-Promoting School Association</td>
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<td>DOE</td>
<td>Department of Education</td>
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<td>DOH</td>
<td>Department of Health</td>
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<td>DR KK</td>
<td>Dr Kenneth Kaunda district</td>
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<td>ENHPS</td>
<td>The European Network of Health-Promoting Schools</td>
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<td>HP</td>
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Chapter 1      Introduction and orientation towards the research problem

1.1      Introduction

The paramount role of the health promoter in the context of the health-promoting school (HPS) is increasingly being recognised by the departments of health and education, policymakers, educational frameworks, school managements, educators, communities and learners themselves.

The aim of the research was to explore the perceptions of the health promoter in the school context. The research was done in the Dr. Kenneth Kaunda district in the North West province, South Africa. This study was conducted in two main stages. The first stage dealt with a comprehensive literature review on health promotion (HP), health-promoting schools and ultimately the health promoter. In the second stage of the study, health promoters from the four sub-districts of the Dr. Kenneth Kaunda district were interviewed in focus group interviews.

Chapter 1 will highlight the statement of the research problem and validate the study by a preliminary engagement with a review of relevant literature. Lastly a brief clarification of basic terms and concepts will be given, as well as an outline of the research.

1.1.1      Health promotion: an international movement

In 1986 a foundation for health promotion was established by an international conference in Ottawa, Canada. During this conference it was stipulated that the prerequisites for health are: “peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity” (WHO, 1986). The prerequisites were then expanded to the five key action areas for health promotion, namely: to build a healthy public policy; to create supportive environments; to strengthen community actions; to develop personal skills and to re-orientate health services (Ippolito-Shepherd, 2003: 16-18; Lazarus, 2006: 521-546; Nilsson, 2004: 70-76; Swart and Reddy, 1999; Whitehead, 2006: 264-271; WHO, 2000: 4).

Since the ground-breaking conference in Ottawa, the abovementioned action areas became the basis for further research on health and health promotion. Throughout the years the focus of research done has primarily been on issues such as substance abuse, sexually transmittable
diseases, other related diseases due to physical infirmities, and nutrition (Nyamwaya, 2003). The issues listed above are not merely enough to be addressed in health promotion, as health promotion includes all aspects of a person’s well-being, such as a person’s mental, physical, social and spiritual well-being as stipulated by the (WHO, 1999: 8). Additionally, the World Health Organisation (WHO,1986:5) originally defined health promotion as “the process of enabling people to increase control over, and to improve their health”.

However, obstacles regarding health promotion have long been recognised, which in time hinder the effectiveness of health promotion (Heaton, 2014). The WHO (2006) indicates that the obstacle in achieving effective health promotion is that on a global level there is a lack in knowledge, skills and concept application by health promoters. A lack of distribution of knowledge contributes to the issue that health promotion is not well established in the sector, especially in Africa (Macnab, 2014, Nyamwaya, 2003). The lack of knowledge and skills also contributes to activities for health promotion in a negative manner, as activities are only planned within the health sector of South Africa. In addition Macnab (2014) and Tossavainen et al. (2004:33-44) add more obstacles, which include slow professionalism, lack of coherent theory, the lack of clearly defined responsibilities in the training or education of health promoters and the fact that the collaboration between the educational and health sectors in health promotion is unclear.

To overcome these obstacles, Kilpatric et al. (2009:284-290) and Waggie et al. (2004:303-312) suggest that there should be a focus on health promotion themes that build and sustain programmes in consultation with all stakeholders within individual schools. This would ensure a systematic approach to health promotion with concrete evidence. To bring about concrete evidence, health promotion should be done in various settings, one of which includes schools, which will enhance the health promoting school. More importantly health promoters working in schools are seen as the key to health promotion because they can bridge the gap that exists between the various stakeholders (i.e. the departments of health, education, social development, parents, the broader community, etc.) (Kilpatric et al., 2009: 284-290; WHO, 2000: 4; Wyn et al., 2000: 594-601).

### 1.1.2 Health-promoting schools

Health-promoting schools originated in the mid-1980s in the United Kingdom (Lynagh et al., 2002: 300-301). The first phase of health promotion is known as the “social hygiene period” which had roots in both health education as well as public health. An epidemic disease
outbreak in overcrowded industrial towns – especially in Europe - led to a health movement. This health movement implemented public education about health through school and churches (Naidoo and Wills, 2009).

Furthermore the WHO played a significant role in broadening the agenda for health promotion. In 1978 the WHO gathered at Alma Ata and countries committed to the principles of Health for All 2000 (Naidoo and Wills, 2009, WHO, 1978). The WHO assembled at Jakarta in 1996 to discuss a framework for health-promoting schools (WHO, 1996: 5). Moreover, the European Office of the World Health Organisation extensively supported health-promoting schools to spread throughout Europe during that time (Lynagh et al., 2002: 300-301).

Health-promoting schools was originally defined by the WHO (1999:8) as: “Places where all members of the school community work together to provide students with integrated and positive experiences and structures which promote and protect their health. This includes both formal and informal curricula in health, the creation of a safe and healthy school environment, the provision of appropriate health services and the involvement of the family and wider community in efforts to promote health”.

Since then health-promoting schools have been defined by many, such as the Mental Foundation of New Zealand (MHF, 2006: 2) who defines a health promoting school as “one that works together with all members of its community to identify and address health issues that are of concern to them”. Literature also adheres to this conceptualisation by viewing a health-promoting school as a place where all stakeholders of a school and the community should work together to establish a healthy, safe and stimulating environment, where learners and the community are informed about health and contribute to the health of the school and the community with regard to all issues that are of concern to them (Lee et al., 2000: 399-403; Nilsson, 2004: 70-76; WHO, 2006).

In addition, Austria, that has been a member of the European Network for Health-Promoting Schools since 1995, has implemented the concept of the health-promoting school for some time. They worked toward health-promoting schools, not only for the sake of the children, but also for the teachers and community. According to Austrian school policy on health, it is not viewed as a separate subject; instead it is integrated across the curriculum. Mental health and well-being is embedded in the principle of education. They utilise a mental health team that consists of a school physician, psychologist and social worker in order to promote health efficiently (Flaschberger, 2012: 216-231).
Australia, however, refers to mental health-promoting schools as health-promoting schools. Schools in Australia are typically grounded in the social-ecological approach. This approach recognises the influence of the psychological world, which refers to each child and parent’s actions, the family environment, school context as well as their social context (Williams and Lawson, 2013: 126-143).

It can therefore be stated that a health-promoting school is not merely the responsibility of a department of health or a department of education, but that all members of the school, as well as the community, play a vital role in health promotion (Heaton, 2014). Health-promoting schools have foremost an impact on the learners, as it enables them to enjoy physical, psychological and social well-being. Health-promoting schools also have an impact on schools themselves as it creates parental and community input and support (WHO, 2005: 2). In addition parents and community members are also influenced as they are gaining broader knowledge and skills about local health problems. Health-promoting schools also have an impact on community groups and organisations, as learners and teachers become involved in community activities (WHO, 2005: 2). Subsequently, health-promoting schools can lead to better educated and more productive employees. Thereby, leading the nation to a stronger basis for economic development (Deshensnes, 2014: 219).

1.1.3 Health promotion in South African schools

In South Africa health-promoting schools originated in 1994 when various national ministries accepted the settings-based approach to health promotion (Waggie et al., 2004: 303-312). From the inception of health promotion, the focus was on the key priorities for health promotion as stipulated in the Jakarta Declaration for health promotion to enable effective health promotion in schools (WHO, 2001: 9). The key priorities include the promotion of social responsibility for health, in order to increase investment and create partnerships for health promotion. Furthermore, it focuses on the increasing of community capacity and empowerment of individuals, in order to build an infrastructure for health promotion. These key priorities still form the basis for health promotion in schools, and thus, should still be implemented in the attempt to enable effective health promotion in schools (Deshensnes, 2014: 219).

However, South Africa is a unique country presenting its own distinctive obstacles. Until very recently thousands of children did not have the opportunity of quality education due to the apartheid dispensation; a legacy South Africans are still struggling to overturn and reform (Heaton, 2014). Nevertheless, one of the greatest challenges at present is the adverse
environments communities are located in (Heaton, 2014). These communities are characterised by low income, poor resources, mismanagement, lack of knowledge and social problems (De Jonge, 2000: 339-357; Heaton, 2014). Additionally, recent research indicated that there are vast differences between the training of wealthy and poor South African schools (Spaull, 2012). Further, these communities experience a great challenge accessing health services, especially in rural areas (Mthobeni and Pue, 2013: 8). Consequently the Department of Health developed the National Strategic Plan that aims at strengthening the community systems to expand access to services through the community-based care programmes (South-Africa Department of Health, 2012). However, the planning of interventions and strategies usually targets a specific geographic area which has the capability and infrastructure to accommodate these specific objectives and outcomes prescribed (Spaull, 2012). Nevertheless, health promotion goes beyond education programmes and should focus on the need to establish and sustain a more equally distributed service to all poor and underserved groups in the community (Kline and Huff, 2007: 5). Subsequently for South Africa to become involved in health promoting schools, a healthy policy should be built, where all stakeholders can participate and contribute to the wellness of the children as well as the community (De Jonge, 2000: 339-357).

More than two decades ago Ballard et al. (1990) stipulated that health promoters must be part of a health-promoting team, which will enable them to achieve more in terms of health promotion in schools. Celletti (2010:45-57) contributes to Ballard’s stipulation by adding that health teams demonstrate much better outcomes in general. Furthermore, Swart and Reddy (1999) and Preiser (2014) add that networking is an essential part of health promotion and can increase awareness, resources and funding. However, a lack of viable funding, resources and personnel has been classified as the most common challenges facing health promotion. A shortage of funds makes it merely impossible to provide specialist expertise, support, and training (Department of health and ageing, 2004; Kwan et al., 2005; Saab et al., 2009).

It is therefore essential that not merely the learners and the relevant individuals should take part in the shift, but also the community and public and private sectors, consequently, ensuring that this becomes a global shift that concerns each and every individual's future (Hutt, 2001; Lazarus, 2006: 521-546; Nader, 2000: 247),
1.1.4 The health promoter and health-promoting schools

From the abovementioned overview it is clear that a strong move towards health-promoting schools is taking place, thus the importance of recruiting efficient health promoters is essential in establishing health promotion schools (Gugglberger and Dur, 2010: 37-43, Mohammadi et al., 2010, Wood and Jewkes, 2006: 109-180). However, as seen in the discussion below, there are different views regarding the skills and knowledge needed to be regarded as efficient health promoters.

Poss (1999) and Kilpatric et al. (2009:284-290) describe the essence of health promoters as “cultural brokers”, with the purpose of bridging the gap between the healthcare system and the client. Therefore it is essential that health promotion should be qualified accordingly; they must be experts in the field of health promotion and should be attracted to the membership of the health promotion team. They must be able to recognise barriers and should consist of qualities such as intention, social support and outcome expectation, which in turn will facilitate effective participation in health promotion. The effectiveness of health promoters also depends on the clear laid plans for health promotion, the continued training or education of health promoters, the cooperation of promoters and the community, and the commitment of all healthcare groups needed for health promotion (Hutt, 2001; Lazarus, 2006: 521-546; Macnab, 2014; Nyamwaya, 2003; Poss, 1999; Tossavainen et al., 2004: 33-44; Yin, 1994).

1.1.5 The health promoter and health promotion in the Dr. Kenneth Kaunda district

In the context of the Dr. Kenneth Kaunda district in the North West province in South Africa, health promoters play a vital role as they need to enable people to take control over their health (Tjomsland et al., 2009: 89-102; Verhaeghe et al., 2013: 1569–1578). They must also ensure that policies regarding health promotion in schools are revisited, to better health promotion. Health promoters should be able to support all the necessary stakeholders in achieving the goal of health promotion in and outside schools.

According to a communication by Matlako (2014), a member of the North West Department of Health, there are currently 140 health promoters in the North West province, which include members in possession of a grade twelve certificate. These health promoters did not undergo the necessary training on health promotion or the procedures of effective health promotion in schools. This means that the health promoters lack the necessary skills to be able to contribute to the move towards health promoting schools in the Dr Kenneth Kaunda district.
Mohutsioa (2008), (Subordinate District Manager of the North West Province) and Ledimo (2008) (Assistant Director for Community Health Services of the North West province), the major issue is that the health promoters in the Dr. Kenneth Kaunda district lack the necessary skills, and are not equipped with the knowledge to enable them to know what is expected of them concerning health promotion in schools.

From the orientation, preliminary literature review and argumentation in the paragraphs above, it is clear that health promotion in schools, and the establishment of health-promoting schools, can play a major role in advancing the lives of South African communities. In order to achieve this ideal, the work that health promoters do and should do, is of paramount importance. Being knowledgeable about health promotion and what health promoting schools entail, is of utmost importance for the responsible provision of education in schools (Nyamwaya, 2003; Tossavainen et al., 2004: 33-44; WHO, 2006).

1.2 Problem statement

The literature study revealed that not much is known regarding health promoters in schools. However, health promoters play a vital role as they need to enable people to take control of their health (Tjomsland et al., 2009: 89-102; Verhaeghe et al., 2013: 1569–1578). The health promoter also bridges the gap that exists between the various departments working in the community (WHO, 2000: 4). Furthermore, the health promoter must also ensure that policies regarding health promotion in schools are revisited, in order to better health promotion in schools (Tjomsland et al., 2009: 89-102).

From the above mentioned it is clear that the health promoter can and should play a major part in promoting health in communities and schools. However, the health promoter’s perception of health promotion and health is not entirely clear. Therefore the aim of this study is to explore and establish the perceptions of the health promoters in the Dr. Kenneth Kaunda district in South Africa. The central question that guided the research was:

- What are the perceptions of health promoters concerning health promotion in schools in the Dr. Kenneth Kaunda district in the North West province (NWP)?

The following sub-questions further guided and focused the research project:

- How do health promoters in the Dr. Kenneth Kaunda district perceive health?
- How do health promoters in the Dr. Kenneth Kaunda district perceive health promotion in schools?
- What knowledge and skills concerning health promotion do the health promoters in the Dr. Kenneth Kaunda district have?
- What are the possible barriers that the health promoters are encountering in their health-promoting activities in schools?

1.3 Aim and objectives of the research

1.3.1 General objective

The general aim of the research project was to explore the perceptions of the health promoters concerning health promotion in schools in the Kenneth Kaunda district.

1.3.2 Secondary objectives

The research project was also guided by the following secondary aims in order to understand how health promoters in the Dr. Kenneth Kaunda district perceive health promotion in schools:

- to explore the nature and scope of the knowledge and skills concerning health promotion of the health promoters in the Dr. Kenneth Kaunda district;
- to explore the possible barriers that the health promoters are encountering in their health promoting activities in schools in the Dr. Kenneth Kaunda district

1.4 Clarification of concepts

The key terms and concepts that are used in the research report are briefly defined and described in this section.

1.4.1 Health

The WHO (1984:2) defines health as “a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity”.

8
1.4.2 Health promotion

Many definitions of health promotion have been cited but for the purpose of this study, a working definition of health promotion is stipulated by the WHO (1986) as “the process of enabling people to increase control over, and to improve their health.” Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to well-being.

Health promotion thus entails a positive strive toward a holistic state of well-being. In order to reach a state of complete social, spiritual, physical and psychological health, an individual must be able to identify and realise potential, satisfy needs, motivate and cope with a changing environment (WHO, 2009).

1.4.3 Health-promoting school

A health-promoting school is a school that constantly strengthens its capacity as a healthy setting for learning and working (WHO, 1997). According to the WHO (1999:8) a health-promoting school is “a place where all members of the school community work together to provide students with integrated and positive experiences and structures, which promote and protect their health. This includes both formal and informal curricula in health, the creation of a safe and healthy school environment, the provision of appropriate health services and the involvement of the family and wider community in efforts to promote health”.

Health-promoting schools go beyond the prevention model, activating the full organisational potential of schools to be healthy places in which to live, learn and work. A health-promoting school is a school that is constantly strengthening its capability as a healthy setting (UNESCO, 1998).

1.4.4 Health promoters

According to Prospects Planner (2010:1) in the United Kingdom a health promoter helps people to improve and increase control over their health. They plan, ensure, implement, and evaluate policies and strategies to promote health within a specialist setting, relating to a specific issue, or within a particular population. Health promoters are closely involved with delivering the
prevention and promotion aspects of national service frameworks and plans, and the development of community strategies, local strategic partnerships, and health alliances. Health promoters work to ensure effective practice is achieved by capacity building, supporting and enabling a range of agencies to deliver health improvement programmes. They are committed to tacking inequalities in health and promoting anti-discriminatory practice (AGCAS, 2012).

1.5 Methodology

1.5.1 Literature review

The literature review served as a basis and core point of departure of the research. In order to fully understand the health promoters and the role they play in communities and schools, the following concepts had to be understood: health, health promotion and health-promoting schools. Furthermore the literature review determined the importance of the health promoter as they act as “culture brokers”.

1.5.2 Focus group interviews

Focus group interviews were conducted among 17 health promoters in the Dr. Kenneth Kaunda district in the North West province. The purpose of the interviews was to explore the perceptions of the health promoters concerning health promotion in schools.

According to (Clifford et al., 2010) focus group interviews can be seen as a group of people that gather in an informal environment in order to discuss a specific topic provided by the researcher. A focus group interview is conducted in an informal manner and consists of small homogeneous groups (Maree, 2011). The questions were open-ended, which means that the participants were able to express themselves and share their views (Maree, 2011). Furthermore the groups were then facilitated by the researcher, which means that the researcher acted as a generator of a conversation (Bloor and Wood, 2006: 88-89; Brotherson, 1994: 101-118; Calderon et al., 2000: 91-95; Clifford et al., 2010). The interviews were recorded and the recordings were transcribed to textual data. The focus group interviews were conducted with 17 health promoters, in a qualitative manner, to allow them to express their understanding of health promotion in the Dr. Kenneth Kaunda district.
1.5.3 In-depth interviews

Interviews were also conducted with individual health promoters in order to explore the perceptions of the health promoter in health promoting schools in the Dr. Kenneth Kaunda district. The interviews were semi-structured, which allowed room for probing and clarification (Maree, 2011). Furthermore, the conversations were audio-recorded and later transcribed as part of the data collection for the particular study.

1.5.4 Field notes and observations

Data was collected through observations during the interview situations. Observations during the interviews were intentionally unstructured, free-flowing and allowed for flexibility (De Vos et al., 2005; Henning et al., 2005; Leedy and Ormrod, 2010).

These observations made in the group interviews allowed the researcher to take advantage of unforeseen data sources as they surfaced. All the field observations of the researcher were carefully noted. These observations were infused into all other data gathered so that an integrated understanding could be attained about the health promoters. The integration of field notes and observation forms part of crystallisation, which contributed to the trustworthiness of the research (Maree, 2011).

1.5.5 Data analysis

The data gathered was transcribed and thematically analysed, which enabled the researcher to determine different categories and sub-categories of the perceptions of the health promoters concerning health promotion in schools in the Dr. Kenneth Kaunda district. The categories were then used to formulate guidelines for the health promoters in the Dr. Kenneth Kaunda district with regard to effective health promotion in schools. The data was then evaluated and crosschecked against the literature to determine the trustworthiness thereof. Furthermore an independent co-analyst analysed the data as well. The results of the two analyses were compared for similarities and differences during consensus meetings. After final consensus regarding the findings was reached, the findings were subjected to respondent validation. Respondent validation in this research project entails going back to the participants with the results and refining them in the light of their initial responses (Silverman, 2005).
1.6 Ethical considerations of the research

The research project was conducted according to the ethical requirements of the Research Ethics Committee of the North-West University. In addition the correct ethical procedures were followed in order to obtain consent to conduct the research. Firstly, the director of the Dr. Kenneth Kaunda district, Mr. B. Motara gave his permission to conduct the research in schools in the Dr. Kenneth Kaunda district and approved all documents relevant to the research. Additionally the Ethics Committee of the North-West University approved all the relevant documents regarding the research and presented the researcher with an ethics certificate with the following number: NWU - 00190 -14-A2. Moreover, the research was done within guidelines of the Health Professions Council of South Africa.

Furthermore, the participants in the research project were informed about the research project in the form of an information sheet. Additionally, all the aspects of the research were explained to the participants before the interviews took place. Participants were asked to complete a consent form and was informed that they were in no way obliged to take part in the study and that they had the right to withdraw from the study at any point. Lastly, the participants were informed that the results of the research project would be communicated to them once the study is completed.

1.7 Contribution of the research

Research done on this topic will hopefully contribute to the focus area of the Faculty of Education Sciences of the North-West University, as it brings forward knowledge required for health promotion in schools in the Dr. Kenneth Kaunda district of the North West province. This study expectantly produced evidence which can enable the Department of Education, the Department of Health, the Department of Social Development and all other related stakeholders to move towards the establishment of health-promoting schools in the Dr. Kenneth Kaunda district. This aim can be achieved by training the health promoters to do health promotion in an effective and planned approach.

1.8 Structure of the research report

The research report is structured in the following way:

**CHAPTER 1:** Introduction and orientation towards the research problem
1.9 Conclusion

The main aim of this chapter was to provide a background and orientation towards the research project. The basic research question that guided the project was argued and subsequent secondary questions were also formulated. Key concepts were defined and a broad overview of the methodology was given. The structure of the research report is provided.

The next chapter is the first of two literature review chapters and will focus on health promotion in schools.
Chapter 2  Health promotion in schools

2.1  Introduction

The purpose of this chapter is to explore the origin of health promotion as well as discuss the concept of health promotion in schools, in order to clarify health promotion as a concept. This chapter will present a concise overview of health promotion within a global and national context, focus on the importance of the health-promoting school (HPS) and explore the unique challenges that South Africa faces.

However, to fully understand the concept of health-promoting schools it is essential to have a clear understanding of the concepts “health”. The World Health Organisation (WHO) originally defined the concept as “… a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity” (WHO, 1984: 2). It is clear from this definition that health goes beyond disease and illness and has much deeper roots. Consequently, health promotion will then be the “process of enabling people to increase control over their lives and improve their health, by means of complete social, mental and physical wellbeing” (WHO, 1986:5).

Nevertheless, in order to reach complete well-being, an individual must be able to identify and realise aspirations to satisfy needs, as well as adapt to changing environments (WHO, 2009). Health can therefore be seen as a resource for everyday life, not the object of living.

The HPS-concept is based on this holistic view of health, which identifies the different physical, social and mental dimensions of health mentioned above. According to Booth and Samdal (1997) health is also based on the essential principles of equal access to school education among different groups and genders, empowering learners through the development of knowledge and skills and ensuring that the whole school community is fully engaged in developing and implementing school activities.

In essence, a HPS constantly considers the classroom, the school atmosphere and the whole community relationship, while supporting and caring about health. Therefore, a HPS looks at the whole school environment and all aspects of the school (WHO, 1986).
2.2 Health promotion: International Context

2.2.1 Milestones towards a common understanding of health promotion

As mentioned previously, health promotion originated in the 1980s during an epidemic disease outbreak in overcrowded industrial towns throughout the United Kingdom. This period is known as the “social hygiene period” that led to a health movement, which focused on health promotion as well as public health (Lynagh et al., 2002: 300-301; Naidoo and Wills, 2009). Furthermore, a foundation for health promotion was established in 1986 at the first international conference on health promotion, held in Ottawa, Canada. The Ottawa conference presented the charter for “action to achieve health for all by the year 2000”, (WHO, 1986). The conference was mainly held as a response to increasing expectations for a new public health movement worldwide. Discussions at the conference mainly focused on the needs of industrialised countries, but also considered concerns in all other global regions (WHO, 2009).

During the Ottawa conference, it was established that the prerequisites for health are “peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity”. Consequently, five action areas for health promotion were derived from the abovementioned prerequisites for health, namely to build a healthy public policy; to create supportive environments; to strengthen community actions; to develop personal skills and to re-orientate health services (Ippolito-Shepherd, 2003: 16-18; Lazarus, 2006: 521-546; Nilsson, 2004: 70-76; Swart and Reddy, 1999; Whitehead, 2006: 264-271; WHO, 1986; WHO, 2000: 4).

These five action areas have since been viewed as the basis for research and practice with regard to health promotion. The conference requested the WHO as well as other international organisations to support and encourage the promotion of health in all appropriate forms, empowerment of communities, enhancing life skills and self-help, attending public health issues, connecting and supporting communities in planning strategies for better health. Additionally, they were encouraged to assist countries in the establishment of strategies and programmes for health promotion (WHO, 2009).

Since the Ottawa conference, seven other international conferences have been held across the world to discuss health promotion (WHO, 2009). The Adelaide conference on healthy public policy was the second conference that focused on health as a vital social goal. The conference aimed to set a new direction for health policies and emphasised the vital role that all social entities in a community play in health promotion. Furthermore, the cooperation between sectors
of society and primary healthcare was recognised as fundamental to health promotion and the conference urged all parties concerned to reaffirm a strong public alliance (WHO, 1988).

In 1991 a conference in Sundsvall, Sweden on supportive environment for health, demonstrated that human development is highly dependent on a healthy society and cannot be separated. The conference placed emphasis on sustainability, taking into account the influences that human development has on the natural environment and the consequences thereof on the quality of human health. The Sundsvall conference suggested that development must improve the quality of life and health of people, while preserving the environment. The conference called upon the world to actively engage in making environments more supportive to health (WHO, 2009). This prompted the WHO and United Nations Environment Programme (UNEP) to develop a code of conduct on trade, substances and products harmful to the environment and human health (WHO, 1991).

The fourth international conference held in Indonesia, Jakarta, New Players for a New Era - Leading Health Promotion into the 21st Century, was the first conference held in a developing country and the first to involve the private sector in supporting health promotion (WHO, 1997). National governments were pressed to take initiative in developing, promoting and supporting networks for health promotion (WHO, 1997). The conference gave an opportunity to reflect on what has been learned about health promotion, as well as re-examine strategies and challenges regarding health promotion, thus providing an action plan for health promotion into the next century (WHO, 2009).

At the next conference in Mexico, Bridging the Equity Gap; South Africa, through its Minister of Health, among other countries, signed a statement declaring that it will place the listed strategies to action and bridge the gap (WHO, 2000a).

The 6th conference, Bangkok Charter for Health Promotion in a Globalised World, 2005, confirmed that policies and partnerships to improve health should be the core of global and national development. In addition, the Bangkok Charter supports and builds upon the principles and strategies of health promotion established by the Ottawa Charter for health promotion in 1986. Furthermore, the Bangkok Charter reached out to people, groups and organisations that are critical to the achievement of health, for example the private sector, government, politicians, civil society and international organisations (WHO, 2005: 2).

The 7th Global Conference on Health Promotion: Promoting Health and Development Closing the Implementation Gap, was held in Nairobi, Kenya. The Nairobi conference focused on the
financial crisis that threatens the healthcare systems, in particular. Furthermore, new threats were being recognised: the inexorable growth of non-communicable conditions in low- and middle-income economies, and the threat of potentially catastrophic pandemics (WHO, 2015).

The 8th Global Conference on Health Promotion was held in Helsinki, Finland from 10 to 14 June 2013. The conference built upon a heritage of ideas, actions and evidence originally inspired by the Alma Ata Declaration on Primary Health Care and the Ottawa Charter. Moreover, the Helsinki conference stated that prioritising health and equity is a core responsibility of the government and that there is an urgent need for effective policy coherence between health and well-being. Furthermore, they recognised that the abovementioned will require political courage and strategic foresight (WHO, 2013).

2.2.2 The European Network of Health Promoting Schools (ENHPS)

The European Network of Health Promoting Schools (ENHPS) is an example of the health-promoting movement that has effectively merged three main European organisations in the pursuit of health promotion in schools. In the 1980s the networking concept originated, which led to the merging of the following three organisations in 1991: the European Commission, the Council of Europe and the World Health Organisation Regional Office for Europe (Rasmussen, 2005: 169-172).

The principles of the ENHPS are rooted in the Ottawa Charter and their goal was to increase the degree of commitment to the concept and principles of the HPS among main partners namely; schools, communities, governments, education departments and health sectors (Rasmussen and Rivett, 2000). These three leading organisations launched a project to combine health promotion and education in order to comprehend the potential in both. Alongside the leading organisations, hundreds of schools and European countries have formed the ENHPS to create a school environment where health is encouraged (Burgher et al., 2000).

In addition, school staff and learners work together to make their schools a better place and take action to benefit their mental, social and physical health. By means of this process, they will gain skill and knowledge that will improve the outcome of education. For quite some time, health education formed part of a tradition in schools, however, it has only been part of the curriculum and focused on deseases and illness. Starting with the project to combine health and education, the three leading organisations developed the idea of integrating health
promotion into every aspect of the schools setting, making it part of the schools daily routine (Burgher et al., 2000).

Additionally, Europe started with only seven countries, but since then the network has grown to over 43 countries worldwide (WHO, 2008). The network has established national HPS programmes in Europe to accommodate the diversity in cultures and communities. Europe has developed a series of guidelines to constantly monitor their progress (Rasmussen, 2005: 169-172). According to Lahtinen et al. (2007), the European Commission has recently emphasised the role mental health has in health promotion. The European Commission indicated that mental health issues are important and all countries should be aware of the occurrence, as well as challenges regarding mental health and the promotion thereof.

2.2.3 The World Health Organisation (WHO)

The World Health Organisation (WHO), is part of the United Nations that has been focusing on global health issues such as smallpox, family planning, childhood immunisation and Aids for over sixty years. The WHO mainly started because of the aftershock that World War II had on the world. The United Nations started discussions about the need for an organisation that focused on improving and maintaining health worldwide in 1945 (WHO, 2015).

There were many delays to the World Health Organisation starting up. However, the impact of post-World War II included exceptionally high disease rates and loss of basic resources and infrastructure. Ultimately, these factors led to the finalisation of the WHO, which was officially formed on 7 April 1948 (WHO, 2015).

The WHO (2015) originally developed the concept of “health-promoting schools”, and is responsible for the international conferences held on health promotion.

2.2.4 Australia

According to Rowling (1996), Australia has a non-govermental organisation called the Australian Health-Promoting School Assosiation (AHPSA). The AHPSA is specifically established to promote the concept of health-promoting schools. Its role is to act as a neutral organisation, representing diverse interests and providing a mechanism for networking, raising awereness and exchanging information.
From the outset, the contribution of the school curriculum in promoting health has been recognised and attention has been paid to implement it in schools (Rowling, 1993: 24-29). However, Baric (1994) states that Australia has moved past a curriculum approach, where they could educate learners on health, to a health-promoting school approach, where they focused on addressing and contributing to health issues and moved their way up to a health-promoting school community, where they can now work as an organisation.

Australia’s HPS framework emphasises a more comprehensive approach in which health promoting is integrated across partnerships and services, environment and school curriculum, teaching and learning (Australia Health Promoting Schools Association, 2001). Consequently, a HPS most definitely encourages a broad involvement and ownership by the school and the surrounding communities (Lynagh et al., 2002: 300-301).

Recently, Australia refers to HPSs as mental health-promoting schools. These schools are typically grounded in a social-ecological approach. This approach recognises the influence of the psychological world, which refers to each child and parent’s actions, the family environment, school context as well as their social context (Williams and Lawson, 2013: 126-143).

### 2.2.5 Scotland

In Scotland, HPS activities are supported by a National Scottish Health-Promoting School Unit (SHPSU) established in 2002 (SHPSU, 2004). The Scottish Executive (2003) declared that all schools had to become HPSs by 2007 and provided a strategic framework for further improving Scotland’s health. In 2004, the framework Being Well - Doing well, was released and was aimed at all those who have a responsibility for policy and practice regarding education and health improvement (SHPSU, 2004).

### 2.3 Health promotion: South African context

#### 2.3.1 South Africa’s constitution

During the 1990s, South Africa undertook a drastic transition from the apartheid system to a constitutional democracy dedicated to create a society based on democratic values, social justice and fundamental human rights. In 1994 South Africa held its first democratic election and implemented an interim constitution. As part of the transition, in 1996 a permanent
constitution was put into place. The Constitution contains the Bill of Rights, which contains the fundamental human rights of all the people in the country.

The Bill of Rights is a cornerstone of democracy in South Africa. It protects the rights of all the people in the country and supports the democracy values of human equality, freedom and dignity. Furthermore, the state must protect, respect and promote the rights of the people in the Bill of Rights.

The Government of the Republic of South Africa (1996) vowed to put children first, in order to give their needs the highest priority. According to the Bill of Rights (1996) every child has the right to basic nutrition, shelter, basic healthcare services and social services; and to be protected from maltreatment, neglect, abuse or degradation.

2.3.2 National Department of Health

The mission of the Department of Health (2015) is “to improve health statuses through the prevention of illnesses and the promotion of healthy lifestyles and to consistently improve the healthcare delivery system by focusing on access, equity, efficiency, quality and sustainability”.

As mentioned, the Government of the Republic of South Africa (1996) pledged to put children first. This pledge made by the government aims to ensure that children’s rights are upheld and that necessities are provided to reach their full potential. However, diseases and other challenges still prevent children from growing into accomplished citizens, leading to communities struggling to grow and prosper (Department of Basic Health, 2012).

Consequently, the Department of Basic Health (2012), shares the view of the WHO’s definition on health, health promotion and HPS. In the Integrated School Health Policy (ISHP, 2012) released by the Department of Health in 2012, it is clearly stated that for all children to optimal develop poses a great challenge. The rationale behind this is that South Africa is faced with a variety of diseases related to poverty, HIV/AIDS and violence that all lead to premature deaths (Coovadia et al., 2009: 817-834).

Additionally, the Department of Basic Health (2012) clearly indicated that for children to reach their full potential they must be attentive, healthy and emotionally secure. Therefore, it is essential that their basic needs are met and their environment is stable and healthy.
For some time now the goal of the Department of Basic Health is to improve the general health of the school-going children, the environmental conditions in schools as well as addressing the barriers to learning (Department of Basic Health, 2012; National Department of Health, 2000; South-Africa Department of Health, 2012).

Generally, policies within the Department of Health are aimed towards providing a healthier school environment together with many other policies and programmes in the health department (Department of Basic Health, 2012).

2.4 The Integrated School Health Policy (ISHP)

According to Swart and Reddy (1999), one of the main reasons why South Africa adopted and commenced with the HPS concept was to attempt to address the historical imbalances and its consequences. These problems were mainly due to inequality caused by apartheid and slow development (Department of Basic Health, 2012).

According to the Department of Basic Education (2010), more than 12 million learners were enrolled in public schools in South Africa. Most children spend up to 13 years, from early childhood to young adulthood, in the classroom. Extensive time spent in classrooms provides the perfect opportunity for interventions to address health and socio-economic issues such as infectious diseases, malnutrition, HIV/AIDS, violence and injuries (Department of Basic Health, 2012).

Therefore, South Africa can easily reach communities and attempt to address imbalances at schools, as shown in research conducted by Gleddie (2011) in Canada. He proved that HPSs definitely have a positive impact on students and the community. The study aimed to understand how the HPS approach would work in a particular school and community. The findings indicated that a HPS approach was capable of affecting 85% of the students involved in the project. All school communities could benefit from the division’s focus on health.

A key to the success of health promotion is to establish who is responsible for health promotion and HPS programmes in South Africa. A HPS programme is defined by the WHO (1996:5) as a combination of services that are necessary to promote the mental, physical and social well-being of learners in order to maximise their learning abilities. The WHO Committee on School Health also states that school health programmes can develop and advance public health, education, social and economic development.
In South Africa the responsibility of health promotion is generally shared by the Department of Education and the Department of Health (Department of Basic Health, 2012, Young, 2005: 111-117). The Department of Health is responsible for delivering the school health services, while the Department of Basic Education plays an essential part in creating a supportive environment for the ISHP (Department of Basic Health, 2012).

According to the convention of the Rights of the Child, South Africa has vowed to put children first, in order to give their needs the highest priority. This promise aims to support all children to reach their full potential. In order for children to reach their full potential, they must be attentive, healthy and emotionally secure (Department of Basic Health, 2012).

The previous school health programme launched in 2003 has been slow in many areas, including low coverage, insufficient partnership between the Health Department and Education Department, unequal supply of resources in urban and rural settings, limited resources and poor data management. Consequently, in 2010 the President of the Republic of South Africa committed the government to reinstating health programmes in public schools to improve health in South Africa (State of the National Address by His Excellency JG Zuma, 2010).

The new integrated School Health Programme (ISHP) released by the Department of Basic Health (2012) includes the following:

- A committed partnership between the Department of Health, Department of Basic Education and the Department of Social Development. All parties of the partnership will take responsibility for ensuring that the ISHP reach children in all schools;
- Providing service to all educational phases;
- Providing a more comprehensive service that addresses learning barriers, morbidity as well as mortality during all phases of education;
- More emphasis on providing health services, with a commitment to expand the range of services over time;
- A more systematic approach to implementation; and
- Implemented within the care and support for teaching and learning framework that is currently being used.

The school health package (see Table 1 below) is currently delivered by the school health nurses, who aim to deliver the healthcare package to the entire population of learners across the country. The primary target group is all children and youth that attend learning institutions from grade 1 to grade 12. Although the ISHP focus on school-attending children, the educators,
school management, school administrators and staff, the school community as well as the parents should also benefit from the programme (Department of Basic Health, 2012).

Table 1: The school health package (Department of Basic Health, 2012)

<table>
<thead>
<tr>
<th>Health Screening</th>
<th>On-site service</th>
<th>Health Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Foundation phase (Gr R-3)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Oral health</td>
<td>• Parasite control: Deworming and bilharzia control (where appropriate)</td>
<td>• Hand washing</td>
</tr>
<tr>
<td>• Vision</td>
<td>• Physical assessment (gross &amp; fine motor)</td>
<td>• Personal &amp; environmental hygiene</td>
</tr>
<tr>
<td>• Hearing</td>
<td>• Mental health</td>
<td>• Nutrition</td>
</tr>
<tr>
<td>• Speech</td>
<td>• Tuberculosis</td>
<td>• Tuberculosis</td>
</tr>
<tr>
<td>• Nutritional assessment</td>
<td>• Chronic illnesses</td>
<td>• Road safety</td>
</tr>
<tr>
<td>• Physical assessment (gross &amp; fine motor)</td>
<td>• Psychosocial support</td>
<td>• Poisoning</td>
</tr>
<tr>
<td>• Mental health</td>
<td>•oral health</td>
<td>• Know your body</td>
</tr>
<tr>
<td>• Tuberculosis</td>
<td>• Vision</td>
<td>• Abuse (sexual, physical and emotional abuse)</td>
</tr>
<tr>
<td>• Chronic illnesses</td>
<td>• Hearing</td>
<td></td>
</tr>
<tr>
<td>• Psychosocial support</td>
<td>• Speech</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td><strong>Intermediate phase (Gr 4-6)</strong></td>
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<td><strong>Intermediate phase (Gr 4-6)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Oral health</td>
<td>• Deworming</td>
<td>• Personal &amp; environmental hygiene</td>
</tr>
<tr>
<td>• Vision</td>
<td>• Minor ailments</td>
<td>• Nutrition</td>
</tr>
<tr>
<td>• Hearing</td>
<td>• Counselling regarding self-reported health (SRH) (if indicated), and provision of and referral for services as needed</td>
<td>• Tuberculosis</td>
</tr>
<tr>
<td>• Speech</td>
<td>• Physical assessment</td>
<td>• Medical and traditional male circumcision</td>
</tr>
<tr>
<td>• Nutritional assessment</td>
<td>• Mental health</td>
<td>• Abuse (sexual, physical and emotional abuse including bullying, violence)</td>
</tr>
<tr>
<td>• Physical assessment</td>
<td>• Tuberculosis</td>
<td>• Puberty (e.g. physical and emotional changes, menstruation &amp; teenage pregnancy)</td>
</tr>
<tr>
<td>• Mental health</td>
<td>• Chronic illnesses</td>
<td>• Drug &amp; substance abuse</td>
</tr>
<tr>
<td>• Tuberculosis</td>
<td>• Psychosocial Support</td>
<td></td>
</tr>
<tr>
<td>• Chronic illnesses</td>
<td>• Minor ailments</td>
<td><strong>Senior phase (Gr 7-9)</strong></td>
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<tr>
<td>• Psychosocial Support</td>
<td></td>
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<tr>
<td></td>
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<td><strong>Senior phase (Gr 7-9)</strong></td>
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<tr>
<td><strong>Senior phase (Gr 7-9)</strong></td>
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<tr>
<td>• Oral health</td>
<td>• Individual counselling regarding SRH, and pro-vision of or referral for services as needed</td>
<td>• Personal &amp; environmental hygiene nutrition</td>
</tr>
<tr>
<td>• Vision</td>
<td>• Minor ailments</td>
<td>• Tuberculosis</td>
</tr>
<tr>
<td>• Hearing</td>
<td>• Nutritional assessment</td>
<td>• Abuse (sexual, physical and emotional abuse including bullying, violence)</td>
</tr>
<tr>
<td>• Speech</td>
<td>• Physical assessment: anaemia</td>
<td>• Sexual &amp; reproductive health menstruation</td>
</tr>
<tr>
<td>• Nutritional assessment</td>
<td>• Mental health</td>
<td>• Contraception</td>
</tr>
<tr>
<td>• Physical assessment: anaemia</td>
<td>• Tuberculosis</td>
<td>• Sexually transmitted illnesses (STIs) including Human immunodeficiency</td>
</tr>
<tr>
<td>Health Screening</td>
<td>On-site service</td>
<td>Health Education</td>
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<td></td>
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<td>virus (HIV)</td>
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<td></td>
<td></td>
<td>Medical male circumcision (MMC) &amp; traditional</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Teenage pregnancy, choice on termination of pregnancy (CTOP), Prevention of mother to child transmission (PMTCT) HIV-counselling and testing (HCT) &amp; stigma mitigation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Drug and substance abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Suicide</td>
</tr>
</tbody>
</table>

**Further Education and Training (FET) (Gr 10-12)**

- Oral health
- Vision
- Hearing
- Speech
- Nutritional assessment
- Physical assessment: anaemia
- Mental health
- Tuberculosis
- Chronic illnesses
- Psychosocial support
- Minor ailments
- Individual counselling regarding SRH, and provision of or referral for services as needed
- Personal & environmental hygiene nutrition
- Tuberculosis
- Abuse (sexual, physical and emotional abuse including bullying, violence)
- Sexual & reproductive health menstruation
- Contraception
- STIs incl. HIV
- MMC & traditional
- Teenage pregnancy, CTOP, PMTCT HCT & stigma mitigation
- Drug and substance abuse •
- Suicide

**All schools**

- Environmental assessment
- First aid kit
- Water and sanitation
- Cooking area
- Physical safety
- Ventilation (airborne infections)
- Waste disposal
- Food gardens
- Recycling

According to the Department of Basic Health (2012), health promotion plays a crucial part in the ISHP. It provides the best opportunity to impact the immediate and long-term health behaviour of children and youth. Health promotion is thus incorporated in the school curriculum through Life Orientation.
The following issues are covered in Life Orientation regarding health promotion:

- Nutrition and exercise
- Environmental and personal hygiene
- Chronic illness
- Abuse
- Sexual reproduction
- Contraception
- Menstruation
- Sexually-transmitted infections
- Male circumcision
- Teenage pregnancy
- Mental health issues (include drug abuse, depression, anxiety and suicide)

In her research on Life Orientation in health-promoting schools: conceptions and practice, Roux (2013) emphasises the centrality of health promotion in the school setting. According to Roux’s research, Life Orientation plays a vitally important role in the instilling of knowledge, values and skills that promote health and well-being in schools. Life Orientation should directly address behaviour that creates situations where the health and wellness of the individual or community may be compromised.

The HPS initiative is challenging and complex, however, Roux (2013) states that a successful approach requires the involvement of the entire school, the change of schools’ psychosocial environment, the development of personal skills and the participation of the parents and the community. This is however a roll the Department of Social Development must full.

2.5 Importance of health promoting schools

Since the WHO’s definition of health-promoting schools in 1999, the definition of HPS has been adapted by various authors such as Lee et al. (2000:399-403) and Nilsson (2004:70-76) who defined HPS as a place where all stakeholders in the school and community should work together to establish a healthy and safe environment, where all role-players are informed about health and contribute to all the aspects of health promoting. Moreover, the MHF (2006) defined HPS as “one that works together with all members of its community to identify and address health issues that are of concern to them”.

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The WHO (1986) stated in the Ottawa Charter that schools have been identified as the most important setting for health promotion. Next to families, the school has the most influence on the lives of children and youth (Laforêt-Fliesse, 2010). From a public health perspective, schools offer the perfect potential setting for health promotion, interventions and health education. For over a century, schools have been a venue for providing screening and immunisation services (Mohammadi et al., 2010), which play a key role in the management of the potential spreading of diseases.

Two decades ago Flisher and Reddy (1995:629-636) estimated that by the year 2020 between 14 and 17 million learners will be enrolled at schools in South Africa. This group provides an opportunity for health promotion to impact a significant number of learners as well as the community through the implementation of strategies at schools. Markham and Aveyard (2003:1209-1220) stated that health is rooted in all human functioning, which includes school organisation, curriculum development, pedagogic practice on pupil development as well as fundamental human needs. Consequently, these factors have a tremendous influence a child’s wellbeing (WHO, 1986). Schools reach over one billion children worldwide; therefore it provides one of the most important settings for health promotion. Furthermore, HP interventions can also be reinforced throughout the influential stages of children's lives, enabling them to develop positive attitudes and skills (Bruce and Klein, 2012: 411-417, Kwan et al., 2005). Schools have therefore long been regarded as a powerful source of health promotion, where education is the primary entity for achieving effective health promotion in communities (Bruce and Klein, 2012: 411-417; De Jonge, 2000: 339-357; Ewles and Simnett, 2003).

2.6 Challenges South Africa faces

Health-promoting schools in South Africa originated in 1994 when various ministries accepted the 'settings-based' approach to health promotion (Waggie et al., 2004: 303-312). However, as mentioned above, South Africa is a unique country with its own distinctive obstacles. As a result of apartheid, thousands of children did not have the opportunity of quality education and, therefore, South Africa is still struggling to reform education and correct the legacy (Heaton, 2014).

Over the last few years the health sector made political changes that aimed to reduce inequities in the health services and the South African healthcare system started to focus its efforts on primary healthcare (Chopra et al., 2009: 1023–31). However, according to Statistics South Africa (2008), progress related to certain health goals has been insufficient or even reversed.
since 1994. Furthermore, with the end of apartheid the country faced extensive obstacles to redistribute wealth and to fight unemployment. Since 1994, the unemployment rate has persisted and grown to be one of the highest in the world (Statistics South Africa, 2009). According to Mayosi et al. (2009), the growth of basic services and an increase in the overall wellness benefits have reached a quarter of the nation, but health problems, rooted in poverty, still persist. Since 1994, the South African health sector has been severely affected by poor skills, a lack of knowledge and incorrect distribution of staff. These inadequacies compromised the ability to deliver effective programmes such as HIV, tuberculosis, child health, mental health, and maternal health (Wood and Jewkes, 2006: 109-180). Another obstacle South Africa faces is the vast burden of a variety of diseases that is overwhelming the country’s financial and political resources (Chopra et al., 2009: 1023–31).

According to school nurses in South Africa, there are a few issues that currently impact their ability to deliver quality services. Firstly, the environment in which they operate needs to improve to aid the implementation of the School Health Policy. Furthermore, there is a severe lack of staff that causes infrequent visits to schools, which limit their ability to provide the children with the attention that they need. Another aspect lacking is a private environment to conduct the health assessments. In addition, a lack of basic equipment as well as transport, poor roads and infrastructure lead to the inaccessibility of some schools. Lastly, follow-ups are rarely conducted, since nurses generally visit schools once a year (Department of Basic Health, 2012).

As mentioned above, the lack of skills and poor knowledge are some of the most severe obstacles South Africa faces in terms of health promotion (Gugglberger and Dur, 2010: 37-43; Macnab, 2014; Tossavainen et al., 2004: 33-44; Wood and Jewkes, 2006: 109-180). According to a study conducted by Mohammadi et al. (2010), school staff lack a common understanding of the term HPS. The study concluded that staff members do not perceive health promotion as a new term, but simply as promoting learners and one of their main arguments was that all schools are health-promoting schools.

School staff is the key to health-promoting programmes at school and their perception of health promoting is of utmost importance (Mohammadi et al., 2010). Perceptions guide and control our actions, as well as influence the way objects are recognised and understood (Bertenthal, 1996: 59-431). Verhaeghe et al. (2013:1569–1578) add that an insightful understanding of HP can help people to follow a healthy lifestyle, and teachers’ perceptions and view on health-promoting can influence their participation (Tjomsland et al., 2009: 89-102).
Furthermore, the complexity of the HPS approach, as well as the language differences between health and education, plays a vital role in the barriers South Africa needs to overcome. Studies have also shown that the practical implementation of health promotion, on a school level, is lacking (Deshensnes, 2014: 219; Russel and Schneider, 2000; St. Leger and Nutbeam, 2000; Stewart et al., 2000).

Previous research showed that there is a lack of common understanding regarding HPS as well as confusion among school leaders to comprehend HPS (Mohammadi et al., 2010; Stewart et al., 2000). The WHO (1986) recommended that there should be a continuous discussion between health and educational stakeholders with regard to the meaning and purpose of HPS. Consequently, schools can have a better understanding of the public health sectors priorities, and the understanding of HPS will be more clear (Mohammadi et al., 2010).

According to Gugglberger and Dur (2010:37-43) schools need several resources in order to effectively apply school health policies. Firstly, schools need human resources, financial resources, information and knowledge management. These resources will provide a school with a firm basis to implement HP strategies. Secondly, schools can gain from partnerships and networking, which mean that they should be encouraged to cooperate with other schools, health promotion services, companies and parents. Networking forms a key role in the success of health promotion at schools. Schools can learn from the other health promotion entities and gain valuable information.

Developing a common understanding among stakeholders is essential for a more diverse, realistic and effective intervention for health promotion. The lack of a shared understanding among stakeholders has long been identified as a barrier for the successful implementation of health promotion strategies (Gugglberger and Dur, 2010: 37-43; Mohammadi et al., 2010; St. Leger and Nutbeam, 2000; WHO, 1996: 5). Lastly, schools, their communities and stakeholders will be more motivated to participate in health promotion programmes if they are aware of the long-term as well as the short-term benefits for all the participants (Mohammadi et al., 2010).

Although some progress has been made to achieve international objectives related to health promotion, there still exists a major gap in the vision set for HPS. The advice to the international community is to revise strategies and allocate additional resources to streamline effort in order to achieve health for all across the globe (Bruce and Klein, 2012: 411-417; Marks, 2011: 340-346; Sharp et al., 1999; St. Leger and Nutbeam, 2000; Stewart et al., 2000).
2.7 Collaborative working

There are multiple terms used in order to describe cooperative work of different health professional groups (Finn et al., 2010: 1148-1154). According to Tzenalis and Sotiriadou (2010) health promotion must be seen as multi-professional or multi-disciplinary, as many individuals, health providers, health professionals and organisations believe that they play a role in promoting health. In addition, the prefix multi means several different professional groups working together (Payne, 2000: 1-24). Furthermore, different professional groups working together provide important advantages. One of these advantages is that involved agencies must work together in order to achieve more. By working among others and involving others, one can increase access to networks (Naidoo and Wills, 2009).

Recent research has explored networking and capacity-building of schools and found that linking with local organisations, parents and other community resources can enhance and improve health promotion outcomes (Fullan, 2005). HPS requires detailed understanding of all the necessary components (Rissel and Rowling, 2000), as well as support from the surrounding community (Naidoo and Wills, 2009, Preiser, 2014, Tzenalis and Sotiriadou, 2010). The components mentioned above refer to: planning and preparing for school development, developing of policies and strategies, management practices, student participation, and partnership and networking (Rissel and Rowling, 2000). Additionally, Kwan et al. (2005) state yet another four key strategies that must be in place in order for health promotion to be efficient namely, building capacity, creating networks and alliances in order to develop HPS, strengthening national capacity and researching to improve school health programmes.

From abovementioned strategies and components. it is clear that networking is an essential part of HPS clearly indicating that the children, school and community will benefit from it (Kwan et al., 2005; Naidoo and Wills, 2009; Rissel and Rowling, 2000; Swart and Reddy, 1999; Tzenalis and Sotiriadou, 2010).

Networking can also increase awareness, resources, support and funding (Preiser, 2014). Furthermore, schools and children will benefit from networking in the following ways: people will work across disciplines and share resources; schools will have easier access to community healthcare personnel; schools will have greater awareness of existing resources for health programmes; a more balanced approach to school health promotion will develop; the school image in the community will vividly improve; the health status of learners; teaching methods in health education; and the general quality of education in schools will all drastically improve (Swart and Reddy, 1999). However, without supportive policies, funding, infrastructure and support from various community as well as government organisations, the obstacles faced by
teachers and schools in prompting health might challenging (Whitehead, 2000). There is a clear need to adapt and expand efforts on health promotion activities in collaboration with community networks (Whitehead, 2000).

Nevertheless, collaboration can fail if stakeholders and participants do not take into account some obstacles that can arise. Individuals that work together may be aware of each other’s roles, but may not completely understand the way their respective organisations work. This may lead to a lack of understanding of different organisational culture (Naidoo and Wills, 2009). Besides the lack of understanding, a lack of commitment at a senior level may arise; as well as different outlooks; professional rivalry, especially in those with different opinions and perceptions of health promoting; an imbalance in contributions to reassuring the alliance; a lack of skill and lastly a lack of achievable goals (Naidoo and Wills, 2001: 71-90).

However, teamwork and the concept of team development are essential for the successes of health promotion (Kwan et al., 2005; Preiser, 2014; Whitehead, 2000). Health promoters and healthcare personnel have long recognised the potential role of working together, despite the obstacles that arise (Tzenalis and Sotiriadou, 2010). The reasoning is unquestionable if health is more than the absence of disease; then its promotion lies beyond more than one professional group (Tzenalis and Sotiriadou, 2010).

2.8 Conclusion

The aim of this chapter was to present an overview of the concepts health promotion and health-promoting schools. The chapter also defined health promotion and health-promoting schools, as well as explore the views of different countries and organisations. Furthermore, the importance of HPS was explored alongside the challenges South Africa face on a day-to-day basis. The next chapter will focus on the aspects of the health promoter.
Chapter 3 The health promoter

3.1 Introduction

The aim of this chapter is to explore the concept “health promoter”, as well as the various roles the health promoter can/should play in health promotion. Furthermore, health promotion as a multi-disciplinary profession will be discussed with emphasis on collaboration between the different health profession groups.

3.2 The health promoter: international context

The term health promoter is given to experts who partake in the prevention of disease and to increase well-being of communities. However, the term health promotion is used in different manners, with very little clarity given to the meaning thereof (Tzenalis and Sotiriadou, 2010). Prior to 1980, most health promotion interventions were referred to as health education (Tzenalis and Sotiriadou, 2010). As previously mentioned, the first phase for the development of health promotion was known as the "social hygiene period", which was based on both health education as well as public health. This phase intended to use schools and churches as the mediums to improve health promotion throughout the community (Naidoo and Wills, 2009).

Beric and Dzeletovic (2003:455-460) conducted a study on 11 different countries regarding health promotion, including Australia, Canada, Cuba, Finland, France, Haiti, India, Puerto Rico, the United Arab Emirates, the United States of America, and Yugoslavia. Three of the participants from the respective countries were male and eight of them were female. The workplaces of the participants were as follows: a university, a hospital, a community, a government organisation and correctional services. According to the study, in Canada there are programmes that train/educate health promotion professionals according to specific prerequisites. Whereas in other countries such as Finland, Puerto Rico, Haiti, Cuba, Yugoslavia, and India, health promotion is not formalised as a profession and there are no specifications or unique knowledge regarding health promotion as a profession. Yugoslavian people may, in certain instances, receive training or obtain a degree in health promotion, but there is no clear description of the occupation. Lastly, the study identified physicians, teachers, nurses, dentists, community health workers, government employees, psychologists and social workers as key role-players in the profession of health promotion.
3.2.1 United States of America

According to Poss (1999), the United States introduced nurses as health promoters in the early 1900s. Public health nurses were allocated to provide care for immigrants from European countries. Nurses were the most suitable subjects to implemented health promotion strategies and were used to bridge the gap between communities and healthcare (Andrews et al., 2004: 358-365; Andrews, 1992: 7-15).

The American Academy of Pediatric (2008) stated that school nurses have a crucial role in providing health services to children and youth. They regard the role of the school nurse as serving as a team member in the school health service. Moreover, the school nurses provide health education by giving health information to learners in health education, science and other classes. Health education topics include: nutrition, oral health, smoking prevention, exercise and prevention of sexually-transmitted infections (National Association of School Nurses, 2002).

According to Brener et al. (2001:294-303), the school nurse serves in a leadership role for health policies and programmes in America. As a healthcare expert the school nurse is a leader in the evaluation and development of school health policies. The policies include the following:

- Health promotion
- Health protection
- Disease management
- School wellness
- Crisis management
- Mental health
- School health programmes

Furthermore, the United States also introduced community health workers (CHWs) to help with national health goals. CHWs are known by several names, like health workers, health promoters, outreach workers and peer counsellors. CHWs conduct community level interventions and activities that promote health and prevent diseases. CHWs are viewed as frontline public health workers (U.S. Department of Health and Human Services, 2007).

CHWs are trusted members of the community or have a close understanding of the communities they serve. They serve as a link between the health service and the community and build community capacity through outreaches, informal counselling, social support and community education (Centers for Disease Control and Prevention, 2015).
3.2.2 Sweden

Sweden regards health promotion as an essential function within the entire health and medical care sector. Nurses are important for the development and implementation of health promotion at clinics (Brobeck et al., 2013). The objective of healthcare is to incorporate health promotion and health and sickness prevention as a natural part of all health care and treatment. Furthermore, Sweden regards nurses as an essential part of developing and implementing health promotion in clinical practice, especially district nurses (Brobeck et al., 2013).

3.2.3 The Netherlands

The Netherlands community health worker programme includes the allocation of resources to improve healthcare in order to increase health knowledge and to change the health status of people. This programme also envisages to provide personal support to healthcare workers to allow them to perform their work optimally (Verhaeghe et al., 2013: 1569–1578). The community health workers aim to bridge the gap between the health departments and the community.

3.2.4 Canada

According to the Canadian Public Health Association (2010), its community health nurses (CHNs) aim to improve people’s health in the community. CHNs play a key role in disease, disability and injury prevention as well as health promotion. Furthermore, CHNs work independently in a variety of settings. They also work with the community, nurses and other colleagues in order to promote health in a community. The Canadian Nurses Association (2010) also declares that nurses collaborate with other healthcare team members, sectors and communities in order to promote health and reduce illness and injury. Furthermore, Ontario’s Minister of Health Promotion (Laforêt-Fliesse, 2010) created a number of guidance documents to support the implementation of health promotion and for which it is responsible, e.g.:

- Child health
- Child health programme oral health
- Comprehensive tobacco control
- Healthy eating, physical activity and healthy weight
- Nutritious food basket
- Prevention of injury
• Prevention of substance misuse
• Reproductive health
• School health

This specific document provides advice about Ontario public health standards related to school health (Laforêt-Fliesse, 2010). In addition, Canada also regards schools as important settings for comprehensive health promotion, as it covers 20% of their population (5 million students and over 400,000 employees). Furthermore, another 30% of the population has a direct stake in the school as they are parents (Community and Schools Promoting Health).

3.2.5 United Kingdom

The United Kingdom recently highlighted the need for the outlining and establishment of health promotion and education as a separate profession (Beric and Dzeletovic, 2003: 455-460). According to the Association of Graduate Careers Advisory Services (AGCAS, 2012) health promoters are now listed as a healthcare career meaning that health promoting is seen as a profession on its own. In the United Kingdom in addition, AGCAS (2012) developed a prospect planner especially for health promotion, which can be utilised by a health promoter to help people improve and increase control over their health.

This planner ensures the implementation and evaluation of policies and strategies to promote health within a specialist setting, relating to a specific issue, or within a particular population. Health promoters are closely involved with delivering the prevention and promotion aspects of national service frameworks and plans, and the development of community strategies, local strategic partnerships, and health alliances. Health promoters work to ensure effective practice which is achieved by capacity building, supporting and enabling a range of agencies to deliver health improvement programmes. Health promoters are also committed to addressing inequalities in health and promoting anti-discriminatory practice (AGCAS, 2012).

3.2.6 Kenya

In Kenya there is a programme called Community Health Promotion Kenya (CHPK), launched by the Centre for Health Market Intervention (2015). CHPK is a limited liability company aimed at fostering public-private partnerships in community health issues in Kenya.
The CHPK was originally started in 2009 by a group of dedicated and experienced people in medical training and healthcare in Kenya. The aims of the programme are to improve community health through better quality health care training, which is directly linked to service delivery, and to enable health workers to use the immense experience and knowledge they have gained on the course of their work as promoters, to contribute towards the improvement of healthcare for Kenyans. These health workers (health promoters) are seen as mid-level healthcare workers. Healthcare workers is seen as any person with experience in medical training like nurses. (Centre for Health Market Intervention, 2015).

3.3 The health promoter: National context

3.3.1 From lay health workers to health promoters

The rapid growth of South Africa’s HIV/Aids programmes during previous decades has been responsible for the development of a large untrained (lay) health worker infrastructure (Andrews et al., 2004: 358-365). The process was initiated in the mid-1990s when the state decided to support non-governmental organisations (NGOs) that employed home and community-based health workers and train them to promote voluntary HIV testing and support the TB epidemic (Russel and Schneider, 2000). By 2004, there were an estimated 40 000 unprofessional health workers in South Africa, nearly identical to the number of professional nurses (43 660) working in the public health sector (Ijumba and Padarath, 2006).

The government allocated, also in 2004, the term “community health workers” for all health workers in the health sector. They also adopted a policy framework for the training of community health workers (Ijumba and Padarath, 2006, NDoH, 2004).

Although health workers’ roles have broadened over time, they are still orientated toward care rather than prevention (Schneider et al., 2008: 179–187). Furthermore, community health workers are mainly seen as a way to improve access to the health services (Odendaal, 2014: 18) and act as cultural brokers, with the purpose of bridging the gap between the healthcare system and the communities (Kilpatrick et al., 2009: 284-290; Schneider et al., 2008: 179–187; Verhaeghe et al., 2013: 1569–1578).

The Integrated School Health Policy released by the Department of Basic Health (2012) in South Africa, stated that the current school health services are delivered by selected school health nurses. These school health nurses form part of the primary healthcare staff that aim to
provide a healthcare package (mentioned above in table 1) to all children and youth, regardless of their age, that attend school facilities (Andrews et al., 2012; Casey, 2007:1039-1049; Magadzire et al., 2014; Odendaal, 2014: 18; Tossavainen et al., 2004: 33-44; Verhaeghe et al., 2013: 1569–1578; Whitehead, 2003: 490-498; Whitehead, 2006: 264-271).

According to Odendaal (2014:18) health workers are seen as an important human resource in primary healthcare. They spend their time ensuring that patients take their medicine correctly and that they do not experience any side effects. Furthermore, Magadzire et al. (2014) describe health promoters as brokers between health systems and patients in ensuring access to medicines.

Lastly, the literature mostly refers to health promoters, lay health workers, community workers, school health workers and health workers as nurses. Evidently health promoters are basically described as supporting and caring for patients during disease (Verhaeghe et al., 2013: 1569–1578). Evidently literature provides no clear definition on health promoters and their responsibilities. However this was the purpose of the study, to shed some light on the topic in order to provide a clear understanding and definition on health promoters.

### 3.4 The health promotion team

Various authors have concluded that there exists no single definition for the term “health promoter”, but that it should rather be viewed form the action/task that is performed by the respective entities that play a role in the promoting of health (Andrews et al., 2004: 358-365; De Jonge, 2000: 339-357; Finn et al., 2010: 1148-1154; Magadzire et al., 2014; Speller et al., 2010: 490-507; Verhaeghe et al., 2013: 1569–1578).

Health promotion is based on a wide range of professionals that partake in the promotion of health. For example: doctors, nurses, teachers, midwives, community workers, fitness workers, physical and emotional-mental health professionals as well as dental health workers, all form part of a health promotion team (Whitehead, 2003: 490-498). In addition, more than two decades ago Ballard et al. (1990) stipulated that health promoters must be part of a health promoting team, which will enable them to achieve more in terms of health promotion. Celletti (2010:45-57) also concluded that health teams demonstrate much better outcomes in general than health promoters that work in isolation.
3.4.1 Nurses as health promoters

Naturally nurses play a vital role in promoting public health, by tradition the focus of health promotion by nurses has been on disease prevention (Kemppainen et al., 2012; Tzenalis and Sotiriadou, 2010). However, health promoting is more complex than simply disease prevention (Kemppainen et al., 2012). The role of the school nurse is to function as part of the health promoting team member, where they provide early identification of problems and interventions to foster health (American Academy of Pediatric, 2008).

However, there are no obvious and clear role given to nurses concerning the implementation of health promotion at this stage (Kemppainen et al., 2012, Laforêt-Fliesse, 2010; Macnab, 2014; Tossavainen et al., 2004: 33-44). The Canadian Nurses Association (2010) states that community health nurses play a key role in the following areas: health promoting, health protection, disease and illness prevention, health surveillance. Moreover, the Canadian Nurses Association (2010) states that there are six core roles that the community nurses should fulfil: encouraging the adoption of health beliefs, supporting public policy changes to modify physical and social environments, participating in health promotion activities, helping communities take responsibility for their health and lastly encouraging skill building.

In addition, the American Academy of Pediatric (2008) declares that there are seven core roles that the school nurse should fulfil: provides care for injuries and acute illness, provides leadership for the provision of health services, provides screening and referral for health conditions, promotes a healthy school environment, provides health education by providing health information to students, serves in a leadership role for health policies and lastly is a liaison between school, family and health care professionals. Furthermore, Hong (2010) views health promotion as a lifestyle modification which would help promote a healthy lifestyle. These modifications include weight control, increased physical activity, increased vegetable and fruit intake, and reduced total fat intake.

It would seem that nurses are currently working in two different organisational cultures, those of healthcare and those of school (Tossavainen et al., 2004: 33-44). In addition, they have a variety of expertise; some work as managers on health promotion projects, some as general health promoters, and others as patient-focused health promoters (Goodman et al., 2011: 12-17). Generally nurses agree that health promotion is an important part of their role, but studies have shown that health promotion has little relevance to their experience. (Tossavainen et al., 2004: 33-44).
According to health promotion research, it seems that nurses have not yet established a clear role in implementing health promotion activities (Kemppainen et al., 2012; Macnab, 2014). Nurses can rather be considered as general health promoters, with their health promotion actions based on giving health information to patients and providing care for patients (American Academy of Pediatric, 2008, Kemppainen et al., 2012). Mainly, it led to the notion that there is a great need to clarify the concept of health promotion in nursing (Whitehead, 2011: 117-127).

3.4.2 Teachers as health promoters

School health promotion is declared to be the most efficient when implied through a whole-school approach, where educators and school staff all contribute (Flaschberger, 2012: 216-231). Moreover, educators and other school staff play vital roles as partners in the preventing and identifying of behavioural, learning and mental health difficulties among children and youth (Whitley et al., 2013: 56-70), as they are often the first to observe such behaviours (Meldrum et al., 2009: 3-5). However, it is of the utmost importance that the educators are equipped with the practical tools and knowledge required to recognise and intervene in situations where mental illness, learning and behavioural difficulties may occur (Leurs et al., 2007: 58-69; Meldrum et al., 2009: 3-5; Whitley et al., 2013: 56-70).

There is however clear evidence that educators who have knowledge or received training regarding health promotion are more likely to be involved in health promoting actions. Thus, personal motivation and competence have a direct effect on the amount of health and wellness issues educators will address and evidently contribute to health promotion in schools (Leurs et al., 2007: 58-69; Speller et al., 2010: 490-507).

Professional health training for educators and school staff is clearly necessary and although many educators have received training of a sort, studies continue to show the lack of efficacy on the part of educators. It is clear that once-off workshops regarding mental illnesses and bullying are no longer sufficient (Whitley et al., 2013: 56-70). Thus health promotion and mental health promotion need to be integrated into the educators curricula (Williams and Lawson, 2013: 126-143).
3.4.3 Psychologists as health promoters

The profession school psychology has grown tremendously in recent years. Once seen as a Western discipline, school psychology has now become a profession known globally (Helgoth and Sobansky, 2008: 85-98).

The concept health promotion is internationally known and is seen as a priority worldwide; therefore it has been placed on the education reform agenda in South Africa (De Jonge, 2000: 339-357). Furthermore, research states that educational success often depends on the ability to create an inclusive space that nurtures, develops, cherishes, educates, supports and fosters well-being among children, youth and school staff through an environment that is secure, safe and protected (Wotherspoon, 2004: 12-16). Nonetheless, who is accountable for creating such an environment in a school setting? Jimerson et al. (2007) state that although the entire school staff are responsible, the school psychologist plays an essential role in promoting this environment, mainly because the general role and responsibilities of a psychologist include: counselling students and teachers, providing prevention programmes, conducting staff training programmes, implementing interventions, consulting with teachers, and providing social and emotional support.

3.6 Conclusion

The purpose of this chapter was to explore various conceptualisations of the concept of the health promoter. The chapter also presented an overview on health promotion as a multi-disciplinary profession and stressed the importance of the collaboration between the different health profession groups. The next chapter will focus on the research design and methodology concerning this research study.
Chapter 4  Research methodology and procedures

4.1  Introduction

The aim of this chapter is to provide an overview of the methodology utilised in the execution of the research. The research methods and design will be discussed, as well as the elements that contribute to the trustworthiness of this qualitative study. Furthermore, the ethical considerations regarding this qualitative research will be discussed as it is of the utmost importance as qualitative research involves exploring, examining, and describing the true lived experiences of people in their natural environment.

4.2  Research design

4.2.1  A qualitative approach

For the completion of the empirical study a qualitative research approach was utilised. According to Maree (2011) empiricism states that knowledge can only be derived from the senses, thus concluding that knowledge can only be derived from sensory experiences. Furthermore, qualitative research is utilised as the research focuses on the understanding and the defining of phenomena within their natural occurring content (Leedy and Ormrod, 2010; Maree, 2011), indicating that qualitative research is interested in understanding the meaning people constructed, the way they make sense of their experiences and their world (Merriam, 2009). In addition, qualitative research is concerned with the understanding of cultural and social context which underlines behavioural patterns. The main objective of a qualitative design is to explore areas where no former information exists, as well as describing behaviours, trends, themes, needs, attitudes or relations that are relevant to the areas analysed (Bloor and Wood, 2006: 88-89; Creswell, 2013; Du Plooy, 2002). By conducting a qualitative study, we can therefore discover the nature of individuals' behaviour, experiences and perspectives of which we have little knowledge (Maree, 2011). Moreover, a qualitative study usually takes place by collecting data from in-depth interviews to enable the researcher to engage in the emotions of the respondents (Leedy and Ormrod, 2010).

A phenomenological research approach was employed to collect data in this research project. A phenomenological approach focuses on individual experiences, beliefs, and perceptions of human life (Maree, 2011). In a phenomenological approach, questions and observations are aimed at drawing out individual perceptions and experiences. Therefore in-depth interviews
and focus group interviews are ideal methods for collecting phenomenological data. This enables the researcher to engage in the believes and the emotion of the participants (Leedy and Ormrod, 2010). A lot of qualitative research is phenomenological of nature as it attempts to understand individuals; behaviour, emotion and social experiences have for them (Merriam, 2009).

4.2.2 Population and selection of participants

The research project was done in the Dr. Kenneth Kaunda district in the North West province of South Africa. The data was collected from a variety of participants, including females as well as males, through focus groups and in-depth interviews. Their experience as health promoter varied from 3 to 30 year, for their age varied from 20 to 56. Creswell (2013) stipulates the importance of selecting the appropriate participants for the interviews, as well as participants who are willing to openly and honestly share their story with the researcher. In order to obtain the appropriate participants, criterion-based sampling was utilised for the purpose of this study. Criterion sampling implies that participants are selected according to criteria stated in the study (Maree, 2011). Criterion sampling leads to candidates that will provide the most credible information to the study (Creswell, 2013). Moreover DiCicco-Bloom and Crabtre (2006:314-321) state that when using in-depth interviews the sample of participants should be fairly homogenous and share critical similarities related to the research question, which in this case is health promoting. Thus participants were recruited by (nie seker nie) and all had some kind of training or experience regarding health promotion. Some of the elder participants received a year’s training, where others received a week’s training via other health promoters. Overall their highest level of education was matric.

In addition, for the purpose of this study participants primarily consist of health promoters. These health promoters have experience in health promotion in schools in the Dr. Kenneth Kaunda district.

4.2.3 Role of the researcher

Qualitative researchers seek to understand the world of phenomena that is observable through the study of interactions, events, talk and actions (Barrett, 2007: 417-433). The researcher is subjective and accepts that reality is a creation of the participants involved in the research (Maree, 2011). Furthermore the researcher is always part of the study and adapts a holistic and intuitive nature (Maree, 2011).
Additionally, in a qualitative study the researcher is primarily seen as an instrument for making sense of the phenomenon (Barrett, 2007: 417-433) by means of the data collection processes (Maree, 2011). In this qualitative study the role of the researcher primarily is that of an interviewer and observer. In the focus group interviews, the researcher acts as a mediator and facilitates the groups, which means that the researcher acts as a generator of the conversation (Clifford et al., 2010). During observations the researcher shifts her focus as new situations and themes emerge in order to fully grasp the complexity of the situation (Leedy and Ormrod, 2010).

Furthermore, the researcher acts as a medium for the discovery and interpretation of the data and its meaning (Josselson et al., 2003). The researcher, as an observer, plays a role which is natural and well-defined. The researcher obtains, secures and safeguards data as an ongoing member of the group. The real objectives of the observer are hidden from the participants as the researcher is viewed by the members of the group as part of their system rather than a scientific observer (Babchuk, 1958: 36-43).

Data analysis, clarification and interpretation are often interwoven and depend upon the researcher’s logic, judgment, creativity, imagination, clarity, and knowledge of the field (Barrett, 2007: 417-433). In addition, the final research report reveals mainly evidence of the phenomenon interlinked with the researcher’s logical interpretation of the phenomenon (Barrett, 2007: 417-433; Clifford et al., 2010; Leedy and Ormrod, 2010).

### 4.3 Methods of data generation

#### 4.3.1 In-depth interviews

According to Bloor and Wood (2006:88-89) interviews can be described as the questioning of participants in an informal manner. Interviews can thus be seen as a conversation taking place between the interviewers and the respondent (Bloor and Wood, 2006: 88-89; Maree, 2011). Additionally interviews provide in-depth information relating to the participants’ viewpoint and experience of the specified topic (Turner, 2010: 754-760). In-depth focus group interviews were held with 17 health promoters in the Dr Kenneth Kaunda district in order to explore their perception of health promotion in schools.

Furthermore, semi-structured in-depth interviews are utilised for the purpose of this study, as semi-structured interviews allow room for probing and clarification (Maree, 2011) and aim to
discover shared understanding of a specific group (DiCicco-Bloom and Crabtre, 2006: 314-321). Semi-structured in-depth interviews are the most commonly used interviewing format for qualitative research. In addition, they are generally only conducted once for a group and can take from 30 min to several hours to complete (DiCicco-Bloom and Crabtree, 2006: 314-321). Additionally, interviews are generally organised around predetermined open-ended questions, since open-ended questions lead to additional questions evolving from the discussion between the interviewer and the participants (DiCicco-Bloom and Crabtre, 2006: 314-321). Moreover, open-ended questions allow the researcher to dig deep into the experiences, knowledge and viewpoints of the participants (Turner, 2010: 754-760), as it typically allow the participants to talk the topic in their own words (Leedy and Ormrod, 2010).

4.3.2 Focus group interviews

According to (Clifford et al., 2010) focus group interviews can be seen as a group of people that gather in an informal environment, in order to discuss a specific topic provided by the researcher and share their experiences as well as knowledge. Focus group interviews provide detailed insight (DiCicco-Bloom and Crabtre, 2006: 314-321) and generate a greater number of topics than an individual interview (Kitzinger, 1995: 299-302).

The term focus group is used when all participants in the group have shared the same experiences (Calderon et al., 2000: 91-95). As mentioned, participants are selected according to criteria stated on the study in order to ensure that candidates provide the most credible information (Creswell, 2013). Moreover, participants are all health promoters whom worked in schools in the Dr. Kenneth Kaunda district.

Furthermore, focus group interviews are conducted in an informal manner and consist of small homogeneous groups (Maree, 2011). The questions are to be open-ended, leading the participants to express themselves and share their views (Maree, 2011). In addition, the groups are facilitated by the researcher, which means that the researcher acts as a generator of a conversation (Bloor and Wood, 2006: 88-89; Brotherson, 1994: 101-118; Calderon et al., 2000: 91-95; Clifford et al., 2010).

Lastly, the interviews were recorded and the recordings were to be transcribed to textual data. The in-depth focus group interviews were conducted in a qualitative manner, to allow the health promoters to express their understanding of health promotion and the health promotion that has
been done by them in the Dr. Kenneth Kaunda district. The 17 health promoters were separately interviewed in groups of 4-6.

4.3.3 Observations and field notes

In research, observation can be used in two ways, namely structured and unstructured (Moriarty, 2011, Mulhall, 2002: 306–313). For the purpose of this study unstructured observation was utilised. Observations in a qualitative study are intentionally unstructured, free-flowing and allow for flexibility (De Vos et al., 2005; Henning et al., 2005; Leedy and Ormrod, 2010).

According to Leedy and Ormrod (2010:45) in-depth interviews and focus groups with participants provide the pieces of the puzzle, however, observation is used to fit these pieces together. The observer plays a well-defined natural role where he/she secures the data as an ongoing member of the group. The observer’s true objectives are totally hidden from the participants and he/she is seen as a member of the group, and not as a scientific observer (Babchuk, 1958: 36-43). In contrast to interviews and focus groups, observation gathers natural occurring data in order to collect direct information about social processes (Silverman, 2005). Observation addresses the matter that what people say is not always what they do (Moriarty, 2011).

These observations allow the researcher to take advantage of unforeseen data sources as they surface. All the field observations of the researcher are carefully noted. Some consider field notes to be the core of the study and suggest that field notes should be noted as they happen or shortly afterwards, in order to guarantee that details are not lost to memory (Mulhall, 2002: 306–313). Furthermore, these observations are infused into all other data gathered so that an integrated understanding could be attained about the health promoters. The integration of field notes and observation forms part of crystallisation, which contributes to the trustworthiness of the research (Maree, 2011). Moreover, Waterman (1998:101-105) suggests that field notes and observations can include validity, which expresses how the researcher has affected the direction and focus of the data collection.

4.3.4 Data analysis

Data analysis starts alongside the interviews that generate the data. Data analysis is time-consuming, demanding constant movement between engagement, coding, categorising, and creation of themes (Green et al., 2007).
The data gathered in this study was transcribed and thematically analysed by the researcher. Inductive thematic analysis is probably the most common qualitative data analysis method active in the behavioural, social and health sciences. The process entails reading through textual data, detecting themes in the data, coding those themes, and finally interpreting the content of the themes (Guest et al., 2012). Moreover, the researcher determines different categories and sub-categories on the perception of the health promoter concerning health promotion in schools in the Dr Kenneth Kaunda district. The categories were then used to formulate guidelines for the health promoters in the Dr. Kenneth Kaunda district with regard to the perceptions of health promoters and effective health promotion in schools.

Furthermore, the data was evaluated and crosschecked against the literature to determine the trustworthiness thereof. An independent co-analyst analysed the data as well. The results of the two analyses were compared for similarities and differences during consensus meetings. After final consensus regarding the findings had been reached, the findings were subjected to respondent validation. Respondent validation in this research project entailed going back to the participants with the results and refining them in the light of their initial responses (Silverman, 2005).

### 4.3.5 Trustworthiness

According to Lincoln and Guba (1985), who invented the model of trustworthiness, trustworthiness refers to the credibility, transferability, dependability and conformability of qualitative research findings. Furthermore, Lincoln and Guba (1985) also mentioned that ensuring credibility is one of most essential factors in establishing trustworthiness. Credibility deals with the question “did that the study measures or test what is actually intended” (Shenton, 2004).

The following provisions were made to ensure the credibility of this study:

a) Yin (1994) acknowledged the importance of “correct operational measures for the concepts being studied”. Thus, the research methods are well established, researched, defined and stated clearly in 4.5.

b) Early familiarity with the culture and background of participants helps establish credibility (Shenton, 2004). Consequently the researcher has done a significant literature study regarding health promotion and health promoters. Furthermore the researcher had a conversation with the Dr Kenneth Kaunda district director, Mr B. Motara and interviews with several principals in the Dr. Kenneth Kaunda district, concerning health promoters
and health promotion in schools. Also, interviews were conducted with school nurses specifically involved in school health in the Dr. Kenneth Kaunda district.

c) Additionally, triangulation involved the use of different methods to guarantee a wide range of data which can be verified against each other in order to ensure credibility (Lincoln and Guba, 1985, Silverman, 2005). For the purpose of this study the following methods were used: field notes, observation, focus groups, in-depth interviews and individual informal interviews. A variety of methods and perspectives were gathered in this study, in order to get an integrated view of the ‘reality’ of the health promoters promoting health in schools in the Dr. Kenneth Kaunda district.

d) According to Shenton (2004:63-75) strategies to ensure honesty when participants are contributing to data must be in place. Considering this, participants were firstly well informed regarding the aims and objectives of the study via an information sheet given to them beforehand. Furthermore, it was made clear that each participant had the right to refuse to participate in the study as well as withdraw at any stage. Lastly, it was made clear that the names of the participants will not be made public at any stage and all personal information will be dealt with in the highest confidentiality.

e) Moreover the credibility of the researcher is particularly important in qualitative research as the researcher is the person who is the main instrument of data collection and analysis process (Patton, 1990). Bearing this in mind, the researcher has extensive knowledge of health promotion and has an Honours B.Ed.-degree in Educational Psychology. The researcher is therefore qualified to complete this qualitative study.

f) Furthermore the single most important provision that can be made to ensure credibility is member checking in order to confirm that the data is correct (Lincoln and Guba, 1985). In view of Lincoln and Guba’s (1985) statement, participants were asked to verify the researcher’s theories as they emerged. Additionally, the researcher frequently recapped the information received to ensure that it is correctly captured and understood.

Furthermore transferability or applicability refers to the degree that findings can be applied to other situations. However, it is fairly easy for the researcher to improve transferability. In the end, the results of a qualitative study must be understood within the context of the particular organisation or area in which the fieldwork was completed (Shenton, 2004). In order to ensure transferability the researcher broadly explains the research context in Chapter 4, enclosing, the organisations taking part, type of participants, number of participants involved, the area data was collected in, data collection methods, the length of data collection sessions and time period over which the data was collected.
Dependability is the discussion of the issue of reliability, which refers to stability of the gathered data, meaning that if the study was repeated with the same participants and the same methods, similar results would be achieved (Shenton, 2004: 63-75). Therefore, the research process must be reported in detail, thereby allowing a future researcher to repeat the study (Lincoln and Guba, 1985). Consequently the research design and implementation are discussed in detail and the data collection process reflects what is done in the field.

The final criterion, conformability, suggests that the data, findings and interpretation of the research are not according to the view of the researcher but that of the participants. Instead data as well as interpretations can be related back to the source (Lincoln and Guba, 1985). In order to ensure conformability the participants’ responses are quoted directly to rule out any possible presupposition of the researcher. Data was recorded, transcribed and reviewed by a peer with significant knowledge.

4.4 Ethical considerations of the research

According to Orb et al. (2001:93-96) it is of utmost importance that ethical issues are addressed in qualitative research, because qualitative researchers focus their research on exploring, examining, and describing people and their natural environments. Therefore possible ethical conflicts exist in regard to how a researcher gains access to a community group and the effect the researcher may have on the participants.

In view of the above statement the correct ethical procedures were followed in order to obtain consent to conduct the research. Firstly, the Dr Kenneth Kaunda district director, Mr B. Motara gave his permission to conduct the research in schools in the district and approved all documents relevant to the research (see Addendum A). Additionally the research project was conducted according to the ethical requirements of the Research Ethics Committee of the North-West University, meaning that the committee approved all the relevant documents regarding the research and presented the researcher with an ethics certificate with the following number NWU - 00190 -14-A2. Moreover, the research was done within guidelines for research of the Health Professions Council of South Africa (HPCSA, 2015).

Furthermore, informed consent is a prerequisite for all research concerning identifiable subjects, especially given the probing nature of qualitative research (Richards and Schwartz, 2002: 135-139). However, another ethical principle closely associated with research is beneficence, doing good and preventing harm to others (Orb et al., 2001: 93-96). Considering these principles participants received an information sheet explaining the aims and objectives of the research in
full, as well as the procedures which are followed in order to conduct the research. In addition all aspects of the research were also explained to the participants beforehand in order to ensure that all participants were fully informed and completely understood what the research entailed. Alongside the information sheet the participants received a consent form that was completed on the day of the interview.

Qualitative research mainly aims at in-depth understanding of issues and it mostly includes the exploration of reasons, causes and the context of the participants' beliefs, points of view and actions. Therefore, qualitative research is often designed for probing. In addition interviews are the most common form of collecting data. The open-ended nature of qualitative research implies that there are topics that cannot be avoided and may provoke anxiety and distress in participants (Richards and Schwartz, 2002: 135-139). Thus participants must have freedom of choice (Orb et al., 2001: 93-96). With this in mind, participants were assured that they were not compelled to take part in the study, and had the right to withdraw from the study at any point without a formal explanation. In addition, the researcher debriefed the participants after the focus group interviews and provided the participants with a chance to share their experience with the group. Furthermore, the researcher’s contact information was provided in case the participants had any questions or queries.

Lastly, one of the crucial and fundamental features of ethics is avoiding exploitation and abuse of participants (Orb et al., 2001: 93-96; Richards and Schwartz, 2002: 135-139). Thus the researcher guaranteed the participants that all personal information gained will be dealt with in the highest confidentiality and that none of them will be harmed during the proceedings of the study. In addition to keeping participants informed about the study and the findings, participants were informed that they would receive full feedback of the study once it was completed and finalised. The format of the feedback to the participants took on a full disclosure (i.e. discussion) of the categories and sub-categories gained from the health promoters’ responses. Again, the background of the project was outlined and then the results were contextualised to the health promoters.

### 4.5 Conclusion

The chapter discussed the research design and methodology that were utilised to explore the perceptions of health promoters in the Dr. Kenneth Kaunda district in the North West province. The focus group interviews that were used to generate data and the data analysis were discussed. The chapter concluded with the ethical considerations that were taken into account.
in the execution of the research. The empirical investigation on the perceptions of the health promoters will be presented in Chapter 5.
Chapter 5  Empirical investigation: Health promotion in schools: perceptions of the health promoters

5.1  Introduction

In this chapter a brief overview of the research methodology that was utilised in the empirical research will be given (cf. Chapter 4 for a detailed discussion), a qualitative data analysis and discussion will follow and lastly guidelines will be provided in context with the health promoter in health-promoting schools.

5.1.1  Orientation

The vital role of the health promoter in the context of the health-promoting school (HPS) is increasingly being recognised by the Department of Health and the Department of Education nationally. In South Africa health-promoting schools originated in 1994 when various ministries accepted the settings-based approach to health promotion (Waggie et al., 2004: 303-312). From the beginning the focus of health promotion was on the key priorities for health promotion stipulated by the Jakarta Declaration (WHO, 2001: 9).

There is a strong movement towards health-promoting schools taking place, thus it is of utmost importance to recruit efficient health promoters in order to establish more health-promoting schools (Gugglberger and Dur, 2010: 37-43, Wood and Jewkes, 2006: 109-180). However, South Africa is a country with many obstacles and challenges within the context of education, that might stand in the way of effective health promotion (Heaton, 2014), as mentioned in Chapter 2. Furthermore, it is clear from the literature review (cf. Chapters 2 and 3) that not much is known regarding the perceptions of health promotion concerning health promotion itself. The barriers and obstacles the health promoter deal with personally everyday contributes to the effectiveness of health promotion.

Thus it was essential to research the perceptions of the health promoter themselves, as they know the unique obstacles and challenges South Africa presents on a day-to-day basis, concerning health promotion in schools.

This chapter presents data generated in the four sub districts of the Dr Kenneth Kaunda district (Figure 2) in the North West province of South Africa (Figure 1), during focus group interviews
with 17 health promoters. Their perceptions and views concerning health promotion in schools will be discussed in detail.

**Figure 1:** Map of South Africa

**Figure 2:** Map of Dr. Kenneth Kaunda district
Furthermore, a few remarks need to be made regarding the presentation of the results:

- Quotes: when a health promoter is quoted the language has not been edited, in order to maintain the essence of the health promoter’s perception.
- The themes identified were always ranked according to frequency, even though the numbers might be small.
- There were four focus group interviews with 17 health promoters in total; a number was allocated to each health promoter. A summarisation of the interview and the numbers allocated to the health promoters will follow:

Table 2: Summary of fokus group interviews

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<th>Interview 3 Ventersdorp</th>
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<td>Participant 17</td>
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5.2 Research design and methodology

As an in-depth description of both research design and methodology was presented in chapter 4, only a brief overview will be given here.

5.2.1 Research design

For the completion of the empirical study the qualitative method of research was chosen. The reason for the utilisation of qualitative research, rests on the fact that the research focuses on the understanding and defining of a phenomena within their natural content (Leedy and Ormrod, 2010; Maree, 2011).
The concepts health, health promotion and the health promoter have been explored throughout the literature review (Chapters 2 and 3). However, it was clear that the health promoter has not yet been extensively researched. In addition, the main objective of a qualitative design is to explore areas where no former information exists, as well as describing behaviours, trends, themes, needs, attitudes or relations that are relevant to the areas analysed (Bloor and Wood, 2006: 88-89; Creswell, 2013; Du Plooy, 2002).

Thus by conducting a qualitative study, it can discover the nature of the individuals’ experiences and perceptions of which we have little knowledge (Maree, 2011).

5.3. Research method

In the following section a summary of the methods discussed in Chapter 4 will be given, in order to fully grasp the perceptions of the health promoters.

5.3.1 Selection of participants

The research was done in the Dr Kenneth Kaunda district in the North West province of South Africa. Seventeen health promoters from the four subdistricts of the Dr Kenneth Kaunda district were utilised to conduct the research. Criterion-based sampling was utilised for the purpose of this qualitative study, in order to obtain appropriate participants. Criterion sampling leads to candidates that will provide the most credible, trustworthy and reliable information to the study (Creswell, 2013) since, criterion sampling indicates that the participants are selected according to the criteria of the study (Maree, 2011).

Altogether 17 health promoters were invited to participate in the four focus group interviews that were conducted in the four subdistricts of the Dr Kenneth Kaunda district. The number of health promoters in each focus group varied between two, six and eight. Furthermore, the work experience of the participants ranged from 30 years to one year, where the majority were female, with a representation of six males. Focus group interviews were held at the premises of the Department of Health and also at clinics where the health promoters themselves work.
5.3.2 Data collection

Qualitative data was collected by means of focus group interviews. A total of four focus group interviews were conducted with 17 health promoters in the Dr Kenneth Kaunda district. The main aim was to collect data that reflected the self-reported perceptions of the health promoter. Furthermore, the role of the researcher was that of an instrument that makes sense of the phenomenon (Barrett, 2007: 417-433) and remains subjective and accepts that reality is a creation of the participants involved in the research (Maree, 2011).

In order to ensure credibility, peer examination and transferability, thorough comparison of appropriate data was done. Dependability was insured by applying the same procedures right through all four of the focus group interviews, giving a full description of the research methods and keeping the raw material.

Great care was taken to follow ethical measures during the research, especially throughout the conduction of the focus group interview itself. The participants were informed about the research project, the voluntary participation, withdrawal, anonymity, confidentiality and informed consent before the focus group interview was conducted.

5.4 Data analysis

In the following section the analysed data from the focus group interviews will be presented. The research was conducted in the Dr Kenneth Kaunda district in the North West province. Sixteen health promoters participated in the four focus group interviews, conducted at the Health Department and the clinics, in the four subdistricts.

A total of six open-ended questions were utilised for the purpose of this qualitative study. In order to analyse the perceptions of the health promoters, open coding was utilised. Maree (2011) describes the process as where themes and subthemes are allocated in order to form an overall picture of all data. Furthermore, the analisation of the results was done question by question, where themes and subthemes were identified throughout the transcribed focus group interviews (The transcriptions of focus group interviews are attached in Appendix D). Triangulation was also used in order to guarantee a wide range of data including observations and field notes were verified against each other and taking into a count while analysing the data.
5.4.1 Analysis of question 1

In the first question, health promoters were asked to define what their role as health promoters were. Question 1: What do you do as a health promoter? The question itself seems like it would have a one-dimensional answer, however, the response from the participants made it clear that being a health promoter is a multi-dimensional profession and includes various tasks and activities. From this question four main categories emerged with their subcategories (see Table 1)

Table 3: Summary on the work of the health promoter

<table>
<thead>
<tr>
<th>Categories</th>
<th>Subcategories</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Health educator</td>
<td>• Hygiene&lt;br&gt;• Personal safety&lt;br&gt;• HIV/ Aids&lt;br&gt;• Nutrition&lt;br&gt;• Oral health&lt;br&gt;• Abuse&lt;br&gt;• Sex&lt;br&gt;• Diseases</td>
</tr>
<tr>
<td>2. Assist professional nurse</td>
<td>• Identify needs&lt;br&gt;• Screening</td>
</tr>
<tr>
<td>3. Mediate and advocate</td>
<td>• Support campaigns and other stakeholders concerning health&lt;br&gt;• Report to authorities&lt;br&gt;• Create awareness</td>
</tr>
<tr>
<td>4. Promote health in communities</td>
<td>• Educate community on health&lt;br&gt;• Establish vegetable gardens&lt;br&gt;• Counselling&lt;br&gt;• Establish support groups&lt;br&gt;• Distribute condoms&lt;br&gt;• Home visits</td>
</tr>
</tbody>
</table>

The first category indicates that the participants saw their role, as health promoters, to provide health education to the learners in schools. The second category referred to the responsibility health promoters have, to assist the professional nurses in screening and identifying the
children’s needs. The third category made it clear that health promoters are mediators between stakeholders such as the police and social services, as well as play a vital role in reporting incident to the appropriate authorities, thus emphasising the important mediating role they play between the community and the authorities. The fourth category was all about the health promoting role health promoters play in the community by means of educating the community on health, doing home visits, distributing condoms, counselling, establishing support groups and establishing gardens.

In the first category, most health promoters saw their main role as to educate learners of the community on health and health-related issues. The health promoters mainly focused on promoting health in schools. Nevertheless, this was not where their work stopped. The following responses underline how the health promoters viewed their roles.

“My role is to educate the young ones” (P1:02)

“The first thing I do is to give health education” (P2:36-37)

“My role as a health promoter is to educate children and the community on health.” (P3:02)

“When I am talking about different settings, I am talking about workplaces, NGOs. There we are conducting health education” (P4:02-04)

“Mostly after then when we start with the health talks and educate...” (P9:65)

“As a health promoter I am giving health education in the facility.”(P10:14)

“Like health reparation, by giving health education.”(P12:25)

“We are promoting health by doing health talks.” (P14:41-42)

As made clear in the responses of the health promoters, health education consists of many different elements such as hygiene, sex, oral health, personal safety, nutrition, abuse and HIV/AIDS. The following responses are indicative of their views.
“It is about personal hygiene and how to look after themselves” (P1:06)

“In the morning they must eat breakfast before they go to school and they must brush their teeth. I talk about personal hygiene. Every day they must wear clean underwear…” (P2:40-41)

“I educate them on hygiene, sex, HIV, AIDS and cancer, those things” (p3:04)

“In schools normally we talk about personal hygiene with hand wash campaigns” (P5:18)

“How to look after themselves, personal safety. I teach them about strangers” (P1:08)

“The first thing I do is to give health education about basic food and nutrition. Nutrition it includes teaching about the size of helpings. Then I talk about oral health, safety of children and child abuse.” (P2:36-38)

“Basically, like he said, we promote health. We give out information certain diseases and other important information.” (P5:13-14)

“We talk about family planning for health purposes. We talk about teenage pregnancy. We talk about how to use a condom.” (P5:19-20)

“So we are promoting a healthy lifestyle, good nutrition, physical activity. We talk about substance abuse, safe sex, alcohol abuse and other issue.” (P12:27-28)

“Talk about all the issues that are more important or that is affecting our community. Like teenage pregnancy and other.” (P15:52-53)

“The chronic disease programme, the heart programme and other programmes that make up the way they are engineering health promotion today.” (P17:84-86)

“I’m telling them the advantages of the medication and teaching them about it.”(P16:60)
The second category stressed the responsibility **that health promoters have to assist the nurses with basic screening.** When the nurses are short of staff the health promoter generally fills in for them as needed, although this is not their primary role. The health promoters gave the following verbatim responses:

“*I assist the professional nurse in her job. My rule is to educate the young ones, not necessarily meaning that I am not to help the professional nurse with screening. After helping her I will give a health talk to the young ones.*” (P1:02-04)

“…*when we are done we are starting to do assessment with the sister. Then we will check the ears, they eyes and the mouth of the children.*” (P9:65-67)

Furthermore, health promoters assist the nurses in identification where there is a **special need among children and community that needs to be addressed.** Again, the answers of the health promoters include the following:

“*We identify the need. Maybe, sometimes when we arrive at a school the teacher will complain that a learner with this or this illness is being mocked. For example, there was a learner who was having wounds around his head and no other learners wanted to sit next to him. So you have to talk to the other children and explain to them that the other learner is sick and is on treatment and will recover.*” (P1:29-33)

“Yes, and we are the main people who see the need. Like sometimes you will go to a school and the teacher will tell you that the young boys are smoking. Then they will be called and you will sit down to talk to them. They will tell you that their parents are using drugs. It is then that you will arrange a meeting and make the necessary people aware. You will make the sister aware” (P2:137-141)

“The need they will tell us and we will go to the school and the community and educate them.” (P3:16)

“As a health promoter, I am promoting health. Encouraging people to come forward to test for, for example HIV, TB. Giving them health education.” (P13:30)
“Then we go out and take the take out the immunisation cards. Check whether the children are immunised properly.” (P11:14-16)

The third category which has been identified as that of a mediator and advocator also has a number of responses. During the focus group interviews the health promoters made it very clear that they were the bridge between the Department of Health and the community. The responses stated that health promoters played a vital role in supporting and interacting with stakeholders and other campaigns. The following were some of the responses from the health promoters.

“What I am doing as a health promoter is advocating daily.” (P16:59)

“…doing health talks at the schools, clinics, doing campaigning, even supporting other campaigns of other stakeholders like social development” (P5:15-16)

“We engage with different NGO’s and departments to make sure that we implement health promotion within the different departments and also other communities” (P6:25-26)

“Everything about health promotion education. We educate, we engage with other stakeholders.” (P7:38-39)

“We are an integrated programme. Which means we do integrate with other stakeholders.” (P1:94-95)

“We intervene by asking the teachers about the problems, arranging meetings with the teachers we will form something like a social cluster, we will laisse with stakeholders like the cops the home affairs, social workers and others.”(P2:155-117)

“We educate, we engage with other stakeholders.”(P7:38-39)

“We must mobilise the community and organise a campaign to tell people about TB.” (P13:35-36)
In addition, responses also showed the important **mediating role health promoters** played in reporting and referring to the appropriate authorities. The following were indicative of their mediating roles.

“So if we find any children with problems, we can immediately send the child to the right place to get help.” (P1:99-100)

“As a health promotor you will identify a problem and refer to other departments” (P7:432-433)

“Whenever there is a certain problem, then there is a referral form that we fill out.” (P9:67-68)

“That is when we refer them to the relevant department.” (P16:78-79)

Lastly **creating awareness** was reported to be one of the roles of a health promoter in the category mediate and advocate. They responded as follows:

“But our main concerns are the medium development goals around those issues that we need to create awareness.” (P10:9-11)

“Because we are community based, through health education, community awareness, campaigns we are addressing issues that are affecting our community.” (P16:63-65)

“Then again we go out to the community where we make awareness…”(P17:95)

In the fourth category it becomes clear that health promoters not only promote health in school, but they also **promote health in the local communities**. The health promoter also promotes health by educating the community on health issues, distributes condoms, does home visits, establishes support groups and provides counselling where needed. The health promoters also stated that they establish vegetable gardens in the community in order for the community to sustain itself. The following responses are indicative of how they promote health in the community.

“We promote health in communities; we promote health in different settings.”(P6:24)
“We interact mostly with young people, disabled people, and people who are most at the communities. We make sure that we give them the relevant information when it comes to health.” (P6:26-28)

“Basically, as a health promoter I give information to the people, by giving health education via the societies and communities.” (P8:55-56)

“There we are conducting health education, distributing condoms, we establish support groups, we also establish projects like vegetable garden.” (P4:3-5)

“…we have to do home visits to follow up and find out what has been happening to the children.” (P2:53-54)

“Then as a health promoter we go out there to the community to promote health in all the departments…” (P17:91-92)

“Like health reparation, by giving health education. By doing door to door.” (P12:25)

“Giving them health education. Doing door to door, visiting them…” (P13:31-32)

“Sometimes when we do door to door we will come at a house and find that there is no food, drinking water or other necessities.” (P16:75-77)

“Now we formulated a support group, we must check if that support group I growing and if it is sustained…” (P17:93-95)

“So we are encouraging the community to do things for themselves. Like doing the gardening…” (P15:53-54)

In the next paragraph, the analysis of question 2 will be presented.
5.4.2 Analysis of question 2

In this question, health promoters were asked to define their perception of health as a concept. Question 2: **How do you view health?** The question itself seems very simple to understand and answer. Nonetheless, health is a very broad term and difficult to explain. The responses from the participants made it clear that health, according to them, has many contributing elements.

From this question four main categories emerged with their subcategories:

**Table 4:** Summary on the health promoters’ views of health

<table>
<thead>
<tr>
<th>Categories</th>
<th>Subcategories</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Healthy lifestyle</td>
<td>• Nutrition</td>
</tr>
<tr>
<td></td>
<td>• Exercise</td>
</tr>
<tr>
<td></td>
<td>• Not smoking</td>
</tr>
<tr>
<td></td>
<td>• Sanitation</td>
</tr>
<tr>
<td></td>
<td>• Take care of yourself</td>
</tr>
<tr>
<td></td>
<td>• No alcohol abuse</td>
</tr>
<tr>
<td></td>
<td>• Safe sex</td>
</tr>
<tr>
<td>2. State of wellbeing</td>
<td>• Physical</td>
</tr>
<tr>
<td></td>
<td>• Mentally</td>
</tr>
<tr>
<td></td>
<td>• Emotionally</td>
</tr>
<tr>
<td></td>
<td>• Social</td>
</tr>
<tr>
<td></td>
<td>• Spiritually</td>
</tr>
<tr>
<td>3. Preventing diseases</td>
<td>• Medication</td>
</tr>
<tr>
<td></td>
<td>• Going to clinics</td>
</tr>
<tr>
<td></td>
<td>• Informed</td>
</tr>
<tr>
<td>4. Healthy environment</td>
<td></td>
</tr>
</tbody>
</table>

In the first category the participants made it clear that most of them saw the concept of health as **living a healthy lifestyle**. In the second category, the **state of well-being** was identified as one of the definitions of health, whereby five elements have been identified by the health promoters. The third category refers to **health as the prevention of diseases** via medication,
visiting clinics and being informed about diseases. The fourth category made it clear that a **healthy environment** also contributes to one’s health.

In the first category most health promoters identified health as a **healthy lifestyle**. By a healthy lifestyle they imply that that one should eat healthy, exercise regularly, practice safe sex, live in sanitary conditions, take care of oneself by not smoking and abusing alcohol. The following responses attest to their views on health.

“A healthy lifestyle includes good nutrition, sanitation. We do advise children to eat healthy food, to eat in the morning for them to be healthy.” (P1:66-67)

“I see health as being healthy and well. It is having everything you need. A healthy lifestyle and not being abused by teachers or parents.” (P3:09)

“Basically from my side I can say health is the living style.” (P5:86)

“Health is all about healthy lifestyle, not only coming to diseases.” (P7:105)

“So all and all you must take care of your health so that you must have a healthy lifestyle.” (P10:108-109)

“There we know that we are going to talk about nutrition, smoking, alcohol, safe sex and exercise.” (P4:141-142)

“As I view health, these feeding schemes are good for promoting health. Because if the children get food from school they will be healthier as they have a balanced diet. Also if their environment is fit for them, like if there is good sanitation. If the environment is fit the children will be healthy.” (P2:83-86)

“A person must try to be healthy, to eat nutritional food, to exercise.” (P11:126-127)

“I think when you do exercises, you can be stronger and think better eating a balanced diet, not smoking, not using a lot of alcohol.” (P13:141-142)

“Health is when you when you live a healthy lifestyle, doing exercise…” (P8:114)
“I think health is everything we human beings do in their life. Like when you smoke, how it will affect you. Like when you are not exercising, how it will affect you.” (P9:121-123)

“Yes, and not smoking, not taking alcohol.” (P11:129)

“Health is how people take care of themselves. How people relate with others.” (P2:90)

The second category is all about the state of wellness, where the following elements were identified by the participants: physical, mental, emotional, social and spiritual well-being. These elements were briefly explained by the participants in their own unique perception, clearly stating that health is a very broad term. The following responses are indicative of their views on health.

“Health is a state of wellbeing, but it doesn’t mean the absence of disease.” (P4:81)

“Like participant 3 was saying, it is all about the wellbeing of a person.” (P7:105-106)

“I think it is the wellbeing of the total person.” (P13:138)

“I think health is a complete picture. Not only the physical but also other.” (P12:133)

“When socially you are well, mentally you are well, physically you are well and spiritually you are well. If I say mentally, I mean not to be mentally disabled. Also to keep you mind active more. By socially I mean how you interact with other people, are people visiting you, how do you interact socially. With spiritually I mean, are you going to church, to get some other experience. With physically it is about doing some exercises, not every day, not every time, but sometimes to get some exercise.” (P14:144-150)

“Mentally and emotionally as well you must be strong.” (P15:156)

“How people engage themselves with different social issues.” (P6:91)

In the third category, the health promoters referred to health as preventing diseases by means of the following methods: medication, visiting clinics and being informed about diseases. The
following responses are examples of how the health promoters view health in terms of preventing diseases.

“It is the process of preventing and promoting information about infectious diseases in the community. For people to stay healthy. Not to share the wrong information. To practice what you preach.” (P16:161-163)

“As the prevention of something in your body.” (P14:144)

“We also advise them that if the sisters refer them, their parents must send them to the clinic to go and get medication for them to be healthy.” (P1:67-69)

“They need food and medication and going to the clinics. U know they don’t go to the clinics because it is always full…” (P3:12-13)

“…for those who are sick taking treatment.” (P8:115)

“Health can also be if you are on treatment lifelong, but if you take them accordingly you are healthy.” (P15:156-157)

The fourth category states that a healthy environment leads to a healthy life, or as mentioned above, a healthy lifestyle.

"I see health as good, because if the children, especially in the schools, are healthy, they live in a healthy environment, like the classroom. If the classroom is clean and there are desks, there are tables where they can sit, nothing will disturb them" (P2:78-80)

“Also if their environment is fit for them, like if there is good sanitation. If the environment is fit the children will be healthy, will improve, they will be happy at school, they will enjoy school. When the teacher is teaching, they will listen and not be bored because they are healthy and in a clean environment” (P2:84-88)

In the next paragraph the analysis of question 3 will be presented.
5.4.3 Analysis of question 3

With the third question, health promoters were asked to define and explain their views of health promotion. Question 3: How do you view health promotion? This question aimed to reveal and uncover the perceptions of the health promoter regarding health promotion, as health promotion is clearly a very complex and broad term to comprehend and explain.

From question 3, five main categories were identified, along with their subcategories.

Table 5: Summary of health promoters’ view on health promotion

<table>
<thead>
<tr>
<th>Categories</th>
<th>Subcategories</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Advocate and mediate</td>
<td>• Work with stakeholders (Police, home affairs, social workers and psychologists)</td>
</tr>
<tr>
<td></td>
<td>• Report abuse to authorities</td>
</tr>
<tr>
<td></td>
<td>• Refer</td>
</tr>
<tr>
<td></td>
<td>• Bridge to community and Department of Health</td>
</tr>
<tr>
<td></td>
<td>• Arrange meetings</td>
</tr>
<tr>
<td>2. Creating awareness</td>
<td>• Hand out information</td>
</tr>
<tr>
<td></td>
<td>• Educate</td>
</tr>
<tr>
<td></td>
<td>• Arrange talks</td>
</tr>
<tr>
<td></td>
<td>• Screening</td>
</tr>
<tr>
<td>3. Motivation</td>
<td>• Enable</td>
</tr>
<tr>
<td></td>
<td>• Encourage</td>
</tr>
<tr>
<td>4. Prevention</td>
<td></td>
</tr>
<tr>
<td>5. Create healthy environment</td>
<td></td>
</tr>
</tbody>
</table>

Regarding the term health promotion, the first category to emerge was advocating and mediating, which refers to the engagement with the stakeholders the health promoters work with, the responsibility they have to report incidents, refer, arrange meetings and basically act
as a bridge between the community and the DOH. In the second category the health promoters made it clear that **creating awareness** was one of their main priorities in health promotion. Furthermore, the third category indicated that **motivation** also falls under the description of health promotion according to the health promoters, as they enable and encourage the community. The fourth category was identified as **prevention** and the fifth was clearly acknowledged by the participants’ statements that **creating a healthy environment** is part of health promotion.

In the first category the participants acknowledged that health promotion mainly means **advocating and mediating**, where five subcategories were identified by the health promoters namely; working with stakeholders, reporting incidents, referring, arranging meetings and essentially acting as a bridge between the community and the Department of Health (DOH). The following responses demonstrate their views on advocacy and mediation as part of health promotion.

“To me is advocacy and to mediate. You advocate as a health promoter so people can know what the Department is all about and what health promotion is all about. Then you mediate between the two parties. The community and the Health Department based on health promotion.” (P6:174-177)

“Because in health promotion what we normally do we advocate and mediate. I am going to give you an example. I am working in schools. I don't just go there to stand in front of children and give them a lot of information. We engage with them, we find out what they know about certain health issues. You get what their idea is about things such as cultural circumcision. What you also do as health promotor you promote the Department of Health.” (P7:208-214)

“We are an integrated programme. Which means we do integrate with other stakeholders. After we realise that a child is being abused, we tell the sister. The sister will handle matter and for example refer it to the social worker, or refer it to the police. Actually, in health promotion we must work like a team. With other stakeholders as the team members. Initially we must go as a team to the schools.” (P1:94-99)

“…we will laisse with stakeholders like the cops, the home affairs, social workers and others. We will sit around and plan, after that we will have a meeting again and in that meeting will arrange that we will form a social cluster. That we will bring the cops here,
that we will bring the cops, the home affairs, the social workers and others." (P2:117-120)

“Health promotion is communication between certain groups sharing of information from the Department of Health.” (P5:163-164)

“You talk to them, you create awareness. You engage other projects and other stakeholders. You engage with them and go to schools and address such issue. Using health as a point of giving such information.” (P7:117-120)

“You will make the sister aware, you will make your supervisor aware and you will make the teacher aware of the subsistence abuse. Then we will laisse with the people of Sanpark, who are dealing with drug use and they will arrange a day so we can go there and create awareness and make everybody in the school aware that they should not do drugs.” (P2:140-144)

“So if we find any children with problems, we can immediately send the child to the right place to get help.” (P1:99-100)

“Because if you are a health promoter you listen to the problems of the community. After you listen you refer to the relevant people.” (P17:145-146)

“Health promotion to me is the middle man between the community and the Department of Health. It is a link for all the services that are being rendered to the community from the department of health. Health promotion is the level where the community is able to talk to, it is where we are able to reach the level of community.” (P17:235-139)

The second category that emerged from the health promoters’ views was that they saw the health promoter as someone **creating awareness** as an essential part of health promotion. In this activity, the handing out of information, educating, arranging meetings and screening form a major part of their responsibilities. The following responses attest to these views of the health promoters.
“Then we will laisse with the people of Sanpark who are dealing with drug use and they will arrange a day so we can go there and create awareness and make everybody in the school aware that they should not do drug.” (P2:142-144)

“…we then check the calendar and sit down and arrange dates to create awareness in the community, to talk with the community. We will even go to churches and talk with our youth. Especially sometimes in school holidays, we may do it at 14:00 in the afternoon, sometimes earlier later…”(P2:153-156)

“Like for example a disease that is killing people you must make sure that people have information about it. People must know about TB, HIV, etc. Then, like I said, communication. When you talk to a specific group, such as adolescents, you focus on what they typically are doing when you introduce information to them.” (P5:164-168)

“After mediating between the two, you create awareness as an advocate. You make people aware using activities, such as dialogues, road shows, doing campaigns.” (P6:197-199)

“That is how you advocate and mediate. So most of health promotion is about information, all about dialogue, all about awareness. In schools also there are also outbreaks. You go to schools you find children with a lot of sores. You talk to them, you create awareness.” (P7:215-218)

“As they say, in health promotion we must make sure that we give information to the patient.” (P8:223-224)

“To promote health each way, by giving health talk, by giving information to the community to tell them about the services that are rendered in the clinics. To make them aware of all the services that are rendered in the clinics.” (P11:179-182)

“Because for all other problems it is important that we have the health education, sharing important health information.” (P14:210-212)

“I Health promotion is any education given to the community about any health issues that are supposed to be implemented in the Department of Health in the community the
health promoter is promoting the health by giving all the information about all the services rendered in the clinics to the communities." (P15:216-219)

“Like my colleague have already said. We promote, have talks about the issues.”(P10:193-194)

“We address safe sex, we address the use of contraception, the contraceptives. There is a lot to talk about.” (P4:145-148)

“For example, when we are doing a campaign we go out, taking BP, taking vital signs, test glucose and also screen for TB.” (P6:202-203)

In the third category, motivation was mentioned as part of the health promotion concept. The health promoters made it clear that enabling and encouraging the community form part of their daily health promotion plan. The following responses demonstrated their views.

“Some who do not go to the clinics, then you were able to care for them and motivate them to go to the clinic. You will revisit when you go there again…” (P2:277-278)

“Health promotion is actually the process of enabling the people to care of themselves.” (P4:147-148)

“Health promotion is to promote health. To encourage people. To encourage them to do some testing.” (P13:203-204)

The fourth category was prevention, as some health promoters regard this as a part of health promotion as prevent disease. The following responses are indicative of their views on health promotion.

“We make sure they go to the clinics and children know about prevention and sickness so that they don’t fall out of school. We want them to stay in school and learn.” (P3:28-29)

“We promote and prevent all the issues regarding health.” (P12:23)
The fifth, and last category, was creating a healthy environment for the communities to live in as it affects your well-being. The following examples are evidence of their views on a healthy environment.

“As a health promoter we work in the communities and in schools to educate them to create a healthy environment. Health promotion helps the communities” (P3:24-25)

“Typical example: One of the priorities of health promotion is to create a conducive environment at the school.” (P4:132-133)

In the next paragraph the analysis of question 4 will be presented.

5.4.4 Analysis of question 4

In the fourth question, health promoters were asked to list and clarify the essential knowledge and skills one require in order to promote health in schools. Question 4: As a health promoter what skills and knowledge do you need to effectively promote health in schools? This question aimed to explore the perceptions of the health promoter regarding their knowledge and skills. The health promoters were very clear on the knowledge as well as the skills needed.

Table 6: Summary on the skills and knowledge needed by the health promoter to promote health in schools

<table>
<thead>
<tr>
<th>Categories</th>
<th>Subcategories</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Knowledge</td>
<td>• Diseases</td>
</tr>
<tr>
<td></td>
<td>• Family planning</td>
</tr>
<tr>
<td></td>
<td>• Health promotion</td>
</tr>
<tr>
<td></td>
<td>• Sex education</td>
</tr>
<tr>
<td></td>
<td>• Healthy lifestyle</td>
</tr>
<tr>
<td></td>
<td>• Health promoting school</td>
</tr>
<tr>
<td></td>
<td>• Culture and language</td>
</tr>
<tr>
<td>2. Skills</td>
<td>• Computer skills</td>
</tr>
<tr>
<td></td>
<td>• Communication skills</td>
</tr>
<tr>
<td></td>
<td>• Project managing skills</td>
</tr>
<tr>
<td></td>
<td>• Counselling</td>
</tr>
<tr>
<td></td>
<td>• Writing skills</td>
</tr>
</tbody>
</table>
The health promoters were very specific in terms of the nature of knowledge needed by the health promoter to promote health in schools. Knowledge on the following aspects was seen as very important: knowledge about diseases, family planning, health promotion, sex education, healthy lifestyle, health-promoting schools, culture and languages.

Regarding the skills health promoters need in order to promote health in schools, they were as follows: computer skills, communication skills, project managing skills, counselling, writing skills and administrative skills. The last category mentioned was the need for resources, as they cannot work without resources.

Concerning the knowledge health promoters need in order to efficiently promote health in schools and communities, the health promoters responded as follows.

“So you have to have a knowledge of how you are going to make sure that they are listening to you. Not just sitting there. Then again, as he said, information…” (P5:257-261)

“You must have the knowledge of what you are doing and what you are presenting. You must also be a people person, because most of the time you engage yourself with people. If you don’t know how to communicate with other people it is whereby you will lose track of communication. You must also be able to be a public speaker. A public speaker is a person who prepare himself before going to people and he must know what he is presenting to the people. He must also know the environment of where he is going to present. He must also know the right language, because most of the time it is a barrier of communication between people. You must know the people’s language who you are going to present to and be able to interact with them with the language that they do understand. I cannot go to the Tswana speaking people and speak English. I will leave...
there without people knowing what I was there for. You must learn different languages as a health promotor and you must be able to interact with people." (P6:287-299)

"You will see that information is changing, maybe in TB management, HIV/Aids or other disease. In most instances you will find that our information is outdated." (P1:153-158)

“We learned about TB, HIV and AIDS, Hygiene, family planning and the menstrual cycle” (P3:48)

“The basics are like the basics of HIV, basic of TB, basics of any health matters.” (P4:240-241)

“For the first time when we are there they will teach us about family planning, healthy lifestyle, the menstrual cycle, sexuality, everything, because they know we are going to work in the community.” (P2: 226-227)

“We have done workshops about the diseases, but we need information about health promotion. How to organise, do campaigns.” (P10:281-283)

“The new information that is in health promotion right now. Because right now we are using the old methods. Outdated information. Now if we can get the recent information.” (P13:320-322)

“So training of HPS it will help for us” (P7:324)

The health promoters clearly stated that they need a variety of skills in order to promote health in schools. The skills they mentioned were: computer skills, communication skills, project managing skills, counselling, writing skills and administrative skills.

“So we need the skills of the component of health promoters. And the skills. I am going to talk about health literacy, going to talk to someone who don’t know about health. I am going to teach that person. But how are we supposed to communicate. We need communication skills. Communication skills are very important to us. Because we are supposed to communicate with the people, but if we don’t have that skills they are not going to understand when I give them more information.” (P12:309-315)
“Now actually, I still need to get advance computer training to access information easily and to do my admin work.” (P4:235-236)

“You must have relevant material. Like he said for IT, you can make a research there.” (P5:263-264)

“But the skills we are looking for is the computer skills, so that we can check the information that you might see.” (P8:337-339)

“So we are lacking skills, computer skills.” (P10:277)

“Regarding skills, then also we need to be skilled on computers, because nowadays we can get a lot of information through computers and do a lot via computers.” (P17:365-367)

“For you to win over your group you need to use icebreakers and we need to know about icebreakers.” (P1:206-207)

“First is the communication skills.” (P5:257)

“If you don't know how to communicate with other people it is whereby you will lose track of communication.” (P6:289-290)

“Communication skills are very important to us. Because we are supposed to communicate with the people, but if we don't have that skills they are not going to understand when I give them more information.” (P12:312-315)

“Lots of skills that I need to know about. (background noise) We need interpersonal skills, communication skills. They need to learn a lot more skills. We need even more training” (P14:330-332)

“Well I wish they will send me on project managing training because I need to organise everything.” (P3:33-34)

“You see, I think I still need an advance management skill.” (P6:308)
“…maybe you have done HIV/Aids counselling. When you are a counsellor there is more information you know, because you are dealing with people there.” (P5:275-276)

“Yes organising skills for the campaigns the resources all those things” (P10:266)

“You must be able to write a report. For example, a general administration course is also needed. Advance management is also needed. Advance computer is also needed as one of the courses we should have. And also public speaking, maybe a short course or a course. Because sometimes we need guidelines when we communicate with people” (P6:310-315)

Resources were also mentioned by the health promoters as an additional aspect they need in order to promote health in schools and communities efficiently. They made it clear that you can’t promote health without the necessary resources. The following are examples of responses in this regard.

“You must have relevant material.” (P5:263-264)”

“…for the campaigns the resources all those things.” (P10:266)

In the next paragraph the analysis of question 5 will be presented.

5.4.5 Analysis of question 5

In the fifth question, health promoters were asked to identify and explain possible barriers or obstacles they perceive as hindering health promotion in schools. Question 5: What do you view as possible barriers or obstacles to promote health in schools? This question aimed to explore the perception of the health promoter regarding barriers they encounter on a day-to-day basis in the execution of their job.

From the research conducted a few factors emerged as obstacles and barriers standing in the way of efficiently promoting health in schools. Six categories were identified with their subcategories.
Table 7: Summary of the health promoters’ views on the barriers preventing the efficient health promotion in schools

<table>
<thead>
<tr>
<th>Categories</th>
<th>Subcategories</th>
</tr>
</thead>
</table>
| 1. Department of Education (DoE)   | • Struggle making appointments  
• Not allowed to talk about topic  
• Shifting of responsibility  
• Insufficient time  
• Insufficient space  
• Insufficient knowledge of health Promoters |
| 2. Department of Health (DoH)      | • Management  
• Money  
• Teamwork  
• Shortage of staff  
• Workload  
• Lack of relationship between DOH and the DOE |
| 3. Lack of resources               | • Transport  
• Pamphlets |
| 4. Lack of recognition             |                                                                              |
| 5. Lack of knowledge and skills    |                                                                              |
| 6. Lack of cooperation between stakeholders |                                                                              |

In the first category, the **Department of Education** was identified as major obstacle in promoting health in schools. Secondly, the **Department of Health** was identified as an equally major obstacle. The third category the health promoters stated to be a barrier, is the fact that there is a lack of resources to work with. Furthermore, recognition was seen as a barrier to the health promotion, as most don’t know what they do at schools. The fifth category identified was the lack of skills and knowledge among the health promoters. Lastly, the cooperation of stakeholders was also seen as a barrier they encounter.
In the first category, the health promoters’ statements made it clear that the **DOE** is a major obstacle with which they struggle with on a day to day basis. The health promoters struggle to make appointments with the schools and when they do have appointments, the DOE forbids them to talk about certain topics in schools. Furthermore, the shifting of responsibilities was seen as a barrier as health promoters are standing in for certain school stakeholders, and taking on responsibilities that are not theirs to begin with. The health promoters feel that the schools do not know who they are and what they do, as they do not allow them the necessary time to work with children and they seldom have sufficient space to execute their work. The following responses demonstrate their views on the barriers in the promotion of health in schools.

“Sometimes we’ve got a very serious challenge from Department of Education. Because I am actually not so sure that department of education is playing a vital role in terms of service delivery. Because sometimes we get disturbed. When you have to go to the school.” (P4:353-356)

“So the challenge is from Department of Education because sometimes they don’t give us enough time to go and implement projects or to go and have health talks, or dialogues. Or whatever activity we want to do there, because they are always telling us that we are inconveniencing their learning programmes.” (P4:358-362)

“Like he said, the Department of Education is the one that is having a problem. A serious one. Because of the time. They give us short time. How can we give information having the short time? You are not going to be able to know what is the challenges they are facing, the children at school. So the thing that is the most challenging is the time. They are also a barrier.” (P5:379-383)

“Mostly the schools and Department of Education are the bigger problem, we will make an appointment and when we get there they know nothing about the appointment.” (P9:467-469)

“We do need appointments and we do need a programme and if we make an appointment with that particular school often by the time when that date arrives and we go to the school they treat us like they have never met us anywhere and they are not interested in us. We will tell them who we are, we are from school health and that we are doing this and this. Sometimes they won’t even give us even a proper room to work in. They will just put us somewhere. They don’t care about us…” (P1:326-331)
“You sometimes struggle with schools they don’t let you come or forget appointments.” (P3:58)

“So how are we going to say: Stop having sex? Whereby the Department of Education is saying, don’t talk to them like that. But she is busy having sex that child. So that policy must be changed.” (P5:385-387)

“Some of the teachers are still autocratic, they don’t allow you to say what you wanted to say. Even if you told the teacher you are a health promotor and must be given a chance. Because in most schools we are with the environmental health officers, so they must allow us with the environmental health officer to go around and see where the need is. And some of them don’t allow us.” (P1:318-322)

“Some of the principals, maybe when they see that their school is having so many problems, like gangsters, drug abuse, they don’t want to disclose, they are hiding it. It is also a barrier because we want to talk about it but they don’t want to talk about it. It is a barrier because they don’t want their school to be exposed.” (P2:359-363)

“Because now when we do get a time, and they will say at the school we don’t have time for you to visit the school. Because the head of department said we should not disturb learning time of learners. They say the time that they can give us at the school is after school. When you look after school, some learners are busy with sports at the schools. Or 14:00 their transport is already there and they have to go.” (P6:401-406)

“They don’t know the role of a school health nurse or a school health promotor. They don’t know our roles.” (P1:333-334)

“They must just give us those children with problems. You know what they do? They ask the children “Those with problems of eyes”; Those with problems of this or that, come here. They don’t identify the children they just ask them. So really it is a thing that is a big problem for us. How can they hand over their responsibility to me? The teacher is the one who knows the learners.” (P1:338-342)

“Sometimes when you visit a school you may find that a sister referred a child to go for tests maybe for hearing or eyes. They don’t make a follow-up, they will wait for us to
come and then they will bring the child again. Because we know them, we will ask, “did you go?” The child would say no. The other barriers is…” (P2:352-355)

“They think it is everything. If the need something a health promotor must assist. And the just order us to assist. But when we tell them what is expected of us, they don’t want to listen.” (P7:440-442)

The second category that emerged as an equally important barrier was the **Department of Health**. In terms of their experience the health promoters view the following as problematic: management, their salary, teamwork, shortage of staff, workload and a lack of relationship between the DOH and the DOE as the main barriers. The following responses illustrate the views of the health promoters.

“I think the problem with the management is to just look after us and give us skills. That is our biggest concern.” (P2:382-383)

“We don’t have problems with management like the others. We have a good system here but the other in Matlosana, they struggle with management and they are very unhappy.” (P3:59-61)

“Management undermining our duties. Managers are abusing us as health promotors. Because we are doing the things that we are not supposed to do. And management do not develop us. We are oppressed as health promotors, we don’t have a say according to our duty.” (P12:433-436)

“In the facilities we are seeing this barriers. Because if you don’t know what to do, you will ask questions. But they will say; you are not working for us. They will say no don’t do this or this. And if you do, they will give you a warning. If you get a warning, you will lose your job. So you must just obey the law of the facility. You mustn’t say I can or can’t do this.” (P14:457-461)

“For me one is transport; two is management; three is the salary levels; four we are health promotors but we don’t have the same game plan, we don’t have a job description we are just working; five is the teamwork where we are based at the facilities, here is no support.” (P17:500-503)
“Also one of the things, how can you do your health promotion if you are still crying about your salary level and all of those things?” (P10:404-406)

“Yes, money” (P11:429)

“The money problem. People sometimes want to go out to the community, but they can’t go there because they have to do somebody else’s work.” (P13:451-452)

“Salary. We are not happy with that. We health promoters we are not on the same level when it comes to money” (P15:476-477)

“Then also the salary, we do the same job but our salaries are different. And each and every month there is more work. They do not reduce the workload. There is lots of workload, but same salary. We sacrifice, taking our money to travel around to reach the community.” (P16:494-498)

“Everybody campaigns, if you are a health promoter and you are planning something it is difficult to get money.” (P17:512-513)

“There is an issue of teamwork in our facility. So it I one of the barriers. People are always not doing teamwork. Even if you are a health promotor and offer to help another one. The other one would say no and do it alone. So it is one of the barriers.” (P10:389-401)

“The other thing is the relationship between the Department of Health and the Department of Education, because if there was a relationship between the two that could have been easy” (P6:399-401)

In the third category health promoters identified a lack of resources as a barrier, for they as health promoters need transport, material and pamphlets to help them educate and inform the community and promote health. The following are examples of the views on the lack of resources.

“Another barrier is a lack of resources, we don’t have pamphlets, transport so that we can deliver health promotion to our community. For example, we don’t have a recent
new resource for cancer. Because I saw there is a new protocol for cancer. But we don't have the information.” (P10:412-416)

“Yes. And also the transport must also be in place. As health promoters, we are people that need to go to the community and render the services. Also the top management must try to have enough resources for us. For example, I cannot be a health promoter without pamphlets or posters of what we are talking about. Maybe I will be talking about epilepsy, but I don’t have a poster about that I can leave behind for people to go through. A poster for people to scrutinise and see what is the information that the health promoter didn’t mention in the day’s topics. We must have those resources.” (P6:515-522)

“Yes, money, transport, materials” (P11:429)

“We are not being given transport to go anywhere. If we have a meeting, you must take out of your pocket and go there.” (P15:477-478)

“We sacrifice, taking our money to travel around to reach the community.” (P16:497)

“For me one is transport…” (P17:500)

“Even material is short, even transport is short. They do not support us, but they want 100% job done.” (P17:513-514)

The fourth category is a lack of recognition for the health promoters. The health promoters regard a lack of recognition by management in terms of their work as health promoters as one of their obstacles. They are convinced that if management knows what the role of a health promoter is, they would send them on courses and support them more. The following responses are indicative of their perceptions.

“We do most of the work, but we are not being recognised. New employees are coming, going for courses. They will have two years and be on level three. We have 20 years and still be on level 3. We are not recognised.” (P15:389-491)

“So recognition needs to be there, because we are there to service the community through health issues.” (P17:507-508)
The fifth category that emerged as a barrier in the promotion of health in schools by the health promoter was perceived as a lack of knowledge and skills within the health promoters themselves. This state of affairs keeps the health promoters from promoting health efficiently. The following responses are indicative of their views.

“Let them give us what we need to do our job. We must have more skills and more information.” (P2:383-384)

“…but what we know is just basics. And you end up not knowing answers.” (P16:351-352)

The last category that emerged from the health promoters’ responses on the possible barriers keeping them from promoting health in schools, is a perceived lack of cooperation between the Department of Health and the Department of Education. The health promoters responded in the following ways.

“Cooperation from other stakeholders is also a problem. As a health promoter you will identify a problem and refer to other departments. They will never respond to your call. This happens a lot. Most of the problems we find are social problems. We will refer to the social workers. They will say they will come, but don’t. What we do, we give them our monthly plan, so that they know where we are. So that they maybe can come and offer the services with us, so that we can identify all the problems with the stakeholders. So the referral system can be easier. You see a problem when you get to school the principal calls you to his office. He will tell you about teenage pregnancies, he will tell you about drug abuse, he will tell you about weapons in schools and all problems. We will refer the problem but it is not followed up. And we are using information about the problem that is identified in the schools. That is the problems.” (P7:431-443)

In the following paragraph the analysis of question 6, the last question posed to the health promoters, will be presented.

5.4.6 Analysis of question 6

In the sixth question, health promoters were asked to identify possible solutions for the barriers that they identified in the previous question. Question 6: What do you view as possible solutions to the barriers and obstacles? This question aimed to explore the perception of
the health promoter regarding possible solutions in order to efficiently promote health in schools. In this question six categories emerged as possible solutions along with their subcategories.

**Table 8:** Summary of the health promoters’ solutions to perceived barriers in the promotion of health in schools

<table>
<thead>
<tr>
<th>Categories</th>
<th>Subcategories</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Training</td>
<td>• Problem-solving skills</td>
</tr>
<tr>
<td></td>
<td>• Computer skills</td>
</tr>
<tr>
<td></td>
<td>• Health promotion</td>
</tr>
<tr>
<td>2. Recognition</td>
<td>• Schools</td>
</tr>
<tr>
<td></td>
<td>• Management</td>
</tr>
<tr>
<td></td>
<td>• Parents</td>
</tr>
<tr>
<td>3. Support</td>
<td>• Management</td>
</tr>
<tr>
<td></td>
<td>• Teamwork</td>
</tr>
<tr>
<td>4. Resources</td>
<td>• Computers</td>
</tr>
<tr>
<td></td>
<td>• Transport</td>
</tr>
<tr>
<td></td>
<td>• Posters and pamphlets</td>
</tr>
<tr>
<td></td>
<td>• Printers</td>
</tr>
<tr>
<td>5. Adjust salaries</td>
<td></td>
</tr>
<tr>
<td>6. Job description</td>
<td></td>
</tr>
</tbody>
</table>

**Training** was identified as the first and most important category as a possible solution to perceived barriers in the promotion of health in schools. The second category that emerged was the **recognition of health promoters** in terms of the work that they do. The third category that transpired as a solution to perceived barriers was **support from management**, as well as **teamwork**. Furthermore, the provision of **resources** is seen as a solution, as health promoters all depend on resources to help them promote health efficiently. The fifth category mentioned in the health promoters’ statements was that they would like management to adjust their **salaries**. The last category, seen as a solution, is a **clear job description** of their responsibilities and duties.
In the first category **basic training** was clearly stated to be a solution to some of the main barriers and obstacles health promoters encounter. They regard the following specific training as necessary: problem-solving skills, computer skills and health-promoting skills. The following responses are indicative of their views on training.

“Well, it is to give us the training the information that we need. Because we have been asking. Because we don’t have the information” (P1:387-388)

“If they send the new ones to the university of KZN. They have a degree in health promotion in KZN. That would help them.” (P3:67-68)

“So all we need is training, I really do need that.” (P7:547-548)

“My solution to the problem is that the Department must take us serious, by sending us to school to get qualifications for what we are doing.” (P16:567-568)

“I think we really need problem solving skills and team work.” (P4:485)

“…we said we want an advanced computer course.” (P6:509-510)

“It might help for information. Especially concerning health promotion in school.” (P7:545-546)

The second category seen as a possible solution to barriers experienced by the health promoters in the execution of their work, was that health promoters should be **recognised, acknowledged and appreciated** for the work they do. The following responses demonstrate the views of the health promoters.

"It is there for the nationals to see that there are health promoters, but it is not.” (P17:590-592)

“If they start to recognise us in the right manner, the level will be upgraded, all things will be upgraded, resources will be there, all things will be there. That will be the solution, but so long as there is a barrier for us to do health promotion, there won't be a solution.” (P10:524-527)
“Recognition, and higher level.” (P11:530)

“The solution that I think, as a health promoter the other districts they are doing very well. And they are recognised. Like at Dr K.K. Especially at Matlosana many problems exist. The health promotion office, the district, the sub-district, they must come down. They must come to us and evaluate us, to see what are our problems? Because when they see a problem, they want to call us and ask what the problems are. And when you talk, you are wrong. They must come down and see what is actually happening in Matlosana.” (P12:532-538)

“If we go to introduce ourselves at schools, if maybe in future, actually that is the thing that is supposed to be done, the principal must call all the staff members in the staff room and tell them about us. Or he might give us the slot so as for us to tell them who we are, what our role is. So as for them to be aware of what we are doing. They don’t know what we are doing, we must give them the information.” (P2:397-401)

“…in Matlosana were a big group of health promoters compared to others like Dr K.K.. But the numbers are not recognised, how we don’t know.” (P12:539-541)

“If the Department of Education, or maybe the schools will introduce us to the parents. At the time when they have parent meeting, just call us and introduce us.” (P9:565-567)

In the third category support is seen as a possible solution for barriers mentioned above. The health promoters clearly stated that they need support from management and they need to work in a team in order to promote health at schools efficiently. The following examples demonstrate the views of the health promoters.

“We need to communicate about any problem that we are experiencing in the services. We have to open up, talk about it, seek information, seek support from management and communicate between ourselves.” (P4:485-488)

“All I can see, is that if the teamwork is there and the support is there, I don’t think there will be a problem. If we support each other, all of the stakeholders.” (P8:557-558)
“All health promoters at DR K.K. they are doing very well, they’ve got support. Why not here?” (P12:538-539)

“They do not give us anything, but the new people who are starting now they are giving support and resources.”(P16:580-581)

“So the teamwork is the solution, if we can have that strong team. Even the management, like he said, giving us support.” (P5:495-487)

“Management support is also critical when it comes to these issues. When I’m talking about management support I mean, at least have meetings, communicate about issues and address the challenges. Most of the time you will have challenges and not know who can off load those challenges.” (P6:504-508)

“Possible solutions? Like he said, teamwork. If we can together.” (P5:491)

"If we support each other, all of the stakeholders. For an example, we can’t as health go there and there is no other stakeholders. If they don’t come it won’t be a proper solution at the end of the day.” (P8:558-560)

The fourth category that emerged as a possible solution to the barriers experienced by the health promoters was seen as having the necessary resources available, namely computers, transport, printers, staff, posters and pamphlets. The following responses attest to their views on resources.

“Resources. It is very important, because it is not easy to the person: You must go and play soccer. Without having a soccer pitch and a ball. You have to give the person those resources so that he can perform to his best.” (P6:502-504)

“They should give us the resources that we need.” (P10:518-519)

“Now if all of us are going to do the advance computer course, but we don’t have computers. What is the need of going to the course? We will be looking for a computer to perform our skills that we have acquired, but find nothing. We must also have that resources” (P6:510-513)
And also the transport must also be in place. As health promoters, we are people that need to go to the community and render the services. Also the top management must try to have enough resources for us. For example, I cannot be a health promoter without pamphlets or posters of what we are talking about. Maybe I will be talking about epilepsy, but I don’t have a poster about that I can leave behind for people to go through.” (P6:515-520)

“There is nothing we can do, you cannot even make copies. Those are the issues top management should look at.” (P6:530-531)

In the fifth category adjusting the health promoters’ salary was identified as a possible solution to some barriers, like paying for own transport.

“But I think better money management is needed. They must come down and see. Now, there are no support.” (P12:541-542)

“I think if the can correct our salaries?”(P13:544)

Having a job description emerged as category 6 as a possible solution to the barriers experienced by the health promoters in promoting health in schools. A job description will provide clarity on responsibilities and duties for the health promoters working in schools and providing health promotion. The following statements by the health promoters are indicative of their views.

“Another thing is that we need a job description, so we can know what to do. The managers must know the job description. They must out it up in the manager’s office, so the manager can know it.” (P14:550-552)

“Yes a job description. But the same job description. The same work plan, nationally” (P17:596-597)

In the next paragraph the empirical findings of the research will be discussed within the context of related research on health promotion in schools. Engagement with the associated literature will also act as a literature control in the sense that the researcher’s own findings can be corroborated.
5.5 Discussion of qualitative findings and literature control

It emerged from the data analysis that health promoters perceive their main role as to give health education to schools and the community. According to the WHO (2001:2) "Educating for health is an important component of any education and public health programme. It protects young people against threats both behavioural and environmental, and complements and supports policy, services, and environmental change."

Health promoters’ statements revealed that health education consists of various topics such as hygiene, personal health, HIV/Aids, nutrition, oral health, abuse, sex and diseases. According to the Department of Basic Health (2012), health education is a critical component of the Integrated School Health Policy and it offers the best opportunity to influence and affect a child’s health behaviour in the short- and long-term. Given the school health service package (Chapter 3: Table: 1) it is clear that the following topics are incorporated in health education: hand washing, personal hygiene, nutrition, road safety, abuse, puberty, contraceptives and teenage pregnancy. Throughout the years the focus of research done on health promotion has primarily been on issues relating to substance abuse, sexually transmittable diseases, other related diseases due to physical infirmities, and nutrition (Nyamwaya, 2003).

It was made clear that health promoters assist professional nurses in identifying needs in the schools, as well as help with the basic screening of children in the schools. According to the Department of Basic Health (2012) all foundation phase students will be screened for the following: vision; speech; basic hearing; oral health; chronic illnesses; diseases and psychosocial factors, as well as height, weight and body mass index measurements. Screening plays a major role in managing the potential spreading of diseases, making it clear why schools have been a venue for providing screening for over a century (Mohammadi et al., 2010). Most health promoting programmes focus on reducing health issues by improving individual health outcomes on specific area by means of screening (Verhaeghe et al., 2013: 1569–1578).

Therefore health promoters are supposed to receive training in first aid, chronic disease management, immunisations, tuberculosis screening and treatment, HIV counselling and screening, domestic violence, parenting skills, substance abuse, nutrition, prenatal care, dental hygiene, lead screening, interpretation, and completion of medical aid applications in order to work alongside nurse practitioners and experienced health promoters (Poss, 1999). However, it is essential to keep in mind that health promoters should not be considered replacements or stand-ins for nursing care in the healthcare system (Poss, 1999).
Mediating and advocating was on the agenda of the health promoters, whereby they support campaigns and other stakeholders. A significant part of mediating consisted of communicating with different stakeholders in the community. Macnab (2014) states, that he recognises the importance of communication and engagement with stakeholders as a crucial component of the HPS approach. In a health-promoting school approach, the health promoting team will collaborate with stakeholders based on needs they identified in the community (Samdal and Rowling, 2011). Therefore, relevant stakeholders are essential to a successful implementation of health promotion (Samdal and Rowling, 2011).

Health promoters aren’t just responsible for promoting health in schools; they are also responsible for promoting health in the local communities. Some of their duties require home visits, establishing support groups, establishing vegetable gardens, providing counselling, distributing condoms and educating the community on health. Establishing vegetable gardens is regarded as one of the ways to build a relationship with the community (Department of health and ageing, 2004), as well as doing home visits in order to distribute information and do screenings (Odendaal, 2014: 18). Furthermore, seen as one of the keys to successful health interventions, is making instrumental support more accessible and available, such as condoms, emotional support, counselling, outreaches and training in life skills (Warren, 1990). According to Weston (2008) health promoters should constantly educate individuals on the benefits of healthy behaviour, such as exercise and healthy eating, diseases and treatments. In this way health promoters are also engaged in community level advocacy (Verhaeghe et al., 2013: 1569–1578).

According to the WHO (1984:2) the concept health can be defined “as a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity”. Health promoters have different views on health, nonetheless it seems like most of them have a clear understanding of the concept. Health promoters primarily see health as living a healthy life, which includes taking care of oneself, exercising, eating healthy, practising safe sex, not smoking, good sanitation and not abusing alcohol. However, one’s state of well-being is also considered as a component of the concept health, where physically, emotionally, mentally, socially and spiritually, all elements have to be in fulfilled in order to be seen as healthy. Lastly, the prevention of disease by ways of being informed, going to clinics, taking medication and making one’s environment as healthy and safe as possible are also listed as contributing factors. The Department of Basic Health (2012) regards the lack of a private environment to conduct the health assessments in as a challenge regarding health promotion. Furthermore, the American Academy for Family Physicians (AAFP, 2014) declares that health promotion and preventative medication form part of its active care plan.
Health promotion itself is also about advocating and mediating, working with stakeholders, arranging meetings, and referring and reporting to authorities as needed; basically being the link between the community, the health sector and other stakeholders. Health promoters serve as cultural health brokers, providing support to individuals (Verhaeghe et al., 2013: 1569–1578), bridging the gap between the community and the health department (Poss, 1999). Furthermore, it is critical that health promoters and stakeholders work together and communicate efficiently. The collaboration of the stakeholders depends on the topic identified as a need. (Macnab, 2014, Samdal and Rowling, 2011).

Creating awareness in schools and communities is seen a vital part of health promotion as it can prevent diseases. Health promoters primarily create awareness by giving information to the community, educating them on disease, doing screenings and arranging meetings. By means of preventive education and screening one is raising awareness among the community (Weston, 2008). Moreover, health promoters do home visits, where they distribute information and screen community members in order to prevent illness by referring them to clinics where necessary (Odendaal, 2014: 18). In addition, awareness of local resources as well as resource networks should be increased through networking (Swart and Reddy, 1999). Creating a healthy environment within the community enables and encourages the people of the community, which is seen as yet another part of health promotion. According to the WHO (1988) public health activities should enable individuals and communities to gain more power over factors that affect their lives.

When it comes to promoting health in communities efficiently, knowledge and skills are of great importance as stipulated by the health promoters when questioned about it. Health promoters feel that they do not possess the necessary knowledge or skills regarding health promotion, as most of them did not receive training in health promotion. Those that did receive training possessed the need for new and “deeper” knowledge. Labonte et al. (1999: 39-50) verify this by stating that expert knowledge regarding evaluation and theorising of the health promotion practice is absolutely essential.

However, the health promoters, when requested to elaborate on the knowledge and skills they need to promote health efficiently, listed a few requirements they thought was absolutely necessary. Health promoters specified that they require knowledge regarding diseases, family planning, sex education, healthy lifestyle, health promotion, health promoting schools and a special understanding of the culture and language. Health promoters usually are individuals who come from the same cultural background as the community (Eng et al., 1992; Poss, 1999), as cultural norms, practices, values and beliefs are seen as vital factors that affect health
workers’ performance (Kok *et al.*, 2015). According to the ISHP, the school health package (Table 1) mentioned above clearly stated that health promoters had to educate the community on disease, family planning, and sex education, along with various other topics, meaning that health promoters need the knowledge mentioned in order to promote health in schools and the community as this is their responsibility (Department of Basic Health, 2012).

Furthermore, health promoters need the following skills to help them with health promotion in schools and communities: computer skills, communication skills, project management skills, writing skills and administrative skills. According to the WHO (2000b), various factors can affect the quality of healthcare, however, new technology available is an contributing factor that influences the ability of health promoters to acquire new skills and incorporate them in to the current practice. Therefore it is critical to assist health promoters to improve themselves in order to improve the care they give to the community.

Resources also emerged as an absolute necessity to efficiently promote health in schools. This is in agreement with Jackson *et al.* (2007) statement, where it is mentioned that more time and resources are essential to successfully implement health promotion. Strategies and additional resources must be allocated in order to restructure efforts, making it possible to achieve health for all across the globe (Bruce and Klein, 2012: 411-417; Marks, 2011: 340-346). In addition, schools also need numerous resources and time to successfully apply school health policies (Gugglberger and Dur, 2010: 37-43).

When participants of the study were questioned about barriers and obstacles that keep them from promoting health, the Department of Education emerged as a main obstacle as they struggle to make appointments. However, when they do have appointments the department does not allow them to talk about certain topics, provide them insufficient time and space for their screening and health educational talks. Furthermore, it becomes clear that the Department of Education has little knowledge concerning the role and responsibilities of the health promoter, which leads to shifting of responsibilities. This might be because the Department of Education tends to have more important priorities to attend to, compared to individuals outside the formal educational network, such as the health authorities, including health teams (Keshavarz *et al.*, 2010: 1467-1474). Furthermore it seems that the Department of Education, along with local community and parents, regards educational outcomes as much more important and worthy than health outcomes (Keshavarz *et al.*, 2010: 1467-1474). This might be linked to school staff lacking a common understanding of the concept health-promoting school (Mohammadi *et al.*, 2010), the complexity of the health promoting school approach, the language differences
as well as the lack of communication between the Department of Health and the Department of Education (Keshavarz et al., 2010: 1467-1474).

The Department of Health also emerged as a major obstacle, since it provides inefficient management, and poor financial, physical as well as emotional support. Furthermore, the lack of a relationship between the DOH and the DOE is a reflection of the poor management skills shown by the Department of Health. According to Buhlungu et al. (2007) a major obstacle standing in the way of improving the health system in South Africa is the lack of leadership at the policy level and weak management at the implementation level. Keshavarz et al. (2010:1467-1474) listed the lack of interaction between the departments of health and education as one of the many barriers in health promotion in schools. Consequently, it is critical that there is a continuous discussion between the health and education stakeholders, as continuous dialogue will leave stakeholders with a more realistic perception of health interventions (Rowling, 1996, WHO, 1996: 5). Therefore, it is no surprise that teamwork is essential for health promotion to be grounded in an operation (Brobeck et al., 2013), where all stakeholders are an essential part of successfully incorporating health promotion in schools (Samdal and Rowling, 2011). Results have shown that cooperation of stakeholders was lacking in general, which can be linked to the lack of communication and understanding of the term health promotion. All stakeholders should have a common definition of health promotion as it leads to a mutual understanding (Swart and Reddy, 1999).

Furthermore, resources remain a barrier in health promotion as indicated by the statements of the health promoters, Due to South Africa’s huge burden of diseases there is also an overwhelming task to provide adequate resources for the country (Chopra et al., 2009: 1023–31). South Africa is a unique country with diverse environments and different types of communities, some characterised as poorly educated poorly resourced, socially challenged and mismanaged (De Jonge, 2000: 339-357), which results in an uneven distribution of resources across different communities (Swart and Reddy, 1999).

The health promoters yearn for some kind of recognition from the Department of Education as well as other health stakeholders. According to Keshavarz et al. (2010:1467-1474) inadequate information and experience regarding health promoters are seen as a barrier to promote health. As mentioned above there is a clear lack of common understanding concerning health-promoting schools (Mohammadi et al., 2010). Developing a common understanding among stakeholders is vital for an effective intervention in health promotion (Gugglberger and Dur, 2010: 37-43; St. Leger and Nutbeam, 2000). In addition the WHO (1986) recommends that
there should be an ongoing discussion between the health and educational stakeholders concerning health promotion and health-promoting schools.

Lastly, the lack of knowledge and skills was defined as a barrier perceived by the health promoters, as they clearly declared that they do not have the necessary knowledge or skills to promote health effectively. This statement is comparable with Macnab (2014), as he clearly states there is a global lack in knowledge and skills regarding health promoters. Unfortunately South Africa’s health sector has been affected by a misdistribution of staff, resources and poor skills (Wood and Jewkes, 2006: 109-180). A shortage of funds makes it simply impossible to improve expertise, support and training (Department of health and ageing, 2004, Saab et al., 2009) In addition the different languages and settings of communities also present a major obstacle in South Africa (Deshensnes, 2014: 219; Stewart et al., 2000; Swart and Reddy, 1999).

According to the health promoters training is regarded as one of the main solutions to overcome many of the obstacles, as giving health education is one of the main roles of the health promoter. It is clear that there is a serious shortage of training, support and management (Segall, 2003). Therefore, Wilkinson and Coyle (2005:227-234) emphasise the need for a strategy regarding the improvement of skills and knowledge needed for health promotion, as training provides motivation as well as grounds the practise by giving information which will lead to a more efficient health promotion practice (Brobeck et al., 2013).

As mentioned, support is seen as a serious shortage, which also emerged from the results as a crucial part of the solution. Casey (2007:1039-1049) stressed the importance of support from management in order to create a positive environment for health promotion, which correlates with one of the five major strategies of the Ottawa Charter for Health Promotion (WHO, 1986) namely, creating supportive environments. In addition teamwork is essential in health promotion, in order to create a supportive environment (Brobeck et al., 2013).

However, resources also play a major role in the effectiveness of the health promoter as mentioned above. Therefore, resources were identified as possible solution. According to Swart and Reddy (1999) local resources as well as resource networks awareness should be increased. It requires of the Department of Health to provide expertise and leadership, such as human resources and financial management (Chopra et al., 2009: 1023–31). Moreover, this requires the government to spend more on health and better the distribution of resources (Coovadia et al., 2009: 817-834).
Another possible solution was seen as improving the salaries as health promoters’ travel mainly at their own expense. Coovadia et al. (2009:817-834) agree that unacceptable levels of income should be addressed and be improved. However, the national health insurance scheme has been urged to improve health systems in the public by means of improving the salaries of the health workers (Mills et al., 2004).

Finally, health promoters request that they have a job description in order to have clarity over their responsibilities. According to Brobeck et al. (2013) there is a great need for scope considering health promotion practice, as it influences the performance of health promotion, as there is no clear roles given to health promoters concerning the implementation of health promotion (Kemppainen et al., 2012; Laforêt-Fliesse, 2010; Macnab, 2014).

5.6 Research limitations

Although the research was planned and executed according to scientific principles, the following limitations emerged during the conduction of the focus group interviews and data analysis.

- The researcher had difficulty accessing some of the health promoters, as they work in various settings all over the Dr Kenneth Kaunda district. Some of the communities are densely populated and the research in one case struggled to find the venue allocated for the focus group interviews.
- Additionally there were health promoters who are computer illiterate and there are few ways to make contact with them, thus limiting the amount of health promoters the researcher could contact and interview.
- The unpredictability of the community life created a special challenge, as the researcher made appointments that the health promoters could not always keep. This was due to health promoters being too busy, not having transport, getting sick, being out of town and forgetting the appointments.
- Language presented an exceptional challenge as it was both the researcher and the participants’ second language. Some of the health promoters did not always understand the question and it had to be explained by the researcher. Furthermore, it was a unique challenge to understand the health promoters and transcribe the data, as participants did not always speak audibly and clear enough.
- The space provided to conduct focus group interviews were not always ideal. At times the room was too crowded and the outside noise levels were a serious debilitating factor in the communication.
5.7 Guidelines in order to improve the implementation of health promotion in schools

This section is intended to guide the implementation of the health promotion in schools in order to improve the ability of the health promoter. Guidelines are vital for supporting the health promoter in promoting health in schools, since the National Department of Health (2002) declared school health as an essential and integral part of the complete package of primary healthcare services that must be delivered to every school in the district. Consequently it is essential to improve the implementation of health promotion through guidelines.

According to the Centre for Disease Control guidelines are intended to guarantee the protection of humans and the effective practice of public health (CDC, 1999). Guidelines can be used to develop relevant health promotion policies that are simple to implement, evaluate and monitor (Mchunu, 2011). Furthermore guidelines can also be utilised by stakeholders to establish professional development, programmes, resources and materials (CDC, 2011).

The following are the guidelines that emerged from the study:

- **Creating awareness**
  Through creating awareness, one is educating the community as well as other stakeholders about health promoters and health promotion. Awareness can be created by means of the internet, posters, pamphlets, booklets, meetings and campaigns (Taitel et al., 2008: 863-872). Through creating awareness one is creating a common understanding among other stakeholders and the community regarding the role of a health promoter.

- **Creating supportive environments**
  It is essential to create a supportive environment concerning administrative and management support. Moreover, management should provide the necessary resources (financial, transport, material and structure) that are needed to promote health. Furthermore, management should encourage and reward health promoters in health promotion activities (Mchunu, 2011).

- **Monitor and evaluate**
  The overall purpose of monitoring and evaluation is to measure the effectiveness of the programme, as well as identify problem, barriers and obstacles that emerge. Problems should be identified and solved in order to improve the health promotion performance overall (WHO, 2004).
• **Link health and education**
The success of school health programmes depends on the cooperation between the Department of Health and the Department of Education. The Department of Health will deliver school health services within the school setting, in collaboration with the Department of Health and other relevant sectors (National Department of Health, 2002). When the two departments collaborate and communicate regarding health promotion in schools, it would lessen the differences concerning health promotion between them. Barriers like insufficient time, insufficient space, shifting of responsibilities as well as banning of certain health topics can be addressed if the Department of Health and the Department of Education collaborate and communicate concerning health promotion in schools.

• **Improve communication between community and different stakeholders**
There has to be clear communication between the different stakeholders as well as the community, for they need to support each other. According to the Ekurhuleni Metropolitan Municipality (2003) for instance, the policy for health promotion and school health should consist of teams including doctors, nurses, environmental health and oral health practitioners, health promoters, field workers, social workers, psychologists, learners, educators, parents, and family.

Clear communication between these various stakeholders is essential, so that the school health services are able to refer children with health or developmental problems to the required specialised services as well as professionals.

Furthermore, the relationship between the community members and health professional is essential, as working with the community requires an in-depth understanding of who the community involves, their believes and what they need (PHAST, 2011).

• **Job description**
A clear job description needs to be provided in order for health promoters to clearly understand their roles and responsibilities concerning health promotion (Ekurhuleni Metropolitan Municipality, 2003).

• **Improving knowledge and skills of the health promoter**
Supervision of more experienced staff should be provided in order to support, enable and train newcomers. Training, however, is required for all types of staff that would be involved in school health services (National Department of Health, 2002).
5.8 Conclusion

The objective of this chapter was to present the empirical findings of the research project that was done in the Dr. Kenneth Kaunda district. The main feature of the chapter was to provide an exposé of the analysis of the various questions that was put to the health promoters in the field offering health promotion in schools.

Six key questions were posed to the health promoters and the questions were analysed in a way to unravel and unpack the perceptions of health promoters on health promotion in schools. The result of the process produced a collection of categories and subcategories that created an insight into the work of health promoters in the Dr. Kenneth Kaunda district.

The following final chapter will present the research report by presenting the findings, conclusions, recommendations and possible guidelines for health promoters working in schools.
Chapter 6  Findings, conclusions and recommendations

6.1 Introduction and orientation

Finally, this chapter will conclude this study by summarising the findings, drawing conclusions as well as providing guidelines for health promoters promoting health in schools in the effort towards the establishment of health-promoting schools in the Dr Kenneth Kaunda district in the North West province of South Africa.

6.2 Findings

6.2.1 Findings resulting from health promotion in schools (Chapter 2)

The following are findings that emerged from the chapter:

- The concept “health promotion” seemingly emanated from an understanding that health is only physical. Health was thus originally seen as the absence of disease (cf. paragraph 2.2.1).
- The European Network for Health Promoting Schools (ENHPS) as well as the World Health Organisation (WHO) forms part of the health promoting movement that has since spread to numerous countries, even Africa. Hereby, increasing the network of health promotion worldwide through their support, mediation and avocation (cf. paragraph 2.2.2; cf. paragraph 2.2.3).
- Internationally, countries like Scotland and Australia have their own health-promoting school organisations which support and guide the education sector with health-promoting school frameworks, policies and integrating with stakeholders. Clearly indicating that the various stakeholders play an essential role in health promotion (cf. paragraph 2.2.4; cf. paragraph 2.2.4).
- It was found that South African children’s needs are of the highest priority, and their right to basic nutrition, shelter, basic healthcare services, social services; and to be protected from maltreatment, neglect, abuse or degradation, should come first according to law (cf. paragraph 2.3.1).
- The Department of Health’s mission is to improve health numbers through the prevention of disease and promotion of healthy lifestyles, as well as consistently improving the healthcare delivery system (cf. paragraph 2.3.2).
- In South Africa the responsibility of health promotion is generally shared by the Department of Education and the Department of Health. They are responsible for delivering school
health services and creating a positive environment on the basis of the Integrated School Health Policy (cf. paragraph 2.3.3).

- Schools are regarded as powerful and vital settings for health promotion. Schools make it possible to impact a significant number of children (cf. paragraph 2.4).
- According to the Department of Health, South Africa has several issues that impact health promotion, namely an insufficient environment, the lack of staff, lack of resources and a lack of follow-up visitations at schools. In addition, one of the biggest challenges South Africa faces is a major lack of knowledge and skills regarding health promotion. Furthermore, the complexity of the HPS concept and the language differences also play a vital role in the barriers South Africa needs to overcome (cf. paragraph 2.5).
- There is no common understanding of the health-promoting school concept among educational stakeholders (cf. paragraph 2.5).

6.2.2 Findings on the health promoter (Chapter 3)

The following are findings that emerged from the chapter:

- The term “health promoter” is given to experts involved in the prevention of diseases as well as increasing the community’s well-being. The following occupations were identified to be role-players in health promotion: physicians, teachers, nurses, dentists, community health workers, government employees, psychologists and social workers (cf. paragraph 3.2).
- In several countries nurses are primarily seen as the main health promoting occupation, as they play a vital role in health promotion (cf. paragraph 3.2.1; cf. paragraph 3.2.2).
- Various names are given to persons promoting health depending on the country, such as community health workers, community health nurses, health promoters, and health workers (cf. paragraph 3.2.3; cf. paragraph 3.2.4; cf. paragraph 3.2.5; cf. paragraph 3.2.6).
- It was found that the role of health workers is mainly seen as a way to improve access to the health services and to act as cultural brokers. They basically support and care for the community regarding diseases. Therefore, health workers are a very important resource in primary health care (cf. paragraph 3.2.7.1).
- It was established that the health promoters should be part of a health-promoting team for best outcomes, since health promotion is such a broad concept (cf. paragraph 3.2.7.2).
- Also, cooperation from all stakeholders is essential for promoting health. Schools should expand their networks and link with local organisations, parents, health providers and health professionals (cf. paragraph 3.2.7.6).
- It was found that nurses have not yet established clear roles regarding health promotion activities in schools. They are rather seen as general health promoters where they largely provide primary healthcare for patients (cf. paragraph 3.2.7.3).
• It was established that it is vital for teachers to be educated and receive training regarding health promotion, for the more they know, the more likely they will get involved and support health promotion in schools (cf. paragraph 3.2.7.4).
• It was found that a secure, safe and supported environment is essential for a successful educational environment (cf. paragraph 3.2.7.5).
• Working together can present obstacles and thus it is essential that all individuals are aware of each other's roles and responsibilities as well as the way the organisation works (cf. paragraph 3.2.7.6).
• It was established that barriers such as a lack of perception of health and health promotion, lack of understanding what health and health promotion entail, lack of skills to promote health, a lack of clear and achievable goals and a lack of commitment exist in the health-promoting profession (cf. paragraph 3.2.7.6).

6.2.3 Findings on the empirical exploration: Health promotion in schools: perceptions of the health promoters (Chapter 5)

The following are findings that emerged from the qualitative part of the empirical research:
• Health promoters see their roles primarily as:
  o to provide health education to learners in schools,
  o to assist professional nurses in screening and identifying diseases,
  o to mediate and advocate between stakeholders and authorities, and lastly,
  o to promote health in communities (cf. paragraph 5.4.1).
• It was found that the health education for the health promoters mainly consists of: primary healthcare including; hygiene, sex, oral health, personal safety, nutrition, abuse, HIV/Aids and numerous other diseases (cf. paragraph 5.4.1).
• Further, it was also found that the health promoters view themselves as a bridge between the stakeholders, community and the health system since they report and refer individuals to the relevant stakeholders and authorities (cf. paragraph 5.4.1).
• It was found that the health promoters have different views of health. For some it is viewed as a healthy lifestyle, the prevention of disease, and having a healthy environment, while others regard it as the complete state of well-being with regard to the physical, mental, emotional, social and spiritual components (cf. paragraph 5.4.2).
• Health promotion as such is seen as advocating and mediating between different stakeholders, reporting, referring and arranging meetings, basically closing the gap between the Department of Health and the community through creating awareness motivating, preventing disease and creating a healthy environment (cf. paragraph 5.4.3).
It was found that the knowledge health promoters requires is mainly information about primary healthcare, as they mainly inform and educate schools and the community regarding primary health (cf. paragraph 5.4.4).

In terms of the skills needed by the health promoters it was found that computers skills are in high demand in order to collect information regarding diseases and other health topics (cf. paragraph 5.4.4).

Also, the health promoters need communication and counselling skills in order to interact with the children and the community (cf. paragraph 5.4.4).

Various other skills are needed by the health promoters. These skills are: project management, writing skills, administrative skills and resources management. These are all essential to run and plan campaigns concerning health promotion in schools and communities (cf. paragraph 5.4.4).

The Department of Education is identified as a major barrier in health promotion, as it does not provide sufficient time and space required by the health promoters to promote health in schools (cf. paragraph 5.4.5).

It was found that the Department of Health does not allow health promoters to talk about certain topics. This can be linked to the lack of knowledge among health promoters and their responsibility to promote health in schools (cf. paragraph 5.4.5).

It was found that various other barriers exist within the Department of Health that might impact negatively on the work of the health promoters. These are viewed as: lack of teamwork, a lack of recognition of the health promoters in their health-promoting work, a lack of support, and the management of money and staff (cf. paragraph 5.4.5).

It was found that there is a major lack in a proper working relationship between the Health Department and the Department of Education (cf. paragraph 5.4.5).

It was found that the health promoters experience a lack of knowledge and skills which present a great challenge for them. As health promoters they cannot promote health with confidence and efficiency without the proper knowledge and skills (cf. paragraph 5.4.5).

Also, the cooperation between stakeholders emerged as a special challenge for the health promoters, as they do not return calls or follow up on referred cases (cf. paragraph 5.4.5).

Further, training of and for the health promoters was identified as an absolute must, in order to improve health promotion in schools as well as communities (cf. paragraph 5.4.6).

It was found that the recognition and support from management and the stakeholders will motivate health promoters and improve the communication between the Department of Health and other stakeholders (cf. paragraph 5.4.6).

It was found that health promoters have various needs in order to execute their health-promoting activities. These include resources like transport, computers, pamphlets, posters...
and printers in order to efficiently promote health in schools and the community (cf. paragraph 5.4.5; cf. paragraph 5.4.6).

- It was found that the health promoters usually use their own transport to promote health in the community which puts strain on their finances. Salary increases will enable them to comfortably travel around the community to promote health (cf. paragraph 5.4.6).
- Lastly it was found that there is a strong need for a clear job description regarding health promotion as a health promoter, as most health promoters feel that not even management knows what their responsibilities as health promoters entail which leads to mismanagement and misuse of staff (cf. paragraph 5.4.6).

6.3 Conclusions

6.3.1 Conclusions on the health promotion in schools

The following can be concluded from the chapter:

- South Africa should continue to regard the needs of school-going children as the highest priority and put these needs on all agendas. The promotion of health can then become an essential part of everyday life.
- Since the responsibility of health promotion is shared by the Department of Health and the Department of Education, communication between the two departments must improve drastically in order for health promotion to be effective.
- As it is the Health Department’s mission to improve health numbers, the department should make an effort to improve the healthcare delivery system in order for the health system to be more accessible to the community.
- South Africa is a unique and diverse country, which presents its own barriers and challenges concerning health promotion in schools. Therefore, universal health promotion frameworks and policies must be adapted to fit South Africa’s unique needs and context.
- South Africa is in need of a unifying health-promoting organisation - like Scotland and Australia - to support and guide the health-promoting processes, programmes, framework, and policies as well as interacting with stakeholders in the area regarding health promotion.
- Schools are regarded as the most important setting for health promotion and should stay the main venue as they can reach many children and communities through the children in schools.
6.3.2 Conclusions on the health promoter

The following can be concluded from the chapter:

- The term “health promoter” is a broad concept and there are various role-players with different names and occupations that can play a part in health promotion. Health promoters should mainly be seen as individuals that increase the community’s well-being.
- The role of a health promoter is to improve access to health services, act as a cultural broker, act as a mediator between health services and the community, and support the community regarding diseases.
- Health promoters should be part of a health-promoting team for best outcomes, since health is a broad concept and there are so many occupations linked to health promotion. One cannot address all health issues without referring or communicating with other stakeholders, professionals and authorities.
- Networking is essential to efficiently promote health, therefore it is vital that health promoters communicate and establish relationships with stakeholders in the community. This can support health promotion in the future, as health promoters have external assistance.
- It is vital that all stakeholders such as teachers, parents, school staff, community and organisations are educated and informed about the importance and roles of health promotion and health promoters in the community as it is clear that stakeholders lack the knowledge and understanding regarding health promotion in general. This however leads to a lack of commitment regarding health promotion.

6.3.3 Conclusions on empirical exploration: Health promotion in schools: perceptions of the health promoters

The following can be concluded from the chapter:

- It is the role of a health promoter to provide health education to learners in schools as well as the community. Further, the health promoter assists the professional nurse with screening and identifying problems.
- Generally the health promoter mediates, advocates and communicates with various stakeholders and authorities, in order to assist and support the community through arranging meetings and referring individuals to the correct authorities. One can therefore summarise the role of a health promoter as a bridge between the Department of Health and all other stakeholders.
• Health promotion thus far mainly consists of primary health education. Although there is talk about the well-being of a person it is not yet implemented in the health promotion programme.

• Health promoters as well as other stakeholders should have a common understanding of the concept “health”. The Department of Health should work together in order to establish a common understanding of health and health promotion.

• Health promoters require an in-depth knowledge regarding primary healthcare as well as health education. Furthermore, they require skills that support them in promoting health such as communication skills, computer skills and project managing skills.

• Health promoters generally lack the knowledge and skills to promote health in the communities. Therefore the Department of Health should send the health promoters for training to begin with, as well as constantly send them for refresher courses to ensure that they have a deep understanding and up-to-date information regarding health promotion in general, but also in schools.

• The relationship and communication between the Department of Health and the Department of Education need to improve. When communication between the two departments improves, health promoters should struggle less with making appointments, insufficient time and space.

• The Department of Health should realise the importance of health promotion and the vital role the health promoter plays in the promotion of health in schools. Health promoters need to be supported by management, through the allocation of appropriate resources, teamwork and training in general.

• A clear job description should be provided to the health promoters as well as their managers, in order to clarify their roles and responsibilities regarding health promotion. This will lead to less misuse of health promoters and a sense of recognition.

• Resources must be fairly distributed and allocated to health promoters by management in order for them to promote health in schools.

6.4 Recommendations

6.4.1 General recommendations

• The Department of Health should send health promoters for training in order for them to acquire the necessary knowledge and skills to promote health in schools with confidence and efficiency.
• The Department of Health should work on establishing a common understanding of health and health promotion among all health stakeholders and authorities.
• The Department of Health should provide a clear job description for the health promoters, so that the health promoter, as well as management, is informed about the responsibilities and duties as a health promoter.
• The Department of Health should plan properly regarding resources and transport for health promotion as done by the health promoters. Therefore, improving resource distribution management is essential as resources should be distributed equally among the different communities.
• Stakeholders should be clear about the role of the health promoter working in schools.
• The Department of Education and the Department of Health should work on their communication and cooperation. They should establish common goals regarding health promotion in schools.

6.4.2 Recommendations for further research

The following recommendations are made for future research:
• An investigation should be done on the type of training the Department of Health should consider sending health promoters on.
• An exploration should be done on the supportive role that management can play regarding health promotion in schools.
• An investigation should be done on the best solutions for the unique barriers South Africa present regarding health promotion in schools.

6.5 Final conclusion

The main aim of this research project was to establish the perceptions of health promoters concerning health promotion in schools.

Taking all scientific insights and experiences into account, it can holistically be confirmed that the health promoters working in schools do have specific perceptions regarding their health-promoting work in schools. The health promoters do see themselves as having specific roles to execute in their health promoting activities in schools. These roles range from providing health education, to assisting professional nurses and providing health to the broader community. They also view themselves as a bridge between all the stakeholders involved in education in schools. The health promoters’ views on what health entail are varied and an indication of the
training and support that they received, or didn't receive, throughout their engagement with the health and education spheres. The health promoters are in dire need of skills and knowledge to be able to be more efficient in their health promoting activities. Various barriers experienced by the health promoters tend to hamper and impede on the work to be done in schools and the community. Acknowledging the health promoters and the work they do in schools and the community at large, will go a long way in providing them the energy and vitality needed to support the much needed health promotion in the society.

Finally, it can be stated that the health promoters promoting health in schools are significant contributors towards the establishment of health promoting schools in South Africa.
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Appendixes

Appendix A: Letter asking permission for conducting research
Dear Mr Motara,

My name is Leandri Terburgh. I am currently registered as a full time student at the North-West University (Potchefstroom campus) to complete my Masters degree in Educational Psychology. My research supervisor is Dr. Charles Viljoen. His previous correspondences with you refer. As part of the curriculum, I aim to explore the perceptions of health promoters in schools across the North-West Province of South Africa. In order to complete am of the study, I would like to interview 12 health promoter in the province. I would like to interview three willing health promoter from each of the four districts in the North-West.

Furthermore, the general aim of the research is to explore the perception of health promoters and the aim will be guided by the following objectives:

- to understand how do health promoters in the NWP perceive health promotion in schools;
- to investigate the nature and scope of the knowledge and skills concerning health promotion of the health promoters in the NWP;
- to examine the various ways that the health promoters are contributing towards health promotion in schools in the NWP;
- to investigate the possible barriers that the health promoters are encountering in their health promoting activities in schools in the NWP, and
- to develop possible guidelines for health promoters towards the establishment of health promoting schools in the NWP.

I hereby request authorisation to conduct interviews with the allocated health promoters at relevant schools (to be determined) in the North-West Province.

Please find attached the consent form as well as the information sheet that will be utilised to duly inform the health promoters of the study, and what will be expected of them, if they agree to participate.

Yours faithfully

Leandri Terburgh

Please use the following contact details to refer any enquiries:

21685036@nwu.ac.za
Tel: 082 771 8263

Supervisor
Dr Charles Viljoen
chalres.viljoen@nwu.ac.za
Tel: 082 440 7482
Appendix B: Letter of permission granted for conducting research
02 March 2015

Ms L Terburgh
Student researcher
North West University – Potchefstroom Campus

PERMISSION TO CONDUCT RESEARCH (EDUCATIONAL PSYCHOLOGY) AT SCHOOLS IN DR KENNETH KAUNDA DISTRICT

The above matter refers.

Permission is hereby granted to you to conduct your research at schools in Dr Kenneth Kaunda District under the following provisions:

➢ The activity you undertake at the schools should not tamper with the normal process of learning and teaching; and will take place after school hours.

➢ You inform the principals of your identified schools of your impending visit and activity;

➢ You provide my office with a report in respect of your findings from the research; and

➢ You obtain prior permission from this office before availing your findings for public or media consumption.

Wishing you well in your endeavour.

Thanking you

[Signature]

MR H MOTARA
DISTRICT DIRECTOR
DR KENNETH KAUNDA DISTRICT
Appendix C: Example of the consent form
CONSENT FORM TO HEALTH PROMOTORS OF THE NORTH WEST PROVINCE

Your participation in this study is not only of great importance to the North-West University, but also provides you, the Health Promoter, with the opportunity to contribute to research regarding health promotion in the North-West province.

The focus group interviews that you will be participating in will explore the perceptions you, as the health promoter, have about various aspects related to health promotion, including your experiences in the field.

The outcome of the research will be communicated to the relevant university departments so as to express your perceptions and needs as a health promoter to execute your work successfully.

I, Mr./Mrs./Miss ___________________ hereby give consent that the information in this interview may be used for research purposes.
I further understand that my name will not be used as part of the research and the data will be treated with the highest confidentiality. I also understand that I am not compelled to take part in this interview and I may withdraw from the interview at any time.

Signed at ______________ (Town/City) on the day __________ of

Signature: ______________ Date: ______________
Appendix D: Transcriptions of focus group interviews
Participant 1, Question 1: What do you do as a health promoter?

1. Interviewer: What do you do as a health promoter? What does your job entail?
2. Interviewee: I assist the professional nurse in her job. My rules is to educate the young ones, not necessarily meaning that I am not to help the professional nurse with screening. After help her I will give a health talk to the young ones.
3. Interviewer: What is a health talk about?
4. Interviewee: It is about personal hygiene and how to look after themselves.
5. Interviewer: So you educate them about personal hygiene. What else?
6. Interviewee: How to look after themselves, personal safety. I teach them about strangers. They must know what a stranger is. What to do when they meet a stranger. They must know not to go with strangers. They mustn't ask for lifts from a stranger. They mustn't talk to strangers. They must take anything from strangers.
7. Interviewer: So you go to the schools every day to educate the children about this.
8. Interviewee: Yes.
9. Interviewer: Where does the health matters come in. What kind of health is it, or what type of health is it about.
10. Interviewee: It is more about primary health, because even if the nurse find out about something that the learner is suffering from then she will refer. Not all of the children will be referred, but if the nurse think it is necessary to talk to the learner she will refer and we will give them a health talk.
12. Interviewee: Yes.
13. Interviewer: Is that all you talk about?
14. Interviewee: In most cases we go according to the needs of the learner. When we realise there is a need for us to talk about something, we will talk to the learner about it. We often find that other people, especially younger ones, will mock others about their illnesses. Then we just want to put the people at ease and teach them how to handle the people who are ill.
15. Interviewer: Who tells you what the need is?
16. Interviewee: We identify the need. Maybe, sometimes when we arrive at a school the teacher will complain that a learner with this or this illness is being mocked. For example, there was a learner who was having wounds around his head and no other learners wanted
to sit next to him. So you have to talk to the other children and explain to them that the other learner is sick and is on treatment and will recover.

Participant 2, Question 1: What do you do as a health promoter?

Interviewer: What do you do as a health promoter?

Interviewee: As a health promoter the first thing when we arrive at a school they will arrange for us to visit a class. Whether it is grade 1, grade to or grade 8. The first thing I do is to give health education about basic food and nutrition. Nutrition it includes teaching about the size of helpings. Then I talk about oral health, safety of children and child abuse. I educate about a healthy lifestyle. Especially the great ones I educate about how to eat correct food. In the morning they must eat breakfast before they go to school and they must brush their teeth. I talk about personal hygiene. Every day they must wear clean underwear. We also check about good sanitation. Whether their toilets are clean, whether the seat where they are sitting are safe. The other thing is that when we are busy with the children, educating them, you will realise that there are some children who are sexually abused. We can see a need, because we are used to it. Because you will see that a child is withdrawn. Or maybe if you touch the topic of child abuse, emotionally or sexually, you see the child withdraw or you will see something in the child’s reaction. We have learned what to look for as we have been working as promoters for a long time. You will see that there is something wrong with this child, she is not with the other children during activities. For example, when we teach them about oral health we will teach them songs. When they sing the songs they are happy and playing. But sometimes one child will not take part, we will take the child individually to find out what is wrong. If we then find out that she was abused we will report it to the sister. After that, if there are problems, such as abuse or malnutrition, we have to do home visits to follow up and find out what has been happening to the child.

Interviewer: Do you go to the houses yourselves?

Interviewee: Yes, and counselling

Interviewer: Wow, do you do counselling as well?

Interviewee: Yes, we do it.

Interviewer: Interesting. Anything else you want to add?

Interviewee: We even work with older, GR 8 or Gr 12, children. If a teacher reports that they are having problems with a child. That she is withdrawn, doesn’t come to school, they will give you chance to go and sit with that child. When you then talk to the child you will find that she was abused, maybe by a stepfather or even a teacher. They won’t talk by themselves, but when you sit with them and talk to them they will tell you.

Participant 1, Question 2: How do you view health?

Interviewer: How do you view health?

Interviewee: A healthy lifestyle includes good nutrition, sanitation. We do advise children to eat healthy food, to eat in the morning for them to be healthy. We also advise them that if the sisters refer them, their parents must send them to the clinic to go and get medication for them to be healthy.

Interviewer: So you see healthy as good nutrition, oral health and everything you mentioned.

Interviewee: Yes

Interviewer: Anything else?

Interviewee: I think a lot of the information to answer this question, was already mentioned in answering the first question.

Interviewer: Yes, thank you

Participant 2, Question 2: How do you view health?
Interviewer: How do you view health?

Interviewee: I see health as good, because if the children, especially in the schools, are healthy, they live in a healthy environment, like the classroom. If the classroom is clean and there are desks, there are tables where they can sit, nothing will disturb them. Because they are healthy, they eat healthy. Think of the feeding scheme, if there is a feeding scheme in the school because there are children who don’t have something to eat before they come to school. As I view health, these feeding schemes are good for promoting health. Because if the children get food from school they will be healthier as they have a balanced diet. Also if their environment is fit for them, like if there is good sanitation. If the environment is fit the children will be healthy, will improve, they will be happy at school, they will enjoy school. When the teacher is teaching, they will listen and not be bored because they are healthy and in a clean environment. You can imagine, some of these schools does not even have toilets, or the toilets are blocked and there is no clean sanitation. This obviously concerns the health. If there are no clean toilets the children will not feel free or be happy at school.

Participant 1, Question 3: How do you view health promotion?

Interviewer: How do you view health promotion? Do you think it is essential? What do you think of health promotion? You said now what you do as a health promotor, the question now is how you view a health promotor doing health promotion.

Interviewee: There is a programme called ISHP. We are an integrated programme. Which means we do integrate with other stakeholders. After we realise that a child is being abused, we tell the sister. The sister will handle matter and for example refer it to the social worker, or refer it to the police. Actually, in health promotion we must work like a team. With other stakeholders as the team members. Initially we must go as a team to the schools. So if we find any children with problems, we can immediately send the child to the right place to get help. This is not always happening. That is why the sister will be the one to contact the social worker, contact the police or send the child to the crisis centre for further counselling.

Interviewer: So you say health promotion is important?

Interviewee: It is very much important.

Interviewer: Ok, anything else…. can we go on?

Interviewee: You can go on.

Participant 2, Question 3: How do you view health promotion?

Interviewer: How do you view health promotion?

Interviewee: Health promotion is broad. Health promotion can have to do with HIV/AIDS; TB; nutrition. With us, the school health promotors, we do health promotion, as she said, when we see there is a need. Like when we go to schools, especially the farm schools, you may see that the schools are dilapidated. When you talk to the teachers about the problems, especially with the grade 1’s, they don’t have birth certificates their parents don’t get grants; the children don’t have shoes. You will see then that the children are struggling. When you ask, they will say that the mother doesn’t have an ID, so they don’t get the grant. This may be where health promotion intervenes. We intervene by asking the teachers about the problems, arranging meetings with the teachers we will form something like a social cluster, we will laisse with stakeholders like the cops, the home affairs, social workers and others. We will sit around and plan, after that we will have a meeting again and in that meeting will arrange that we will form a social cluster. That we will bring the cops here, that we will bring the cops, the home affairs, the social workers and others. Those parents that cannot get a grant must come, they must get a ID while everyone is there. So we will make it possible for the parents to get the ID so the children can get the grant. That is health
Interviewer: Yes, so it's not just health?
Interviewee: Yes. And we are promoting the health of the parent, the health of the children, as well as the health of the teacher at the school because they will no longer struggle as the children will have access to grants and will have uniforms, the children will be neat and clean, the children will have the correct healthy food. Because they are getting their grant thanks to the health promoter that has organised everything.

Interviewer: Yes, it is very broad. You do everything?
Interviewee: Yes. We are planning to soon have another day like this. Letters will be given to the children, to be given to the parents so the parents will be mobilised to the areas where we are. They will be taught about the purpose of us to be there and all the stakeholders will be there. From u, they can go to social workers to seek help, they can go to the cops if necessary. During this awareness day everyone will be helped.

Interviewer: So you organise everything?
Interviewee: Yes, and we are the main people who see the need. Like sometimes you will go to a school and the teacher will tell you that the young boys are smoking. Then they will be called and you will sit down to talk to them. They will tell you that their parents are using drugs. It is then that you will arrange a meeting and make the necessary people aware. You will make the sister aware, you will make your supervisor aware and you will make the teacher aware of the subsistence abuse. Then we will laisse with the people of Sanpark who are dealing with drug use and they will arrange a day so we can go there and create awareness and make everybody in the school aware that they should not do drugs.

Interviewer: SO you see the need, you get everyone together and organise everything?
Interviewee: Yes, with all the stakeholders like home affairs, social development, Sanpark.

Interviewer: Then you go speak at schools?
Interviewee: Yes in schools, or other platforms even in the community to also reach the non-school community and the parents.

Interviewer: If you go to the community, how do you decide when to go and when do you go?
Interviewee: We plan. During the holidays when school is out we arrange that. We have the calendar of the schools, we then check the calendar and sit down and arrange dates to create awareness in the community, to talk with the community. We will even go to churches and talk with our youth. Especially sometimes in school holidays, we may do it at 14:00 in the afternoon, sometimes earlier later. Sometimes we will have three groups in the church, it depends on the age of the people. And in many cases, we don’t talk. We create opportunity for the people to talk and will give feedback and come with a solution together.

Interviewer: Yes, and who is part of the solution?
Interviewee: The learners or the community.

Interviewer: So you will get them to help with the solution?
Interviewee: Yes. And with some of the problems, we have to involve the parents especially if we see the problem at the school we have to involve the parent so that they can also help. It is not only the school and the health promoter that can help the parents also must be involved. Sometimes the school will call a parent meeting, you will be there as a health promoter to address them.

Interviewer: When you address them, is it only you that go or the whole team.
Interviewee: The team will go with us, but you are the relevant health promoter to talk to them

Interviewer: So you physically do the work, they just tell you what to do.
Interviewee: Yes. The problem is often that not all parents will take their children to the
relevant facility if the health promoter suggests it. So you have to stress the importance.

Interviewer: I can imagine it is difficult to get the parents to do what you suggested.

Interviewee: Yes.

Interviewer: Is there anything else you want to add, can we go on to the fourth question?

Interviewee: Yes.

Participant 1, Question 4: As a health promoter what skills and knowledge do you need to effectively promote health in schools?

Interviewer: As a health promoter what skills and knowledge do you need to do health promotion in schools? What skills do you think you need? What skills did you have to acquire before you started working as a health promoter? What skills helps you to do your job and what skills would help you to do your job even better?

Interviewee: You know what, in the olden days after the basic training we were always sent to do refresher courses. Because information is changing the whole time. But know health promoters are being neglected. You will see that information is changing, maybe in TB management, HIV/Aids or other disease. In most instances you will find that our information is outdated. And it becomes too difficult for us to teach the community, because, you know, our community is learning a lot and in many cases they will ask us questions about things they know, just to see if the health promoter is up to date. They will ask you to see if you know the information that they know. So really they have neglected us many times.

Interviewer: So what do you think you need, what knowledge and skills do you need?

Interviewee: We need to be taught all the things about this new information that is being implemented.

Interviewer: True, so when you started as a health promoter what skills and knowledge did you have? Did you go for any training?

Interviewee: Yes, that is what I just explained. And for refresher courses for the different topics that we know. So maybe about cancer. We did know everything about cancer. Or TB, family planning. Almost any topic we would learn about at the refresher courses that we used to attend.

Interviewer: How is that for you? Is that sufficient. Did they tell you enough or did you need to know more.

Interviewee: No, they didn’t tell us enough but at least we were sure about the little information they did give to us. We were sure enough it to go and give a talk to the community.

Interviewer: Anything else? Any other special skills or knowledge you think would help you?

Interviewee: For you to win over your group you need to use icebreakers and we need to know about icebreakers. For the people to trust you and concentrate on you, before we address them we use icebreakers, maybe we will sing, maybe we dance, we do some exercises or whatever can be used to win over the people.

Interviewer: Did they teach you that or is it something you came up with by yourself?

Interviewee: We do learn ourselves, because as I said before they don’t send us to the courses anymore.

Interviewer: Why don’t they send you anymore?

Interviewee: Because there is no money.

Interviewer: Ok.

Interviewee: (Back ground noise)

Interviewer: So how long has it been since you have been to a course?
Interviewee: Oh, it has been a long time ago. I don’t want to lie. More than 30 years. You can imagine, you being in ...(background noise)

Interviewer: Times have changes.

Interviewee: Yes.

Participant 2, Question 4: As a health promoter what skills and knowledge do you need to effectively promote health in schools?

Interviewer: As a health promoter, what skills and knowledge do you think you need to do health promotion effectively?

Interviewee: As she said, after getting democracy things have changed. We had a basic course, it was for a month and two weeks and after that we used to go, for maybe two weeks again, for refresher courses. For the first time when we are there they will teach us about family planning, healthy lifestyle, the menstrual cycle, sexuality, everything, because they know we are going to work in the community, to give back to the community. But things have changed, there are no more those things. I cannot go and stand in front of the people or facilitate training because I don’t have that knowledge now. We are not taken to refresher courses, we are not given the training. For example, information on HIV is very broad now, we don’t have that information. Just imagine when we go to the schools, the teachers they do come to us and ask us questions about HIV/AIDS or Cancer. So then we are not clear about that because we are no more going to the training or to the workshops like we use to do before. Because before maybe we would go for two weeks for refresher courses and when we are there they would give us a test and we know that we have been doing his, we have been doing that, we have been doing family planning, we have been telling people about the injection, the intrauterine device, the sterilisation because we did get the information. But not now.

Interviewer: And then you are confident if you know everything.

Interviewee: Yes, but now I am not confident because if someone ask me about HIV/AIDS I will come with the old information. So we don’t have the facilitation skills or the knowledge about HIV/AIDS that is brought today. Even about condoms. There are new condoms now, like the female condoms. Did you know that the male can also insert female condom. We need that information. We need to get more information and knowledge, especially about the condoms. We don’t have that broad information, at least the health promoters are the people that go to the community, like at schools. Sometimes we would even arrange to talk to the teachers to give them some information but today we are scared because we don’t have that information.

Interviewer: Are you saying that you are not talking to the teachers as often now?

Interviewee: We are doing it but we don’t always know if they can ask you something if you are able to answer it. But if they ask something about HIV/AIDS or something else that you do not now you will get someone to give them the correct information. We even find that our Department will train teachers with information that we don’t even know about and when we went there visiting the school the teacher think that maybe we know more as we are the health promoters. They think maybe we know more, so of they want to know more, if maybe they didn’t hear something or missed some information they always use to come to ask us.

Interviewer: That is bad, so now your department trains teachers but they don’t train you.

Interviewee: Yes it is very hard. And the other thing I can say is that as Health promoters, we do work very hard. Sometimes you will find that someone is taking the TB treatment, or even the HIV treatment. He defaulted or she defaulted, you as a health promoter we are
used to that. You will sit down with her and you will council her. So they can see the value of taking the medication. Then they will go back to the clinic, and come back to you and say “I did go.”

**Interviewer:** So you encourage them to take medicine.

**Interviewee:** Yes we encourage people. You know, health promotion is with us wherever we go. Even when we are not at work, maybe if you are at the rank where we wait for the busses or the taxi’s you will see someone and maybe start talking and ask them questions. Today we are having the CHW’s, everything that they are doing now, home-based care, you name it. We were doing everything as health promoters. We were doing all those things.

**Interviewer:** And now is it taken away from you?

**Interviewee:** It is taken away from us and then it is being called PHC re-engineering. An yet in the olden days we had PHC where our work started. Everything that they are doing, we were doing the home visits. You were given a target group, maybe you were supposed to do 20 houses today. When you visited those different houses, you deal with other people who are sick. Those who defaulted. Some who do not go to the clinics, then you were able to care for them and motivate them to go to the clinic. You will revisit when you go there again.

**Interviewer:** So you don’t do that anymore.

**Interviewee:** No we don’t, unless for the schoolchildren.

**Interviewer:** So you will visit the schoolchildren and the parents of the schoolchildren.

**Interviewee:** Yes. It is true. Because there are some of the people who don’t go to the clinic, they just sit in their houses. Even if they have problems they don’t go to the clinic. But that time we did go to the community and we give them the information, it is then that they stand and they go to the clinic due to the health promoter. And you will make a follow-up to see whether they have gone to the clinic for their own purpose or even to take the children for immunisation. But now know that there are other people doing home visits, we hear it from our neighbours.

**Interviewer:** So basically you guys are saying that you need knowledge and that they don’t send you to train anymore and you don’t feel confident.

**Interviewee:** Yes.

**Interviewer:** You feel that you do have the necessary skills to work with children and the community.

**Interviewee:** Yes, but they can give us more information, more new information. That is what we need. Can I share a story?

**Interviewer:** Yes.

**Interviewee:** I saw that one of my neighbours paid to visit the witch doctor the week before. I just kept quite at first, but the Sunday I could not keep quite any longer. I just went and called her and I ask her some questions only to find that she has Herpes. So I ask her when it happened and I was asking her about her partner. When I was asking her some questions I find out that the partner was HIV positive and she is also HIV positive because I did send her to the clinic and she did get tested. Her CDO was 88, they put her straight on the medication.

I just wanted to show you that health promotion, we do it even if we are not at work. We go the extra mile. It is in our blood to do it. It is only these people that is depriving us off information, and we always ask them why they are not taking us to the training.

**Interviewer:** What do they say?

**Interviewee:** That they don’t know anything about health promotion. And let me tell you what is happening now of late. When we are supposed to go to (noise) courses, they do send us there with the peer educators, with the councillors and with the CHW’s. I mean we are not always in categories. And let me tell you those people they know more than us.

They are being trained more than us.
Participant 1, Question 5: **What do you view as possible barriers or obstacles to promote health in schools?**

Interviewer: What do you view as a possible barrier or obstacle to promoting health in schools? What makes it difficult for you to do health promotion in schools?

Interviewee: Some of the teachers are still autocratic, they don’t allow you to say what you wanted to say. Even if you told the teacher you are a health promotor and must be given a chance. Because in most schools we are with the environmental health officers, so they must allow us with the environmental health officer to go around and see where the need is. And some of them don’t allow us.

Interviewer: That can be a big obstacle.

Interviewee: Yes it is a big obstacle.

Interviewer: Any other obstacles?

Interviewee: We do need appointments and we do need a programme and if we make an appointment with that particular school often by the time when that date arrives and we go to the school they treat us like they have never met us anywhere and they are not interested in us. We will tell them who we are, we are from school health and that we are doing this and this. Sometimes they won’t even give us even a proper room to work in. They will just put us somewhere. They don’t care about us, maybe that we didn’t eat. They don’t even care about what we are doing. The learners, some of the learners they don’t like it, others will come to you asking maybe “When are you finished?” The don’t know the role of a school health nurse or a school health promotor. They don’t know our roles. Or they will just leave you to work and work, and on the last day it will be when they realise what is our role and they will send the learners. So for the gr8’s we only deal with problems and we wanted them to assess those children before we come to the school. Because even in the class you see that a child is having a problem. They must just give us those children with problems. You know what they do? They ask the children “Those with problems of eyes”; Those with problems of this or that, come here. They don’t identify the children they just ask them. So really it is a thing that is a big problem for us. How can they hand over their responsibility to me? The teacher is the one who knows the learners. So when the learners come to us, I think the teacher must give me everything so I can be aware of what problems there are. When we come the teacher must know what to tell us, what to ask us. They must say they have a problem with this child from this grade. And the must give background information. But they don’t care and they don’t mind. They also find it too hard to do the work to refer the child to a psychologist. They leave that for us to do.

Interviewer: Well that is really interesting.

Participant 2, Question 5: **What do you view as possible barriers or obstacles to promote health in schools?**

Interviewer: What do you see as barriers or problems that hinders you from doing your work?

Interviewee: Some of the barrier is that, the teacher when they refer a child to a sister, they don’t make a follow-up. Sometimes when you visit a school you may find that a sister referred a child to go for tests maybe for hearing or eyes. They don’t make a follow-up, they will wait for us to come and then they will bring the child again. Because we know them, we will ask, “did you go?” The child would say no. The other barriers is, when they are having
the slow learner they want the nurses to take the responsibility. If they see that a child is a
slow learner, they must do a follow-up, but now they want the nurses to do it. They don’t
want to form a special class, so they always have problems in their classes. They know, for
special schools they can just motivate and connect with the relevant school. Some of the
principals, maybe when they see that their school is having so many problems, like
gangsters, drug abuse, they don’t want to disclose, they are hiding it. It is also a barrier
because we want to talk about it but they don’t want to talk about it. It is a barrier because
they don’t want their school to be exposed.

Interviewer: Because they want to be the ‘perfect’ school.

Interviewee: Yes. And the other thing that we see as a barrier is that some of the Gr R
learners are promoted to Gr 1 when they are not fit for Gr 1. They are doing that for the role
of the school so that they can get enough money and we as a school health team complain
because the child is not mature enough to go to Gr 1. She’s going to struggle in Gr 1. That is
why they are having so many failures. They think the child is a slow learner, but she was not
a slow learner she was immature for the grade. That is a barrier, because that want it for the
number of the school as money is allocated according to the number of the school. If you
have many children in the school, you will get a lot of money. So now they are doing it for
that, and if we complain they ignore it as they don’t want to affect the numbers of the
school

Both participants

Interviewer: Ok, so they keep you from doing your job, they don’t listen. So you said
knowledge is a barrier, that you need more knowledge and skills. And people don’t really
know what you do. You said they keep things secret and underground and you can’t mess
with it. You get in the way. Any other barriers? You don’t have a problem with managers
or the system or anything else?

Interviewee: The sisters and the managers in our work?

Interviewer: Yes, how is the situation with that?

Interviewee: I think the problem with the management is to just look after us and give us
skills. That is our biggest concern. Let them give us what we need to do our job. We must
have more skills and more information. That is what we want.

Participant 1, Question 6: What do you view as possible solutions to the barriers and obstacles?

Interviewer: So you have kind of already answered my next question. What are solutions
for some of the problems that you just mentioned?

Interviewee: Yes, it is to give us the training the information that we need. Because we have
been asking. Because we have the information. As we said, the teachers sometimes
ask us questions that we cannot answer and we have to say that we don’t know and will ask
someone and come back. Even in the community, even in the church. Because we are health
promoters, they know that you are working for the department of health so they do ask you
questions and you must give the correct answer. Others will even ask us a rhetorical
question. Maybe he does have the answer, but they just want to check on you. So we are
willing to do the work, but with the correct information

Participant 2, Question 6: What do you view as possible solutions to the barriers and obstacles?

Interviewer: Another obstacle you mentioned is that people don’t know what you do, who
you are. What is a solution for that?

Interviewee: If we go to introduce ourselves at schools, if maybe in future, actually that is
the thing that is supposed to be done, the principal must call all the staff members in the
staff room and tell them about us. Or he might give us the slot so as for us to tell them who
we are, what our role is. So as for them to be aware of what we are doing. They don’t know
what we are doing, we must give them the information.

Interviewer: Yes, So everyone needs information.

Interviewee: Yes.

Interviewer: Is there anything else you want to add regarding health promotion?

Interviewee: No.

Interviewer: If there is nothing else to add, then we are finished. Thank you.
For the purpose of the study I will refer to this participant as Participant 3 (P3) in the report.

Before we started with the focus group interview, I greeted the participants and thanked them dearly for their time. Then I informed them of what the study is all about and what part they are playing in the research. After this, time was given to the participants to ask any questions regarding the research and the focus group interview. Furthermore I explained that it was confidential and that they could withdraw at any time. Next I asked permission to start recording our session and gave the participants time to sign the consent form.

Participant 3, Question 1: **What do you do as a health promoter?**

1. **Interviewer:** What do you do as a health promoter?
2. **Interviewee:** My role as a health promoter is to educate children and the community on health.
3. **Interviewer:** What do you educate them on?
4. **Interviewee:** I educate them on hygiene, sex, HIV, AIDS and cancer, those things.
5. **Interviewer:** Anything you can add to what you do as a health promoter?
6. **Interviewee:** No this is all I do as a health promoter
7. **Interviewer:** Ok, next question then

Participant 3, Question 2: **How do you view health?**

8. **Interviewer:** How do you view health?
9. **Interviewee:** I see health as being healthy and well. It is having everything you need. A healthy life style and not being abused by teachers or parents.
10. **Interviewer:** What do you need to be healthy or lead a healthy life style?
11. **Interviewee:** They need food and medication and going to the clinics. U know they don’t go to the clinics because it is always full and they need staff, but we have to tell them to go and make sure they go. We do talks in churches in communities and schools to address the need.
12. **Interviewer:** What is the need?
13. **Interviewee:** The need they will tell us and we will go to the school and the community and educate them.
14. **Interviewer:** How tells you the need?
15. **Interviewee:** we will see it or they tell us. Like the teachers and the people in the community.
16. **Interviewer:** Oh, ok so they will ask you about a certain topic
17. **Interviewee:** Yes
18. **Interviewer:** Ok Interesting, next question

Participant 3, Question 3: **How do you view health promotion?**

19. **Interviewer:** How do you view health promotion?
20. **Interviewee:** As a health promoter we work in the communities and in schools to educate them to create a health environment. Health promotion helps the communities.
21. **Interviewer:** Hoe does it help the communities?
22. **Interviewee:** They come talk to us and ask us questions about problems. We see need and help educate
28. them. We make sure they go to the clinics and children know about prevention and sickness so that they
don’t fall out of school. We want them to stay in school and learn.
29. Interviewer: I believe that is a very big problem
30. Interviewee: Yes it is they drop out especially in the farm schools. They will rather go were the work is on the farm.

Participant 3, Question 4: As a health promoter what skills and knowledge do you need to effectively promote health in schools?

32. Interviewer: As a health promoter what skills and knowledge do you need to do your job?
33. Interviewee: Well I wish they will send me on project managing training because I need to organise everything. Everything goes through me, if there is an problem in community or in schools with the learner it goes through me not the nurses. But they don’t send us for training they send the nurses. We have not been for training since the democracy. You know we would go every six to three weeks for training. Now we never go
34. Interviewer: Do you feel you need training?
35. Interviewee: No I know already I had the training, the new ones they didn’t have the training. But I would just like the project managing training.

Participant 3, Question 5: What do you view as possible barriers or obstacles to promote health in schools?

38. Interviewer: Where do the new health promoters learn about health promotion?
39. Interviewee: They learn from us that already know, they see what I do and they learn from it.
40. Interviewer: What training did they send you on when you first started?
41. Interviewee: We went for basic training they took us away from our places and we were in PTA for a month. If you did not pass the exam then you went back for a month. So if you done you know you know everything.
42. Interviewer: What did teach you?
43. Interviewee: We learned about TB, HIV and AIDS, Hygiene, family planning and the menstrual cycle
44. Interviewer: Is there any other skills or knowledge you think is essential for health promoters?
45. Interviewee: No I know what I do…..health promoter should just know how to talk to people and educate them.
46. Interviewer: Ok thanks moving to the next question
Participant 3, Question 6: What do you view as possible solutions to the barriers and obstacles?

Interviewee: Other people they struggle like I already mentioned, but they call and I help them.

Interviewer: What solutions do you have to these problems?

Interviewee: Health promoters should have a passion and know how to educate. If they send the new ones to the university of KZN. They have a degree in health promotion in KZN. That would help them.

Interviewer: Yes well that’s interesting….I agree that passion is a very important for this line of work. Is there anything else regarding health promoter or health promotion you can tell me?

Interviewee: There is no more to tell you… I have told you everything about health promotion

Interviewer: Well Thank you so much for you time
Participant 4, Question 1: What do you do as a health promoter?

1. Interviewer: What do you do as a health promoter?
2. Interviewee: As a health promoter we are promoting health at schools, at different settings.
3. When I am talking about different settings, I am talking about workplaces, NGO’s. There we
4. are conducting health education, distributing condoms, we establish support groups, we also
5. establish projects like vegetable gardens. All and all we support other programs with
6. different activities on our calendar.
7. Interviewer: So you promote health in schools, communities, churches, etc.?
8. Interviewee: Yes different settings. The settings include churches. Because we are also
9. working with faith-based organisations, community-based organisations where we use
10. churches as well. Because remember we deal also with the aspects of life. There also we
11. include the spiritual being part of it. To make the picture complete.

Participant 5, Question 1: What do you do as a health promoter?

12. Interviewer: What do you do as a health promoter?
13. Interviewee: Basically, like he said, we promote health. We give out information certain
14. diseases and other important information. Like he said we are vegetable gardens, doing
15. health talks at the schools, clinics, doing campaigning, even supporting other campaigns of
16. other stakeholders like social development
17. Interviewer: What do you talk about in schools?
18. Interviewee: In schools normally we talk about personal hygiene with hand wash campaigns.
19. We talk about family planning for health purposes. We talk about teenage pregnancy. We
20. talk about how to use a condom. But basically we look at the age of the group. We don’t just
21. talk about condoms and sex with younger children. That is basically what we do.
22. Interviewer: Thank you
Participant 6, Question 1: What do you do as a health promoter?

23. Interviewer: What do you do as a health promoter?
24. Interviewee: We promote health in communities, we promote health in different settings.
25. We engage with different NGO’s and departments to make sure that we implement health promotion within the different departments and also other communities. We interact mostly with young people, disabled people, and people who are most at the communities.
26. We make sure that we give them the relevant information when it comes to health. When there is a disease that has been diagnosed in or has been a risk to a community, we make sure that we educate people and they know about the disease. We also teach them how to protect themselves against that disease that has been identified in a certain area. For example, maybe there is a case of diarrhoea in a very rural area. We will go there to educate people on how to take care of themselves, how to clean themselves to avoid more danger of this kind of disease.
27. Interviewer: Ok, so you go where the need is?
28. Interviewee: Yes where there is a need we go. And also we look at our health calendar. We look at the calendar to see what this month says and implement according to that.

Participant 7, Question 1: What do you do as a health promoter?

37. Interviewer: What do you do as a health promoter?
38. Interviewee: Everything about health promotion education. We educate, we engage with other stakeholders. Because since I was appointed last year as a health promoter I have been working in schools. Normally what I do in schools, whenever we arrive at schools we will give health talks to learners. Also there is a policy which we have to adopt when you are working as health promoter in schools. Because there are criteria whereby you look what information you are giving to learners. Also you must look at their lifestyles, how they are living also their health lifestyles in schools. You see a problem, you identify a problem, maybe they are (Noise). You have to work together with other stakeholders. If there is a case of drug abuse in schools, you must also come up with a plan, engage with all role players to solve the problem.
39. Interviewer: So basically you are the middle point, you work with a lot of people?
40. Interviewee: Yes. I am not only going there to give information. I am also going there to find out how are they dealing with such problem that they are facing in schools. Maybe they will be the ones to tell you the problem is this and this.
41. Interviewer: And then you go and help them to address it?
42. Interviewee: Yes. Then we go and give them information.

Participant 8, Question 1: What do you do as a health promoter?

54. Interviewer: What do you do as a health promoter?
55. Interviewee: Basically, as a health promoter I give information to the people, by giving health education via the societies and communities. To make sure that the communities get the relevant information we align our work with the health calendars. For example if there is a disease or we would make an awareness campaign for, for example, breast feeding.
56. Interviewer: If you say you educate him, is it the same as he mentioned? What is it about?
57. Interviewee: Yes the same.
Participant 9, Question 1: What do you do as a health promoter?

Interviewer: Ok. Thank you.

Participant 9, Question 2: How do you view health?

Interviewer: What do you do as a health worker within your community?

Interviewer: I work with Participant 4. At schools we have a policy and the (noise) Mostly after then when we start with the health talks and educate, when we are done we are starting to do assessment with the sister. Then we will check the ears, they eyes and the mouth of the children. Whenever there is a certain problem, then there is a referral form that we fill out.

Interviewer: So you work with Participant 4 every day. Do you also go to schools then?

Interviewer: Yes.

Interviewer: Why do you have a different title? Why are you a community health worker and you a health promoter?

Interviewer: The thing is there is only two of us. The sister that we are working with, she doesn’t have an assistant. So I am also assisting with doing the scans at the schools. So sometimes when I am busy doing the scans he is busy giving out information.

Interviewer: So you help each other?

Interviewer: Yes.

Interviewer: Anything else?

Interviewer: No.

Participant 4, Question 2: How do you view health?

Interviewer: How do you view health? What is health to you?

Interviewer: Health is a state of wellbeing, but it doesn’t mean the absence of disease. Disease can be there, but that is why we have a department of health so the disease can be treated or it can be manageable. That is why I am saying it is a state of wellbeing but it doesn’t mean there is no disease.

Participant 5, Question 2: How do you view health?

Interviewer: How do you view health, personally?

Interviewer: Basically from my side I can say health is the living style. Like the way the diseases work, the way the viruses are coming. Health is there to provide education and assist people in living normal, healthy lifestyles.

Participant 6, Question 2: How do you view health?

Interviewer: How do you view health?

Interviewer: Health is how people take care of themselves. How people relate with others. How people engage themselves with different social issues. How they take care of their bodies. As participant number one has said, the aspects of life, how the person takes care of himself and how you take control of the illnesses you have. Because most people have certain conditions that they have to take care of. That is why I say health is how you take care, how you view life, how you manage the challenges of health within yourself.

Interviewer: Thank you. And you spoke about social problems. What kind of social problems?

Interviewer: Yes, like for example the HIV epidemic. Now we have to know and understand what is HIV, how can you infect yourself with HIV, how can you treat HIV, how can you live with HIV. Those are the issues. For example the issues of poverty can also affect you health. Now if the condition is bad at home or the living condition is not user-friendly or not conducive it also affects health.

Interviewer: Thank you
Participant 7, Question 2: **How do you view health?**

104. **Interviewer:** How do you view health?
105. **Interviewee:** Health is all about healthy lifestyle, not only coming to diseases. Like participant 3 was saying, it is all about the wellbeing of a person. It is not only about diseases. As health promoters we have to promote a healthy lifestyle. There is obesity that can create a heart attack for you. Not only HIV can kill you, now only TB can kill you but also other diseases. Also the wellbeing of a human being, whereby the society you are staying in, the lifestyle they are living in, it also affects the aspects of health of people.
112. **Interviewer:** Thank you

Participant 8, Question 2: **How do you view health?**

113. **Interviewer:** How do you view health?
114. **Interviewee:** Health is when you live a healthy lifestyle, doing exercise, for those who are sick taking treatment, doing physical activity and encourage other people who are not living a healthy lifestyle to do so to not get diseases in the future.
118. **Interviewer:** To prevent disease?
119. **Interviewee:** Yes

Participant 9, Question 2: **How do you view health?**

120. **Interviewer:** How do you view health?
121. **Interviewee:** I think health is everything we human beings do in their life. Like when you smoke, how it will affect you. Like when you are not exercising, how it will affect you. So everything we as people do and don’t do.
124. **Interviewer:** Everything in your life?
125. **Interviewee:** Yes

Participant 4, Question 3: **How do you view health promotion?**

126. **Interviewer:** How do you view health promotion? What does it entail? What is health promotion?
128. **Interviewee:** Health promotion actually is the promotion of health like we have already mentioned. There we promote health like I have said at different settings. We move a human being from one place to another. If you can look at our health priorities, then there is a lot of information that you can take into consideration.
132. **Interviewer:** Everything in your life?
134. **Interviewee:** Yes
lot to talk about. Health promotion is actually the process of enabling the people to care of themselves.

**Interviewer:** Thank you. You said that you also focus on the emotional and psychological part. For example, what do you do there?

**Interviewee:** There, like I said physically we encourage them to keep their bodies clean and not damage it by smoking and drinking alcohol. Because that can also create violence in your life. And you may end up not having an eye or an ear because of the violence you encountered because of drinking, or drugs or substance abuse. Now, when we address the emotional part of it, then we try to stabilise them emotionally. If you keep grudges, if you can’t forgive it will have a negative impact in terms of your emotional being. You are also going to be psychologically affected, because every time you will be negative instead of being positive. It is where you are going to end up having psychosis, or depression. If you omit one aspect of life, then you didn’t reach your goal.

**Interviewer:** Thank you.

**Participant 5, Question 3:** How do you view health promotion?

**Interviewer:** How do you view health promotion?

**Interviewee:** Health promotion is communication between certain groups sharing of information from the Department of Health. Like for example a disease that is killing people you must make sure that people have information about it. People must know about TB, HIV, etc. Then, like I said, communication. When you talk to a specific group, such as adolescents, you focus on what they typically are doing when you introduce information to them. To know how they feel, we are using dialogues. You just put a topic there and they talk more about it so that you can get more information from them than you giving them information. SO basically that is what I think health promotion is all about.

**Interviewer:** Thank you

**Participant 6, Question 3:** How do you view health promotion?

**Interviewer:** How do you view health promotion?

**Interviewee:** To me is advocacy and to mediate. You advocate as a health promotor so people can know what the Department is all about and what health promotion is all about. Then you mediate between the two parties. The community and the Health Department based on health promotion. For example there are other cases whereby people would say, the Department of Health is not doing this. As a health promotor you have to mediate between the two. Giving them both side of the story. Saying: “Yes we are not doing good, but this is the situation. We are not doing good in this one, but we do good in this one.” Now health promotion is to make sure that people do understand what are the condition and situation of the Department. And also to make sure that it is meeting people half way when it comes to the health issues. Making sure that people understand, what the procedures are, what the steps are you should follow to get service in our Department. Health promotion is too make sure that people understand and also utilize the facilities of the Department according to the way that they should be utilised. Not to misuse the resources that they have. Also to make sure that they sustain and maintain those resources that they do have. For example, they say they go to the clinics and wait the whole day but don’t get help. As a health promotor you must say: “Yes, you don’t get help immediately
because we do have the shortage of staff.” There we have a difficult situation, because it is out of our control.

**Interviewer:** Lots of responsibility. You are like the bridge.
**Interviewee:** Yes. You look into those things. After mediating between the two, you create awareness as an advocate. You make people aware using activities, such as dialogues, road shows, doing campaigns. That you engage as health promoter to make sure that people understand what are the things they should get, in the facility an out of the facilities. There are things we are doing in the facilities and there are things we are doing outside of the facilities. For example, when we are doing a campaign we go out, taking BP, taking vital signs, test glucose and also screen for TB. Those are the activities that we do out of the facilities. That is advocacy. People would know that, if we don’t get the service here, where they can go to get service.

**Participant 7, Question 3:** How do you view health promotion?

**Interviewer:** How do you view health promotion?
**Interviewee:** I want to support the statements of participant 3. Because in health promotion what we normally do we advocate and mediate. I am going to give you an example. I am working in schools. I don’t just go there to stand in front of children and give them a lot of information. We engage with them, we find out what they know about certain health issues. You get what their idea is about things such as cultural circumcision. What you also do as health promoter you promote the Department of Health. You will give them information about how our work is done. (noise) That is how you advocate and mediate. So most of health promotion is about information, all about dialogue, all about awareness. In schools also there are also outbreaks. You go to schools you find children with a lot of sores. You talk to them, you create awareness. You engage other projects and other stakeholders. You engage with them and go to schools and address such issue. Using health as a point of giving such information.

**Participant 8, Question 3:** How do you view health promotion?

**Interviewer:** How do you view health promotion?
**Interviewee:** As they say, in health promotion we must make sure that we give information to the patient. By doing dialogues, giving information, sharing the views of others. As we conduct the campaigns or the dialogues, giving the information based on safe sex, based on HIV. To check whether they know or they understand what we are talking about.

**Participant 9, Question 3:** How do you view health promotion?

**Interviewer:** How do you see health promotion?
**Interviewee:** I think all of the other participants have said everything.

**Interviewer:** Ok, next question.

**Participant 4, Question 4:** As a health promoter what skills and knowledge do you need to effectively promote health in schools?

**Interviewer:** As a health promoter what skills and knowledge do you think you require to effectively promote health in schools? You can tell me about your
history, how did you get your skills, knowledge.

Interviewee: Now actually, I still need to get advance computer training to access
information easily and to do my admin work. Yes, we also focus on obtaining a
degree of bachelors of Science in health promotion. But up to so far, the knowledge
and skills I have acquired since I have started working at least have made a positive
impact in terms of effectively doing health promotion. So, basically you just need the
basic in health promotion. The basics are like the basics of HIV, basic of TB, basics of
any health matters. Basics in terms of pathology, but not in terms of dispensing or
addressing any medicine related health issues. But just to acquire basic. Because we
are dealing with basics, we are just giving out the basic information. Then the
professional nurses, the doctors etc. they will take it from there. Let me just say you
just needs basic of MCWH, basic of health. If you just know the basic that is actually
the knowledge and skills that will push you forward.

Interviewer: So that is all you need. Di you feel that you need more information or
more knowledge?

Interviewee: Yes, that is why I said I want to acquire advance computer training for
IT issues and Bachelor of Science as it includes everything in terms of health
promotion.

Interviewer: Did you get that degree?

Interviewee: No, we did not yet. We have just applied.

Interviewer: That is interesting. Thank you

Participant 5, Question 4: As a health promoter what skills and knowledge do you need to effectively promote health in schools?

Interviewer: As a health promoter what skills and knowledge do you think you
need, or do you have to effectively promote health in schools?

Interviewee: First is the communication skills. The attitude you just have to check.
People are not the same. When you go to schools you will know some of them will
make nice and some of them will not. So you have to have a knowledge of how you
are going to make sure that they are listening to you. Not just sitting there. Then
again, as he said, information. You have to dig deep for information. Sometimes they
give you a question that you don’t understand. And it is you who come with the
topic. So you must know everything, you must prepare yourself. You must have
relevant material. Like he said for IT, you can make a research there. We must go
and make some researches for ourselves, so we can be informed. We can have more
information than if we go for workshops or do something else. You just have to
know information, that is the thing. Also communication, how you communicate
with people.

Interviewer: Communication and knowledge. That is what you want and that is
what you have?

Interviewee: Yes.

Interviewer: How do you become a health promoter, is there any special course or
do they train you?

Interviewee: The thing is for health promotion you must have the skill of that. Like
maybe you have done HIV/Aids counselling. When you are a counsellor there is
more information you know, because you are dealing with people there. You are
talking to people. So there is that skill there. Like Love Life, you’ve done Love Life.
Love Life normally is a health promotion by its own. You have been trained for Love
Life, so which means the information you are having there is information you can do
health promotion with.

Other participant: Just to add to that, if you want to be a health promoter there is an entry level whereby if you have a matric and a driver’s licence then you qualify. But that is only the entry point. But if you grow in the work you learn other things.

Interviewer: Ok, great.

Participant 6, Question 4: As a health promoter what skills and knowledge do you need to effectively promote health in schools?

Interviewer: As a health promoter what skills and knowledge do you need to promote health?

Interviewee: You must have the knowledge of what you are doing and what you are presenting. You must also be a people person, because most of the time you engage yourself with people. If you don’t know how to communicate with other people it is whereby you will lose track of communication. You must also be able to be a public speaker. A public speaker is a person who prepare himself before going to people and he must know what he is presenting to the people. He must also know the environment of where he is going to present. He must also know the right language, because most of the time it is a barrier of communication between people. You must know the people’s language who you are going to present to and be able to interact with them with the language that they do understand. I cannot go to the Tswana speaking people and speak English. I will leave there without people knowing what I was there for. You must learn different languages as a health promoter and you must be able to interact with people. You must be bold enough to stand your ground with the topics that you come with. Because sometimes other people have better knowledge than you and they will debate with you and you will turn to be a fool in front of them. Being a fool they say you are not knowing what you come to speak to them for and there is no need for you to be there. You must be able to stand your ground and say here is where I stop and here is where people should stop also. But not being rude. In the polite way. In the holistic approach.

Interviewer: Do you feel that you have these skills or do you feel that you still need some of them?

Interviewee: You see, I think I still need an advance management skill. Because we cannot say as health promoters we go there out in the community and we speak, speak, speak. There are things that need to be done, especially the office work. You must be able to write a report. For example, a general administration course is also needed. Advance management is also needed. Advance computer is also needed as one of the courses we should have. And also public speaking, maybe a short course or a course. Because sometimes we need guidelines when we communicate with people.

Interviewer: Great

Participant 7, Question 4: As a health promoter what skills and knowledge do you need to effectively promote health in schools?

Interviewer: As a health promoter what skills and knowledge do you think you require?

Interviewee: As a health promoter you have got to have a lot of information, you have got to have a lot of accurate information and you must be able to present such information. Like in schools, the things need in schools is HPS. Not many of us has done to training to know how do we establish HPS.

Those are one of the aspects. (Background noise and laughter).
So training of HPS it will help for us. Because we haven’t done any.

Maybe some of our coordinators did one. But we have never gotten a chance to do one. Also computer training. You need to have such thing. You also need to have a lot of broad information. In schools you are dealing with adults, you are dealing with younger children. You get to a school and give out information, they will ask you possible questions and you need to have those answers. And say this is what I am thinking, what are you thinking? So more information will really help.

**Interviewer:** So you never went for any training?

**Interviewee:** Not for HPS.

**Interviewer:** And you really want to go for training?

**Interviewee:** Yes.

Participant 8, Question 4: **As a health promoter what skills and knowledge do you need to effectively promote health in schools?**

**Interviewer:** What skills and knowledge do you think you require?

**Interviewee:** Ok, the knowledge you have to have is determined by the people you are talking to in that moment. You have to answer the questions that they ask. But the skills we are looking for is the computer skills, so that we can check the information that you might see. To talk about basic things like breastfeeding we never had access to information like that.

**Interviewer:** And you need to address that.

**Interviewee:** Yes.

Participant 9, Question 4: **As a health promoter what skills and knowledge do you need to effectively promote health in schools?**

**Interviewer:** What skills and knowledge do you have, or do you think you need to do health promotion or community health promotion?

**Interviewee:** Since I have not been a community health promoter for a long time, they have been giving us training on the diseases.

**Interviewer:** So they do give you training?

**Interviewee:** Yes, they do give us training in (Noise) So I have a lot of knowledge about all these diseases. Secondly, they take us to schools and more experienced health promotors train. So that is where I receive my training.

Participant 4, Question 5: **What do you view as possible barriers or obstacles to promote health in schools?**

**Interviewer:** What do you view as barriers, or problems to promoting health in schools? What keeps you from doing your job?

**Interviewee:** Sometimes we’ve got a very serious challenge from Department of Education. Because I am actually not so sure that department of education is playing a vital role in terms of service delivery. Because sometimes we get disturbed. When you have to go to the school. Let me explain, we are not doing the schools we’ve got other health promotors that are doing the schools. But we are all concerned about what is happening at the schools. So the challenge is from Department of Education because sometimes they don’t give us enough time to go and implement projects or to go and have health talks, or dialogues. Or whatever activity we want to do there, because they are always telling us that we are inconveniencing their learning programmes. And when we even have the health promoting schools. Remember for the schools to be accredited we need participation of other government
departments of which Department of Education is a cornerstone of the accreditation of the HPS. Now if Department of Education is not working hand in glove with us that is also our challenge. Then how are we going to accredit the school, because you know what is needed for an accredited school. We need the Department, we need traffic, we need social workers, we need feeding scheme, we need first aid kit, we need all these things. So the Department of Education is a very serious problem. That is a challenge now.

**Interviewer: Is that you only challenge?**

**Interviewee:** Yes, I think that is the only challenge because at the schools the people are working nice with us. They are actually interested. You just go there for an hour and you can see in their faces they really need it. They need a lot of time to be with you. Because teenagers especially they are so interested in all these things. And then you hear there is no time, not enough time for you to talk to them. And sometimes they can’t give us appointments. That is the only challenge.

**Participant 5, Question 5:** What do you view as possible barriers or obstacles to promote health in schools?

**Interviewer:** What problems or barriers do you see for health promotion?

**Interviewee:** Like he said, the Department of Education is the one that is having a problem. A serious one. Because of the time. They give us short time. How can we give information having the short time? You are not going to be able to know what is the challenges they are facing, the children at school. So the thing that is the most challenging is the time. They are also a barrier. How should you talk to this children? You see, there is too much teenage pregnancy. And now it is falling under children who are under 12 years. So how are we going to say: Stop having sex? Whereby the Department of Education is saying, don’t talk to them like that. But she is busy having sex that child. So that policy must be changed. Yes, we know how to talk to these children. Even if you see some are too young, there is a certain talk that you talk to them. But you have to talk about these things. So that teenage pregnancy are not there. So the biggest challenge is the Department of Education. So children in school they are lacking information. There is the subject life orientation. They must let us in there, so that we can collaborate. If they don’t, the teacher of life orientation says: No I’m busy come next week. Next week when you come she says: I’m busy.

**Interviewer:** So the Department of Education doesn’t help you with that?

**Interviewee:** Yes, that’s the problem.

**Participant 6, Question 5:** What do you view as possible barriers or obstacles to promote health in schools?

**Interviewer:** What problems or barriers do you see?

**Interviewee:** I get similar problem to what participant 1 and 2 has said. Not enough chance. The other thing is the relationship between the Department of Health and the Department of Education, because if there was a relationship between the two that could have been easy. Because now when we do get a time, and they will say at the school we don’t have time for you to visit the school. Because the head of department said we should not disturb learning time of learners. They say the time that they can give us at the school is after school. When you look after school, some learners are busy with sports at the schools. Or 14:00 their transport is already there and they have to go. Now the people you are targeting maybe are mostly the people who are going with the transport after school. Now you won’t be able to reach your
Because the time given is after school and there is no supervision after school, all teachers are going now learners are going also. Now there is where the problem is. If there was a relationship above. If it is communicated under life orientation that each school must have a health promotor or a health promotion programme. It is either the Department of Health or another service provider, maybe an NGO that should run the programme. Those schools should engage themselves with the NGO in the area and even the Department of Health. So that we can have a chain of information given to the youth. Now the problem I time and that after school there is no supervision, people are going. Because learners are misbehaving after school. For an example if a very young health promotor goes to the school, the learners will not listen and say he is too young, who is he to teach them. Or if a female health promotor go to the school, the learners will whistle. They will start to try to talk and flirt with the lady and at the end of the day the work will not be done. If we talk to the learners after school, they complain and want to go home and do not listen. If we have a nice scheduled time form above, we would be able to say: once a week we can go there and do health education.

Participant 7, Question 5: What do you view as possible barriers or obstacles to promote health in schools?

Interviewer: What other barriers or problems you see?
Interviewee: There is a lot. I will start with, educators when we get there, they will give you attitude. So how do you work with these people? We are supposed to be giving services to the children. Because most of the children they do not go to clinics. We are supposed to do services and bring it along to the schools. Again some of the services that we are supposed to be giving in the schools, have stopped. Family planning is no longer being done at schools. Condom distribution also. You don’t talk about condoms. It depends on the age and grade. Cooperation from other stakeholders is also a problem. As a health promotor you will identify a problem and refer to other departments. They will never respond to your call. This happens a lot. Most of the problems we find are social problems. We will refer to the social workers. They will say they will come, but don’t. What we do, we give them our monthly plan, so that they know where we are. So that they maybe can come and offer the services with us, so that we can identify all the problems with the stakeholders. So the referral system can be easier. You see a problem when you get to school the principal calls you to his office. He will tell you about teenage pregnancies, he will tell you about drug abuse, he will tell you about weapons in schools and all problems. We will refer the problem but it is not followed up. And we are using information about the problem that is identified in the schools. That is the problems.

Interviewer: So they don’t work together, no help.
Interviewee: For a while they did, but after that there was nothing. For us to establish HPS, we must have all the departments on board. If there is no departments on board you are going to get a problem in the referral systems in schools.

Participant 8, Question 5: What do you view as possible barriers or obstacles to promote health in schools?

Interviewer: What barriers do you perceive in dong your work, any other barriers?
Interviewee: The challenge that we see at the schools is time. They allow us then
they give out the dates. When that date comes and we go to the school, they say no
the learners are busy now. Then they postpone the date. Then we end up now losing
our focus. Most of the students, we know they need us. They need the information
we are giving. But the problem is the teachers they don’t allow us to go there and
give the relevant information to the students. The problems can be reduced if the
allow us. If only we can deal with this challenge. It is not only pregnancy in schools,
there are a lot of issues. There are a lot of drop outs, not only due to pregnancy.
With us being in schools, we might be able to reduce such numbers of drop outs in
schools. (noise) So there are many dropouts, not only due to pregnancy,
without the information that they are supposed to be getting in schools.

Interviewer: So people also need to know about you, what you do?
Interviewee: They really need to. And we did once have a meeting, it was not long
ago. We spoke with the principal, they all agree. Now everything is running smoothly
because we are also dealing with the HPP campaign.

Participant 9, Question 5: What do you view as possible barriers or obstacles to promote health in
schools?

Interviewer: What barriers do you see?
Interviewee: Mostly the schools and Department of Education are the bigger
problem, we will make an appointment and when we get there they know nothing
about the appointment. Each and every month we make our own monthly plan.
Everything we do according to the plan. We had a meeting with a representative
from the Department of Education. So he called all the principals and tell them
about the HPP campaign we are going to do. So now things are running a bit
smoother. Another thing I would say is that another barrier is on the farms. They
don’t care whether the child goes to school, whether he gets the information. We as
a health team we need to see the children each and every day. A child the whole
week won’t be coming to school, and maybe only will come again the next week. So
the farm schools offer the bigger problem.

Other participant: Also at farm schools it is all about (noise) So here in the
location everything is fine for them, because whenever the children het sick they
just take a car and take a child to the clinic. But on the farm it is little bit hard for
them. So the only way they get any health care is whenever the school nurse is
there.

Interviewer: Thank you

Participant 4, Question 6: What do you view as possible solutions to the barriers and obstacles?

Interviewer: What possible solutions do you see for the problems?
Interviewee: I think we really need problem solving skills and team work. We need
to communicate about any problem that we are experiencing in the services. We
have to open up, talk about it, seek information, seek support from management
and communicate between ourselves. Teamwork that is very much important.

Interviewer: Thank you

Participant 5, Question 6: What do you view as possible solutions to the barriers and obstacles?

Interviewer: What do you view as possible solutions to the problems you see?
Interviewee: Possible solutions? Like he said, teamwork. If we can together. We are
not working at the same facilities. Like I am working at the settlements, another
health promotor is working at the location. With this problems we must come and
sit down here, try to come up with a solution. All of us. Then assist each other. If we
are having a bigger problem, we go together to target that issue. So the teamwork is
the solution, if we can have that strong team. Even the management, like he said,
giving us support. Then we can never have as many challenges as we are having
now.

Interviewer: As long as you are a team?

Interviewee: Yes, and if we have support.

Participant 6, Question 6: What do you view as possible solutions to the barriers and obstacles?

Interviewer: What solutions do you see to the problems that you mentioned?

Interviewee: Resources. It is very important, because it is not easy to the person:
You must go and play soccer. Without having a soccer pitch and a ball. You have to
give the person those resources so that he can perform to his best. Management
support is also critical when it comes to these issues. When I’m talking about
management support I mean, at least have meetings, communicate about issues and
address the challenges. Most of the time you will have challenges and not know who
can off load those challenges. To get someone to assist when it comes to those
challenges. When we are talking about resources, we said we want an advanced
computer course. Now if all of us are going to do the advance computer course, but
we don’t have computers. What is the need of going to the course? We will be
looking for a computer to perform our skills that we have acquired, but find nothing.
We must also have that resources.

Interviewer: So you need skills and resources?

Interviewee: Yes. And also the transport must also be in place. As health promoters.
we are people that need to go to the community and render the services. Also the
top management must try to have enough resources for us. For example, I cannot be
a health promoter without pamphlets or posters of what we are talking about.
Maybe I will be talking about epilepsy, but I don’t have a poster about that I can
leave behind for people to go through. A poster for people to scrutinise and see
what is the information that the health promoter didn’t mention in the day’s topics.
We must have those resources. Also, when we do outreach we must also have the
necessary resources. Whereby when we state that we are going to do a brief,
whereby we go to the community, stay there the whole day giving information,
distributing condoms, distributing pamphlets so that people can have information.
But if I don’t have those resources, how am I going to be productive in my work. At
the end of the day you come to work, you wonder what you can do. Now you go
through a book, you read for your own knowledge, but other people have nothing to
read. It is also an issue. For example, now we are suffering for the period of 12
months because we are under administration. There is nothing we can do, you
cannot even make copies. Those are the issues top management should look at.
Now if they say we are under administration, how are the community people going
to survive if there is no medication? As health promoters we have to mediate, we
must say we don’t have the chronic medication, or hypertension medication. But
this and this is what you can do to stay healthy. Like doing exercise to stay active and
healthy. Now people can say: Now we don’t want to exercise, we want our
medication. Because the people are depending on medication we are giving.
Because if you believe in something it helps you. If you don’t believe in it, it won’t
help you.

Interviewer: Anything else?

Interviewee: No, I’m fine.
Participant 7, Question 6: What do you view as possible solutions to the barriers and obstacles?

542. Interviewer: What solutions do you see to the problems that you mentioned?
543. Interviewee: I want to thank you for coming here. There is a lot of training that needs to be done, especially for us. Because we are the ones that are giving out information. So maybe the information that you guys maybe might be giving us. It might help for information. Especially concerning health promotion in school, I would like to establish (background noise) So all we need is training, I really do need that.
549. Interviewer: I agree, training is so important.
550. Interviewee: Yes it is. Also you need to have a lot of information, you need to be exposed out there. To know how people educate others out there. To know how we are supposed to work with the community. To know how we are supposed to work with people within the facility. Like he was saying, we are not only doing facility work. We are also supposed to go out there, giving out information. You engage with the community. Information training will help for us.

Participant 8, Question 6: What do you view as possible solutions to the barriers and obstacles?

556. Interviewer: Any solutions?
557. Interviewee: All I can see, is that if the teamwork is there and the support is there, I don’t think there will be a problem. If we support each other, all of the stakeholders. For an example, we can’t as health go there and there is no other stakeholders. If they don’t come it won’t be a proper solution at the end of the day. But if we do this as a team, engaging the other stakeholders, we can take this far and the problem will be solved easily.

Participant 9, Question 6: What do you view as possible solutions to the barriers and obstacles?

564. Interviewer: What solutions to the problems can you add?
565. Interviewee: If the Department of Education, or maybe the schools will introduce us to the parents. At the time when they have parent meeting, just call us and introduce us. But they did that once at one of the schools. Then they introduced us to the parents, saying this is the health team, they do this and this for your children. So please when your children comes with the form, the basic contact form we give, fill it in and return it back to us. Just to introduce us to the parents, so that the next time we are there they know what it is about. We find that most of the parents they don’t know what we do in schools. They think we are only talking about HIV, but that is not only what we do. They must know what we are doing for the children, and what they can do for us.

To all participants

575. Interviewer: Just before we end, do you guys have any problems because you are male. Are there maybe problems with the girls, or is there anything difficult for you?
578. Interviewee: If we engage with the girls for me it is much easier, because I can’t just go to school and say we are going to talk about menstruation. I have to know them before I can talk to them, know their relevant information. For me it is easier for me because mostly there are more adults in the school. So when we engage with them, mostly I am on the same level with them. I am giving them information, they are giving back. So I have never experience any challenges, especially when I am working with the school nurse or sister. Whenever she sees that I am having difficulty with
information based on girls, she will help.

Interviewer: Is there anything else anyone would like to add?

Interviewees: No

Interviewer: Thank you.
Focus group interview 4: Khuma
University: North West University of Potchefstroom
Group: Health Promoters
Date: 20 August 2015
Time: 14:00
Participants: 8

For the purpose of the study I will refer to these participants as Participant 4 (P10) to participant 9 (P17) in the report.

Participant 10, Question 1

1. Interviewer: What do you do as a health promoter? What does a health promoter do?
2. Interviewee: We advocate health in the community.
3. Interviewer: How do you do that?
4. Interviewee: By making our campaigns.
5. Interviewer: What type of campaigns do you do?
6. Interviewee: At the taxi rank we do talks. Or we can visit your home and give a health talk.
7. Interviewer: What is your health talk about?
8. Interviewee: You know one of the issues in South Africa is TB and HIV. So we need to make people aware about TB and HIV. But health promoters can talk about other things to. But our main concerns are the medium development goals around those issues that we need to create awareness.
9. Interviewer: Thank you

Participant 11, Question 1

10. Interviewer: What do you do as a health promoter?
11. Interviewee: As a health promoter I am giving health education in the facility. Then we go out and take the (noise) take out the immunisation cards. Check whether the children are immunised properly. In the crèches we are doing health education about personal hygiene, washing hands. There are a lot of things.
12. Interviewer: What are these things you talk about?
13. Interviewee: How to wash hands, how to wash their teeth,
14. Interviewer: Ok, so you do that in schools?
15. Interviewee: Mostly in the crèches.

Participant 12, Question 1:

16. Interviewer: What do you do as a health promoter?
17. Interviewee: We promote and prevent all the issues regarding health.
18. Interviewer: Can you mention some of these issues?
19. Interviewee: Like health reparation, by giving health education. By doing door to door. By promoting HPS at schools. Giving (noise) according to the national mandate our people in South Africa obeys. So we are promoting a healthy lifestyle, good nutrition, physical activity.
20. Interviewee: We talk about substance abuse, safe sex, alcohol abuse and other issues.

Participant 13, Question 1
29. **Interviewer:** What do you do as a health promotor?
30. **Interviewee:** As a health promotor, I am promoting health. Encouraging people to come forward to test for, for example HIV, TB. Giving them health education. Doing door to door, visiting them, making campaigns. Lot of things.
31. **Interviewer:** What is you campaigns about?
32. **Interviewee:** Maybe according to the health calendar. Let’s say it is TB month, we need to make people aware about TB. We must mobilise the community and organise a campaign to tell people about TB.
33. **Interviewer:** So TB is one of the things you talk about? Any other things?
34. **Interviewee:** TB, maybe we encourage people to do pap smears. Addressing all problems in the community. We promote health.

**Participant 14, Question 1**

40. **Interviewer:** What do you do as a health promotor?
41. **Interviewee:** I think the whole thing has been said basically. We are promoting health by doing health talks. The most important thing to us is to promote health. Mostly by giving health talks. Doing education and the campaign. So sometimes (Noise) Mostly talking about communicable diseases. Also between the mother and child. We are doing things to avoid it. (Noise) So for some projects we are just working with (Background noise) We go to the community doing the programmes so that we can go and see what is going on there.
42. **Interviewer:** Ok, so you go to the community, you see the need and you address the need?
43. **Interviewee:** Yes.
44. **Interviewer:** Ok. Thank you.

**Participant 15, Question 1**

50. **Interviewer:** What do you do as a health promotor?
51. **Interviewee:** As a health promotor I share information from the Health Department. I promote health in the community. Talk about all the issues that are more important or that is affecting our community. Like teenage pregnancy and other. In doing so we are encouraging the community to do things for themselves. Like doing the gardening and other things like that. So that they don’t depend on others. For medication the sometimes get help from us, but food they get from the garden.
52. **Interviewer:** Thank you.

**Participant 16, Question 1**

58. **Interviewer:** What do you do as a health promotor?
59. **Interviewee:** What I am doing as a health promotor is advocating daily the medication. I’m telling them the advantages of the medication and teaching them about it. Because other patients they are defaulting the treatment. Some of them they will be saying, they can’t take the medication because they don’t have food. That is when I enter as health promotor teach them the importance of the medication. Because we are community based, through health education, community awareness, campaigns we are addressing issues that are affecting our community. Because there are lots of people not drinking the medication or drinking other stuff for HIV. Because they believe that HIV can be cured by traditional healers or medicines. So they can go to test again and instead of HIV negative it will still be HIV positive. They will say no doctor, but the traditional healer said this or that and that he can cure Aids. They have to learn that HIV is with you till you die, you must just live healthy and drink medication to manage it. We also make support groups around the community. And also in the clinics. In the support group that is where people discuss their realities and they advise each other how to take care of themselves. How to live a healthy lifestyle.
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73. Interviewer: That is a good idea. So you are saying that nutrition, a balanced diet, being active, taking your medication is important?
74. Interviewee: Yes. We see adults, children, and babies and do referrals. Sometimes when we do door to door we will come at a house and find that there is no food, drinking water or other necessities. Then we will refer them to the relevant department to assist them. Other don’t have ID’s, they don’t know how to start the process, they are hopeless. That is when we refer them to the relevant department.
75. Interviewer: Thank you

Participant 17, Question 1

81. Interviewer: What do you do as a health promotor?
82. Interviewee: I do health promotion about all the problems of health. As health promotors we have programs that we must follow and then they are linked to the Department of Health programmes. As the mother and child, and woman’s health. The chronic disease programme, the heart programme and other programmes that make up the way they are engineering health promotion today. And other minor elements. So in health promotion we have healthy lifestyle where all of these programmes are linked into that. Because, now if I am a chronic patient, or I am a heart patient, or I am a mother, or a woman. Then I need certain things for a healthy lifestyle. Then there is a programme of health promotion in schools, mostly we have health promotors who deal with the school lessons. Then we’ve got another programme called Healthy environment, healthy cities and villages. Then as a health promotors we go out there to the community to promote health in all the departments, about all the problems of health and connected issues. We educate, we facilitate. Now we formulated a support group, we must check if that support group I growing and if it is sustained. Then again we go out to the community where we make awareness, like participant 4 said: When there is this awareness that has to be addressed, if it is TB month, or woman’s month or if we address woman’s health issues, or 16 days of activism, or it is world aids day. Those are the kind of days that we have on health calendars for health promotors. We go out there, we create awareness, we educate on health related issues.
83. Other participant: I just want to add, as health promotors we must also engage with all other stakeholders. That is important. Especially when we do the exhibitions.
84. Interviewer: So you bring all the people together?
85. Other participant: Yes, we combine them.

Participant 10, Question 2

86. Interviewer: How do you view health? What is health to you personally?
87. Interviewee: As a person, you need to take care of your health before you can go to the Department of Health or a clinic. If you don’t do your part, the professional nurses can do nothing. So all and you must take care of your health so that you must have a healthy lifestyle.
88. Interviewer: So health is a healthy lifestyle to you?
89. Interviewee: Yes, because when you are not healthy you won’t be able to concentrate at the school if you are a learner. But if you have a healthy lifestyle you can concentrate.
90. Interviewer: What do you need in your life in order to have a healthy lifestyle?
91. Interviewee: I cannot say because you can see even the environment it can affect my health. I cannot do anything, only the scientist or the researchers can look how
can we stop this, or how can we change this about all the things that affect is. The factories are having an effect on the ozone layer. That one we cannot control it.

Because you see some people get cancer from the factories, from the pollution. It can affect our skins and give skin cancer. So it is difficult to say what will make your health 100%. There is a lot of things affecting it. It is a difficult one, how can you manage your health. Even a doctor cannot say, my health is 100% because I am a doctor.

Interviewer: Thank you

Participant 11, Question 2:

Interviewer: How do you view health? What do you think is health?

Interviewee: Health is to be healthy. A person must try to be healthy, to eat nutritional food, to exercise.

Interviewer: So being healthy is eating the right food and exercising?

Interviewer: Yes, and not smoking, not taking alcohol.

Interviewer: Anything else?

Interviewee: No.

Participant 12, Question 2

Interviewer: How do you view health? What do you see health as?

Interviewee: I think health is a complete picture. Not only the physical but also other.

Interviewer: So, it is about physical and mental health?

Interviewee: Yes, and social.

Participant 13, Question 2

Interviewer: How do you view health?

Interviewee: As my colleague said, I think it is the well being of the total person. To be healthy mentally, physically and socially.

Interviewer: How are you healthy socially and mentally?

Interviewee: I think when you do exercises, you can be stronger and think better. eating a balanced diet, not smoking, not using a lot of alcohol.

Participant 14, Question 2

Interviewer: How do you view health?

Interviewee: As the prevention of something in your body. When socially you are well, mentally you are well, physically you are well and spiritually you are well. If I say mentally, I mean not to be mentally disabled. Also to keep you mind active more. By socially I mean how you interact with other people, are people visiting you, how do you interact socially. With spiritually I mean, are you going to church, to get some other experience. With physically it is about doing some exercises, not every day, not every time, but sometimes to get some exercise. But most people can’t completely do all of it. But you are just trying to balance it. And try to eat well. We can eat well but according to the finance you have in a month.

Interviewer: Thank you.

Participant 15, Question 2

Interviewer: How do you view health?

Interviewee: Health can be all the aspects in your life. Taking care of oneself, looking after oneself. Mentally and emotionally as well you must be strong. Health can also be if you are on treatment lifelong, but if you take them accordingly you are healthy.
Interviewer: Taking your medication as you should?
Interviewee: Yes

Participant 16, Question 2

Interviewer: How do you view health?
Interviewee: It is the process of preventing and promoting information about infectious diseases in the community. For people to stay healthy. Not to share the wrong information. To practice what you preach.

Participant 17, Question 2

Interviewer: What is your view of health?
Interviewee: To me health is when you are stable in all areas of the human body. For if you are mentally unfit it can contribute to other illnesses that you can have. Then emotionally can also contribute. If I am always emotional due to some personal things that I do not deal with, it can contribute. Because now as time goes on I am going to need medication for depression, and can maybe need chronic medication for that problem. For me, health is about heathy fully, mentally, physically, emotionally. If there is no 'eina' anywhere in your body, for me that is health. And again, I view health in a sense of saying: If one is happy, if one is able to deal with issues that surround him or her, then a person is at a healthy stage. Because he or she can face any challenges that come her way. But now if you break when the challenges come your way, that means there is somewhere where health is lacking and then you need assistance in that.

Interviewer: Thank you

Participant 11, Question 3

Interviewer: What is health promotion? What do you see health promotion as?
Interviewee: Health promotion is all about to promote health. To promote health each way, by giving health talk, by giving information to the community to tell them about the services that are rendered in the clinics. To make them aware of all the services that are rendered in the clinics.

Participant 12, Question 3

Interviewer: So health promotion is about making people aware?
Interviewee: Yes.

Participant 10, Question 3

Interviewer: What is health promotion?
Interviewee: Like my colleague have already said. We promote, have talks about the issues. But I can tell you there is nothing that can be said or done, not any component that can be done without health promotors. Health promotors is
everywhere, it is integrated. You cannot do anything without touching on health promotion.

Interviewer: So health promotion is about health promotors being there, doing the job?
Interviewee: Yes.
Interviewer: Thank you.

Participant 13, Question 3

Interviewer: What is health promotion?
Interviewee: Health promotion is to promote health. To encourage people. To encourage them to do some testing. As my colleagues just said now, for each and every project health promotion must be there to be successful. To give health education about the topic on the programme, let’s say HIV. We must make people aware by promoting information and encouraging them.

Interviewer: Thank you.

Participant 14, Question 3

Interviewer: How do you view health promotion?
Interviewee: Health promotion is the key to all problems. Because for all other problems it is important that we have the health education, sharing important health information. So it is the key to all health issues in the health services.

Interviewer: So health promotion is key to all the other programmes?
Interviewee: Yes.

Participant 15, Question 3

Interviewer: What is health promotion to you?
Interviewee: Health promotion is any education given to the community about any health issues that are supposed to be implemented in the Department of Health. In the community the health promotor is promoting the health by giving all the information about all the services rendered in the clinics to the communities.

Interviewer: Thank you.

Participant 16, Question 3

Interviewer: What is health promotion to you?
Interviewee: According to me it is the process of changing and breaking new grounds.

Interviewer: Anything else you can add?
Interviewee: Meaning to break them in terms of the community, because there is a lot of myths instead of facts. That is when a health promotor enters to change the myth and teach the fact. That is why it is the process of changing and breaking new ground. Like for instance there are parents who don’t want their neighbour to know their status. There are children who are HIV positive, but the parents don’t tell their children. They will keep the children from having treatment. Then health promotion we change that thing.

Interviewer: So you change the mental state?
Interviewee: Yes.

Participant 17, Question 3

Interviewer: Health promotion, what is that to you?
Interviewee: Health promotion to me is the middle man between the community and the Department of Health. It is a link for all the services that are being rendered
to the community from the department of health. Health promotion is the level
where the community is able to talk to, it is where we are able to reach the level of
community. Then health promotion can take it to the professional nurses. Even in
the facilities, the health promoters is the one who will be doing the promotion of
health throughout. So when they enter the nurse’s room the patient already know:
“I’m on chronic medication, I will be taking it for so long, this is how it will work” and
things like that. So health promotion is the link between the community and the
Department of Health. Then health promotion is also the advocacy of the
community. Because if you are a health promoter you listen to the problems of the
community. After you listen you refer to the relevant people.

Interviewer: So you see the need, and listen, and refer. Because they don’t know
where to go?

Interviewee: Yes

Interviewer: That is a big responsibility.

Interviewee: Yes.

Participant 10, Question 4

Interviewer: What skills and knowledge do you think you
require to effectively promote health?

Interviewee: About that one you can talk for the whole day. We are just promoting
health, but we are using our own skills. I don’t have development.

Interviewer: What skills do you think you still need? What would make your job
easier for you?

Interviewee: If I can be given the opportunity to present health promotion in the
community. Because up to so far I work 10 % in the community but 90% I’m at the
facility. That is not preferred. I should be 90% in the community. So I need some of
the skills to develop, to be up to standard with the protocols and the guidelines all
those things.

Interviewer: What skills do you need to go out and talk to the community?

Interviewee: Up to so far I don’t know how to organise a campaign.

Interviewer: So organising skills?

Interviewee: Yes organising skills for the campaigns the resources all those things.
How I can get resources. I still learn because I’ve just been doing health promotion
for a short time. One of my colleagues, she’s been here for a long time, so every
time she does something I will look at her. Because I was not trained. You see the
situation for health promoters now is not the same as long ago. You see, they were
going uniforms. We are not getting uniforms.

Interviewer: And they were trained, so now you learn from them?

Interviewee: Yes. They were trained a lot, but we are only given a little bit of
training. I cannot say it is the training, it is the workshop. Even now we can’t attend
a conference, listening to the speaker. Because there is no budget at all. Sometimes
they will send you alone to a workshop and you must come and give in service
training for the others. So we are lacking skills, computer skills. Ok we have done
computer, but we must do that one of the Department. Because we can now
computer, but we cannot know how the Department is dealing with computer. So
need development actually to acquire some of the skills. We are not saying that we
want to be like the nurses, but we need more skills. We have done workshops about
the diseases, but we need information about health promotion. How to organise, do
campaigns. Now a coordinator just come and say we must do like this and this. So
we are copying from the previous campaign, looking at how they organised it. I want
to organise in my area, when I am doing campaigns to say that I’ve organised this
and this. Not have my coordinator say: You can copy this one. It was done in 1994.

Interviewer: Thank you

Participant 11, Question 4

Interviewer: What skills and knowledge do you think you require to do your work
efficiently?

Interviewee: The skills that I am having is the old ones. I need training, not
workshops. Because workshops I for, maybe the workshop is for 2-3 hours. So we
are given the information about, for example, hypertension. But I don’t know
depth information. Even about diabetic, I don’t know deep. Even HIV, I don’t know
depth. I need more information so that I can express myself clearly to the
community. With confidence.

Interviewer: Any other skills or knowledge that you think you require?

Interviewee: Just computer skills.

Participant 12, Question 4

Interviewer: What skills and knowledge do you think you need to promote health?

Interviewee: I can start with the knowledge. The knowledge that we have is the old
knowledge on community health workers. So there is two different things, there is
community health workers and there is health promoters. So our Department they
treat us as health promoters as community health workers. So even our Department
is taking people for health promotion training. I want to know, these people, what
are the skills they are getting. So we say we are health promoters, but we now have
been hired as community health workers. So they just change the name every few
years. We don’t know where that name come from, that word health promoter.

Interviewer: So they say health promotion has this components. We just hear about the
components. But we weren’t given the skills on that component of health promoters
So we need the skills of the component of health promoters. And the skills.

I am going to talk about health literacy, going to talk to someone who don’t know
about health. I am going to teach that person. But how are we supposed to
communicate. We need communication skills. Communication skills are very
important to us. Because we are supposed to communicate with the people, but if
we don’t have that skills they are not going to understand when I give them more
information. So in our Department, they just call us health promoters. That is only
the name that we get. We don’t have any skills for health promotion.

Interviewer: So you don’t know what it means, you just know that is what you are.

Participant 13, Question 4

Interviewer: What skills and knowledge do you think you need to promote
health?

Interviewee: The new information that is in health promotion right now. Because
right now we are using the old methods. Outdated information. Now if we can get
the recent information.

Interviewer: More recent information. About what?

Interviewee: Information that is linked to health promotion.

Interviewer: So is it about the disease you mentioned?

Interviewee: About the whole programme.
Part icipant 14, Question 4

Interviewer: Is everything outdated?

Interviewee: Yes

Interviewer: What skills and knowledge do you require to do your work?

Interviewee: Lots of skills that I need to know about. (background noise) We need interpersonal skills, communication skills. They need to learn a lot more skills. We need even more training. Because no I can tell you about something like (noise) this or this. But you know nothing about it.

Interviewer: So they just tell you to do it, you don’t know why and you just have to do it?

Interviewee: Yes, we are lying to people. Because most people come to us and say this or this muti is best. And we have to tell them no, they must use this. But we don’t know why.

Interviewer: I can understand that you feel you are lying to people.

Interviewee: Yes, the people are going to lose their trust in us.

Participant 15, Question 4

Interviewer: What skills and knowledge do you think you need to do your job?

Interviewee: I don’t even know what my job is. The title of health promotor was just taken and put on top of my head. I know nothing. I don’t even know what is the skills that I need to have.

Interviewer: Because you don’t know what the job is?

Interviewee: Yes, because I got no job description for health promotion.

Participant 16, Question 4

Interviewer: What skills and knowledge do you require to do your job?

Interviewee: (Noises) The challenges that we are facing outside there, we meet professionals and the will question you deeper, but what we know is just basics. And you end up not knowing answers. Remember that the doctors nurses they work and school long and you don’t know enough because lack of information. But if I can get a degree in Health promotion it will be better. That will help, because it is easier to sell oranges, when you know more about the orange.

Interviewer: I understand, so you stand before the people who know more than you. And you have to give information to a lot of people?

Interviewee: Yes

Participant 17, Question 4

Interviewer: What skills and knowledge do you think you need to do your job?

Interviewee: We are working for health, and there are some issues that needs to be addressed by us as health promotors. So I think if we can get more information about that it will help. If they can empower us, like my colleagues have said, about the chronic diseases; hypertension, diabetics, asthma. All of the chronic diseases. Empower us on all the health issues that they need us to promote. Regarding knowledge, then I think it can be much easier. Regarding skills, then also we need to be skilled on computers, because nowadays we can get a lot of information through computers and do a lot via computers. Maybe we could try to develop ourselves if we had computer and get the skills for that. We would go and Google it and find out to steps to do. Then that would empower us. Then I want to add to participant 6, the
job of being a health promotor was something that they just said to us: “Go and be a health promotor.” But, for example if you look at myself, if they put me back to be a counsellor. That one I do master. But when it comes to health promotion I have to ask someone else: “What is going on this” every time. We gather information ourselves, and then we know what to do. But we were not trained like, I can say “I passed my Matric, I have the certificate.” I have nothing to show that I am a health promotor. I am a health promotor just because I was told I am a health promotor by the supervisor that I am working for. Otherwise there is nothing where I can say: “I went to school, therefore I know how to do it.” But because of the passion and the will we have to assist the community, because of only we that we just started working as health promotors. We feel that at the Department of Health, we have that passion. We are not the DOM, we can do this. We gather information, I was a counsellor so I know how to speak to the community. The other one was a peer educator, she know how to educate. Then we, amongst ourselves we say we can do this programme. But we don’t have anything to show, like a certificate of health promotion. They want us to promote health issues of which we do not know the deeper root of it. I only know that for high blood pressure, you must try to modify your salt, and intake of fat and that is it. But now a patient, when we are educating, the patients asks us more than the consulting room nurses. Now when they come to us one on one, asking deeper questions. Then I can’t answer. Then we say, Ok let’s go to the sister. And they say, no they want to talk to you. If we have more information on all the chronic diseases, or all health issues, then we will go somewhere.

Interviewer: It is important that you guys have the skills, because you are the ones closing the gap between the Department of Health and the community.

Interviewee: Yes

Participant 10, Question 5

Interviewer: What problems, or issues do you see in your job? What barriers is there to health promotion? What keeps you from doing you work?

Interviewee: There is an issue of teamwork in our facility. So it I one of the barriers. People are always not doing teamwork. Even if you are a health promotor and offer to help another one. The other one would say no and do it alone. So it is one of the barriers.

Interviewer: So teamwork and support?

Interviewee: Yes, they are supporting us in terms of doing the clinical things, but in terms of health promotion they are not supporting us. Also one of the things, how can you do your health promotion if you are still crying about your salary level and all of those things. So somehow, when you think about the level it is one of the barriers. You think. I cannot do this thing, because they are paying me so little.

Interviewer: So money is an issue?

Interviewee: Mooney is one of the issues. Also, like one of my colleagues said, they are taking other people to do one year courses. So what about us. When they come back, we are losing the jobs. They are busy right now, they are getting food and accommodation, all of the resources. Even the tops. Another barrier is a lack of resources, we don’t have pamphlets, transport so that we can deliver health promotion to our community. For example, we don’t have a recent new resource for cancer. Because I saw there is a new protocol for cancer. But we don’t have the
information. To go to attend the meeting or workshop, to get there we have to pay for ourselves. And you will find that that meeting or workshop is very important. But we all of us can’t attend, because you will find that some of us don’t have transport. And the transport also cost us a big part of our salary, so we know we are not getting all of our salary. You must budget for transport, but the department should. We are taking it from our own pocket. So that is one of the barriers, we cannot attend workshop or training due to the transport. Sometimes you arrive late at the workshop or the training. There are a lot of barriers.

Participant 11, Question 5

Interviewer: What barriers or issues do you see?
Interviewee: Participant 1 has said a lot.
Interviewer: So do you agree with him?
Interviewee: Yes.
Interviewer: The same things?
Interviewee: Yes, money, transport, materials
Interviewer: Anything else?
Interviewee: No

Participant 12, Question 5:

Interviewer: What do you see as barriers or problems in your line of work?
Interviewee: Management undermining our duties. Managers are abusing us as health promotors. Because we are doing the things that we are not supposed to do.
And management do not develop us. We are oppressed as health promotors, we don’t have a say according to our duty.
Interviewer: So that is the big issue?
Interviewee: Yes, that one is a big issue. Even management, they don’t know what is health promotion. They think health promotor is the same as sister or nurse.
health promotor is the mobiliser. They think it is everything. If the need something a health promotor must assist. And the just order us to assist. But when we tell them what is expected of us, they don’t want to listen. They are threatening us. Because that previous year when they hire us, I think there is no programme of health promotion.
We are working as an assistant nurse. Many of the health promotor used to work at the maternity clinic, so they know everything of that. And they are still using that mind. Meaning they are wrong. But we become excited to do the work, because when you are hired by the government you become happy, but after then you open your eyes and you see they are using you.
Interviewer: Thank you, that is very helpful

Participant 13, Question 5

Interviewer: What problems or barriers do you see?
Interviewee: The money problem. People sometimes want to go out to the community, but they can’t go there because they have to do somebody else’s work.
Interviewer: So shortage of staff is a big problem. Then you have to do other people’s work?
Interviewee: Yes.

Participant 14, Question 5

Interviewer: What other barriers or problems you see?
Interviewee: In the facilities we are seeing this barriers. Because if you don’t know what to do, you will ask questions. But they will say; you are not working for us.
They will say no don’t do this or this. And if you do, they will give you a warning. If you get a warning, you will lose your job. So you must just obey the law of the facility. You mustn’t say I can or can’t do this.

**Interviewer:** Are the managers the problem?

**Interviewee:** If I do not listen to someone, they go to call the manager. Then they tell me to do other things, like BP’s or drips, and I cannot do my health education. If you do not listen to the seniors, the manager will call you, they will give you a written warning because you refuse to do it.

**Interviewer:** But it is not part of your work.

**Interviewee:** Yes, most of my colleagues cannot do education. Because they give us other jobs, that don’t allow us to do our own things. But no one is sure what a health promotor must do, so you can be expected do anything.

**Interviewer:** Because there is no job description, they can just tell you what to do?

**Interviewee:** Yes, then we say no we do health education only. And they say no.

**Interviewer:** Thank you.

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**Participant 15, Question 5**

**Interviewer:** What barriers do you see in health promotion?

**Interviewee:** Salary. We are not happy with that. We health promotors we are not on the same level when it comes to money. We are not being given transport to go anywhere. If we have a meeting, you must take out of your pocket and go there. But if other employees must go somewhere, even the counsellor, they are giving them money. They are giving uniform, they are giving transport. They are giving courses, they are being improved in everything, all levels of health.

**Interviewer:** Is this other health promotors?

**Interviewee:** Not other employees like the counsellors.

**Interviewer:** And the community health workers?

**Interviewee:** They are also getting everything. But we are getting nothing. And they are not even doing anything, those people.

**Interviewer:** So you feel you are the guys doing the work and they are getting everything?

**Interviewee:** We do most of the work, but we are not being recognised. New employees are coming, going for courses. They will have two years and be on level three. We have 20 years and still be on level 3. We are not recognised.

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**Participant 16, Question 5**

**Interviewer:** What barriers do you see in health promotion?

**Interviewee:** Disrespecting. They are disrespecting us, because as health promotors we are a jack of all trades where we are working. That is the big issue. Then also the salary, we do the same job but our salaries are different. And each and every month there is more work. They do not reduce the workload. There is lots of workload, but same salary. We sacrifice, taking our money to travel around to reach the community.

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**Participant 17, Question 5**

**Interviewer:** Possible barriers in health promotion for you?

**Interviewee:** For me one is transport; two is management; three is the salary levels; four we are health promotors but we don’t have the same game plan, we don’t have
a job description we are just working; five is the teamwork where we are based at
the facilities, here is no support. If you want to do something, you phone you say I
want 1,2,3. They say who are you to request those things? I would say I am a health
promoter, I want to do this in that informal settlement where I identified a need for
1,2,3. We won’t get it, unless someone phones and tells them to give the health
promoter those things. So recognition needs to be there, because we are the to
service the community through health issues.

Interviewer: So the people need to recognise and know who you are so that you
can get the resources?

Interviewee: Yes. And even budget. The other programmes have budget, only health
promotors, don’t have budget. Everybody campaigns, if you are a health promoter
and you are planning something it is difficult to get money. Even material is short,
even transport is short. They do not support us, but they want 100% job done.

Participant 10, Question 6

Interviewer: What possible solutions can you give to these problems? What will
help?

Interviewee: One of the solutions, like my colleagues have said, is if they can start
recognise us. Not to underestimate us. Maybe then things will be better. They
should give us the resources that we need. Even the communication, they must give
us. Sometimes we get communication late Friday. Friday, you get the message that
Monday you must go somewhere. You get the message at 5:00.

Interviewer: So a solution is better communication?

Interviewee: Yes, maybe that is one of the solutions. What I can see is that the
solution is the level. If they start to recognise us in the right manner, the level will be
upgraded, all things will be upgraded, resources will be there, all things will be there.
That will be the solution, but so long as there is a barrier for us to do health
promotion, there won’t be a solution.

Interviewer: Thank you

Participant 11, Question 6

Interviewer: What solutions are there for your barriers?

Interviewee: Recognition, and higher level.

Participant 12, Question 6

Interviewer: What solutions do you see for the problems?

Interviewee: The solution that I think, as a health promoter the other districts they
are doing very well. And they are recognised. Like at Dr K.K. Especially at Matlosana
many problems exist. The health promotion office, the district, the sub-district, they
must come down. They must come to us and evaluate us, to see what are our
problems? Because when they see a problem, they want to call us and ask what the
problems are. And when you talk, you are wrong. They must come down and see
what is actually happening in Matlosana. All health promoters at DR K.K. they are
doing very well, they’ve got support. Why not here? And what I realise, in Matlosana
were are a big group of health promoters compared to others like Dr K.K.. But the
numbers are not recognised, how we don’t know. But I think better money
management is needed. They must come down and see. Now, there are no support.

Participant 13, Question 6
Interviewer: What solutions do you have for these barriers?
Interviewee: I think if the can correct our salaries?
Interviewer: Anything else?
Interviewee: No

Participant 14, Question 6
Interviewer: What solutions do you see?
Interviewee: The management must come down to us to hear from us. Because if they can see for themselves it can be better. We are the one who is doing the job, they are just giving the money. Another thing is that we need a job description, so we can know what to do. The managers must know the job description. They must put it up in the manager’s office, so the manager can know it.
Interviewer: So a solution is a job description. So you know what you have to do, and management knows what you have to do?
Interviewee: So that I know when I do my planning what I must do.

Participant 15, Question 6
Interviewer: What solutions do you see to barriers?
Interviewee: The solution is they must stop lying. They are liars these people. They don’t keep their promises. They are always saying one thing and the next week they are saying the other. So they must just come down and tell us which to do. Because sometimes you go all out to do something, and then after that you are being told you are doing nothing or another thing. Someone is to come down and tell us the truth. Because someone is lying. They just use us.
Interviewer: So basically you are saying you need a job description so you know what to do?
Interviewee: Yes.

Participant 16, Question 6
Interviewer: What solutions do you see for the problems?
Interviewee: My solution to the problem is that the Department must take us serious, by sending us to school to get qualifications for what we are doing. They disrespect us because they know that we are just doing things that we don’t have qualifications for. Even though some of us do have qualifications, when they see us they take us for granted. That is where the problem comes in. But if we can go to school and get the qualification, they won’t longer disrespect us. Because I think they disrespect us because they think we are not from the colleges or the universities.
Interviewer: So you need knowledge, skills and qualifications?
Interviewee: Yes, and then I don’t think they will disrespect us again. They disrespect us because they think we are just promotors, even assistant nurses they take us for granted. All of the staff they disrespect us, when they see a promotor they see a rubbish bin.
Other participant: They do not give us anything, but the new people who are starting now they are giving support and resources. They are recognised. When I get home there is nothing I can show, to show that I am working at the Department.

Participant 17, Question 6
Interviewer: What solutions do you see to barriers?
Interviewee: Clean and fair leadership in every area that health promotors need.
And then recognition as well. I think if we can be recognised and there are clean and fair leadership on our side, then maybe we can move forward. Because that is what we are complaining about, we need someone to play the leadership role that is needed. Clean and fair. There is not going to be a backstabber at the end of the day. And the recognition because really we are just health promotors, but in the format of health they needed health promotors to be there. But it is not recognised. It is there for the nationals to see that there are health promotors, but it is not recognised.

**Interviewer:** Yes, because no one knows what you do. We know there is health promotors but we don’t know what you do. That is why we are here, to get a job description.

**Interviewee:** Yes a job description. But the same job description. The same work plan, nationally. So that when we write the annual report, they must know what we write. Because even amongst ourselves, one writes like this the other like this. But we are all health promotors. But my in charge said I must write like this. Something that is not in my scope of practice. So if we can have similar things as health promotors for South Africa, maybe we will be ok.

**Other participant:** And the leaders, they are discouraging us. They talk about TMDS (Nosie) That is the job that we are doing excellent or extra. The extra mile. Then maybe then when we are doing the wrong one, they ask: Who says you must do that? But they lead you throughout the job, but when they must say thank you or good job. They say no you didn’t do your job. That is very disappointing. Even themselves they don’t know.

**Interviewer:** Thank you.

To all participants

**Interviewer:** You said a lot about transport, any solutions to transport problems?

**Interviewee:** You know transport issues we have been talking and talking about. But as this year started, as health promotors of this area we said that because we want our job to be done. We will transport ourselves like to where we must go and they will support us when we have an event. I go to them whenever they need assistance. Now we were again told no, we cannot do it like that. And we have been working so nicely, we had events on monthly basis. But the past 2 or 3 months, not good. Because we were told, to get in the facility. Asked what are we doing outside. There is no transport. We will say, now we are transporting ourselves. Because we thought of doing our own thing, because we don’t want the community suffering because we are not going out there. But again the management is discouraging us in a way. I don’t know what is happening.

**Interviewer:** That is what you do, you go out to the community.

**Interviewee:** Yes, and we compromised ourselves, by saying we will help each other. But we were told to stay in the facility.

**Interviewer:** That is a management problem

**Other participant:** The problem is when we are in the facility the want to know form our supervisor why we are there. Not working. But when we go our they say we are dodging our duty.

**Interviewer:** It is a real problem, they people don’t know who you are, they don’t know what you do. They don’t support you, they don’t recognise you. And there is no transport. Is there anything else you would like to add?
Other participant: Just something. Now we are having a vacant post of coordinator.
They must not take someone from the outside. They must appoint someone of us. Because we know what is health promotion. They must not take someone where he or she is having degree, so they must come and coordinate us.

Interviewer: So you want someone from within your group?

Interviewee: Yes, we want someone who knows what health promotion is. Somebody with experience who would be able to do that coordination. Because if you are a coordinator you have a lot of things to do. The problem is in your hands. So if you don’t have transport as a coordinator, what will you tell us?

Other participant: I think what you are doing is good. The thing is it is the true story, so we must get one of our management to hear it so that they can hear what is our challenges. They don’t know our challenges. They don’t want to know.

Other participant: You know what. At the end of the day they want us to report 1, 2, 3. So we thought as health promoters of the area it will be much easier if we assist each other for us to help the community. But now if it is only me, and there is a huge area I can’t cater for all. So if my colleagues were there to assist me I would be able to do that. But if you go there, you get a message: Do not count the Department out.

Other participant: It is one of the barriers, they are stopping us from delivering to the community.

Interviewer: Yes, they are.

Other participant: Health promotion is very interesting, but it is interesting when you have the support and if you are working with the management that understand you. But we don’t have that. One example. Tomorrow is Friday, and maybe there is an event on Saturday. The can call us tomorrow at 3:30 to tell us to work Saturday or Sunday. It happened again last week. We are the engine of the department. And if you have a car without an engine how can it work?

Interviewer: You should be very proud, you are doing a very important job.

Other participant: There is a paper that we must fill in. It lists professional nurses, counsellors all of the staff. But we can’t see us on that paper. We fall under the general support. It is a element of our work. We have to support everyone. If someone needs something we have to go, help them. So there is no attention for health promoter in that questionnaire. Only general support.

Interviewer: Yes, you don’t get recognised.
28 September 2015

Certificate of language editing

This serves to confirm that the thesis, "Health promotion in school: perception of the health promoters", submitted by Leandri Terburgh in fulfillment of the requirements for the degree Magister Educational Psychology at the Potchefstroom Campus of the North-West University, South Africa, was edited for language use, spelling, and grammar by a qualified language editor.

Kind regards