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ARTICLE

HARMONISING THE EFFORTS OF SCHOOL NURSES AND TEACHERS IN HEALTH PROMOTION IN SCHOOLS

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ABSTRACT

A vital facet that adds value to schools is the partnership between the departments of education and health at national level. At the heart of making this partnership effective in order to achieve its potential is the need for synchronisation of the roles of school nurses and teachers to mitigate sustainability risks. In order to investigate the harmonisation of these roles, an explorative qualitative study was conducted with school nurses and teachers in three district municipalities in two provinces of South Africa. The aim was to determine the perceptions of these two groups of their respective roles and the possibility of harmonising these roles. The administrative task, which included obtaining the consent of parents for their children's immunisation provided an opportunity for sharing responsibilities. However, the roles of school nurses - health screening and immunisation - and the roles of teachers - screening for barriers to learning - could not be harmonised due to a lack of understanding of health promotion and a tendency to work in silos because of a lack of trust and openness. This was compounded by the school managers' inability to provide guidance and leadership.

Keywords: roles of school nurses; roles of teachers; teamwork in health promotion; Integrated School Health Policy; coordinating roles; school leadership

INTRODUCTION

There is a growing body of evidence that health and education are inextricably linked, leading to the legally binding responsibility of providers of health and education to use resources most effectively to protect learners' health.. The contribution of health

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promotion is well-documented in the literature. However, the process to ensure that learners benefit from health initiatives becomes imperative.

The aim of health-promoting schools is to achieve healthy lifestyles for the whole school population through developing supportive environments that are conducive to promoting health and effective learning. The concept of health promotion is familiar to those working in the health sector, and to some teachers in the education sector, as it is relatively new in South African schools. Several or all six components of health promotion form part of the extended school curriculum. These components, according to the World Health Organisation (1996), are: health policies, physical education, nutrition, health education, the school's physical environment and health services. The multi-dimensional nature of health promotion and its crosscutting issues can only be sustained by harmonising the roles of school nurses and teachers and bringing in human and other resources and expertise.

Birnbaum et al. (2002) argue that interventions that include actions to modify the school environment and those that involve the larger community are more likely to be effective. Jackson et al. (2007, 79) concur by adding that reviews of health promotion interventions focussing on a wide range of health issues and health determinants conclude that the most effective interventions employ multiple health promotion strategies operated at multiple levels. These often include that all structural and social groups and personal levels work in partnership across sectors and include a combination of integrated actions to support each strategy. Garrard et al. (2004) also indicate that the collaboration and partnership of organisations in multiple sectors, use multiple strategies that could lead to effective interventions. Similarly, teachers and health nurses are driven by a health-promoting policy process that encourages participation (Whitehead, 2006, 266).

Although efforts to develop progressive health policies are linked and aligned with other national and international frameworks in South Africa, the implementation of these policies, according to Morrell, Bhana and Shefer (2012, 19), is a significant barrier. Collaboration between the efforts of school nurses and teachers would guard against these groups applying their own morals and values in implementing policies, as is the case with policies pertaining to pregnant teenagers and teenage mothers (Mukoma et al., 2009). Collaboration will prevent the violation of health policies, which is caused by a lack of knowledge and understanding of how to implement such policies (Chigona and Chetty, 2008).

Moreover, there are growing concerns in South Africa regarding the dual crisis of teenage pregnancy and the prevalence of HIV/AIDS. There is a need for urgent attention to these health issues since teen pregnancies are usually unplanned, leading to negative consequences, including HIV/AIDS and sexually transmitted infections (STI) and a possibility of not completing school. Sexual and reproductive health education, which can lead to the reduction of teenage pregnancy and HIV/AIDS rates, can only be realised when concerted efforts by school nurses and teachers are collaborated. In dealing with

such issues Lee, Tsang, Lee and To (2003, 174) suggest that the focus should be on the interaction of the informal and formal school curriculum and the practical involvement of new partners in health-promoting schools.

Another concern is that teachers find health topics challenging to teach. Numerous studies have revealed that teaching about HIV/AIDS and sexuality is perceived to be challenging for teachers in terms of language and communication norms (Harrison et al. 2010, 10; Helleve et al. 2009, 202) and lack of skills and knowledge (Mukoma et al., 2009), the latter being attributed to the lack of training of life orientation (LO) teachers (Francis, 2010, 319). The less frequently addressed messages, such as safe sex (Ahmed et al,. 2009) and practical knowledge about contraception, like where to buy condoms and how to introduce condoms into sexual activity (Abel and Fitzgerald, 2006, 113), point towards the need for a comprehensive approach towards health education to facilitate the dissemination of sexual health messages (Ahmed et al. 2009, 52).

ROLES OF STAKEHOLDERS IN THE IMPLEMENTATION OF THE INTEGRATED SCHOOL HEALTH POLICY

This article argues that an understanding of roles of stakeholders is the first step towards synchronisation. The understanding of these roles and their challenges becomes imperative in curbing role ambiguity to lessen uncertainty about the key requirements of the respective roles. According to Jourdan et al. (2008, 37), teachers in countries where schools give low priority to health promotion are not aware of their roles.

Roles of School Nurses

Having school nurses is not a new phenomenon in South Africa; nurses had been involved in sporadic health screening even before 1994.

Ever since the development and implementation of the Integrated School Health Policy (ISHP) (Republic of South Africa, 2012) however, expanded roles of school nurses have been the order of the day. These roles, according to the ISHP, comprise providing primary health care through quality in-depth assessment of physical, psychomedical, psychoeducational, behavioural and learning disorder problems and comprehensive childcare. In addition, they are just as concerned with the development, implementation, and evaluation of health care plans and programmes to support learners with learning disabilities as the school-based support team. Another role involves the provision of health education and health appraisal. In performing these roles, the school nurse ensures that the school keeps a clear focus on health initiatives (Lightfoot and Bines, 2000). The roles indicated in the ISHP encompass educational and health goals. According to the National Association of School Nurses (2002), school nurses have seven roles: providing care to learners; ensuring health services; screening and referral for health condition; promoting healthy school environments; promoting health; serving

in a leadership role for health policies and programmes; as well as liaising with school personnel, family, health care professionals and the community. All these roles are in agreement with the stipulations of the ISHP. However, Tossavainen et al. (2004) argue that school nurses tend to focus more on conventional activities such as screening, immunisation and health problem referral, yet their actual health promotion role (in ecological and environmental terms) remains unattended to.

Roles of Teachers and School Managers

Teachers and school managers have three major roles: that of health education, health promotion and detection of barriers to learning. The first formal role of teachers is that of facilitating health education as part of the Curriculum Assessment Policy Statement (CAPS) (Republic of South Africa, 2011). In order for teachers to perform this role effectively however, they need to understand the subject, acquire good teaching techniques, and understand the developmental and culturally-appropriate information (James-Traore et al. 2004). Visser, Schoeman and Perold (2004, 276) indicate that teachers experience dilemma and conflicts regarding certain topics in health education. Ahmed et al. (2009) concur, stating in their findings that messages such as condom distribution and safe sex were a challenge for teachers, whereas abstinence was overwhelmingly promoted. Waggie et al. (2004) argue that teachers feel burdened by what they see as the responsibilities of the Department of Health and Welfare.

Regarding the second role, the literature on health in schools indicates a shift from the traditional models of health education which rely mainly on classroom content to a more comprehensive, integrated construct of health promotion that focuses on attitudes, behaviours and school environment (Deschesnes et al. 2003). In health promotion the creation of cooperative partnerships (McNeely et al. 2002) between schools and their communities is emphasised. School managers are at the forefront in promoting healthy school environments. Together with internal and external stakeholders school managers have to develop programmes and school-based health policies and play a major role in ensuring that these programmes are effective. To that end, Scribner et al. (2011,390) argue that knowing what needs to be done and doing it requires vision resourcefulness, creativity and some humility. Additionally, given the complexity of such tasks, school leaders have to build positive relationships that increase social capital of their schools for the synergy of teamwork to hold, to the benefit of the school population.

The third role according to the operational manual for the National Strategy on Screening, Identification, Assessment and Support (SIAS) (Republic of South Africa, 2008), has to be performed by all teachers. Information gathered on each and every learner is recorded in their respective profiles. A major problem regarding this process is that the information is not verified by any health professional with expertise in health-related matters before it is recorded in the learners' profiles.

Research Methodology

The research approach employed in the study was qualitative and exploratory by nature. A non-probability type of sampling method was used since the idea was to understand and explore and not to generalise. The sample was drawn from a population of school nurses, teachers and school managers using the snowballing technique. I first approached a school in Quintile 1, knowing that all schools in Quintiles 1–3 are supposed to be visited by school nurses occasionally. Schools in South Africa are classified according to Quintiles for funding purposes – 1 being in the poorest community and 5 the most affluent. However, the first school I approached did not have information on the school nurses. I then contacted the district officials for health, where I was referred to one of the school nurses who introduced me to members of two health teams that were responsible for schools in one of the three district municipalities in the Sedibeng District in Gauteng. The two health teams were made up of two members each: a qualified nurse and a nursing assistant. Both these qualified nurses were over 65 years of age and retirees. The two teams together were responsible for 118 schools, one team with 53 high schools and the other with 65 primary schools. When it was time for vaccination in the primary schools these teams would combine forces. Another health team comprising two members who were responsible for primary schools in a district municipality in the Free State was also approached. Like in the Gauteng district the qualified nurse in the Free State was also a retiree. The team was responsible for more than 60 primary schools. Only the qualified nurses were interviewed, namely two in Gauteng (SN 1 and SN 2) and one in the Free State (SN3), a total of three participants (n=3). The demographic data of the nurses is indicated in Table 1.

Table 1: Demographic data of the nurses

Provinces	Participants	Age	Sex	Work experience	Total no. of schools	Number serviced
Gauteng	Professional nurse	65	F	43 years	118	65 primary
	Professional nurse	65	F	35 years		53 secondary
Free State	Professional nurse	53	F	38 years	98	60 primary
Total	3 nurses				216	178 schools

Data gathered from school nurses was based on: (1) Screening for Health – case load – overall size of the area covered, assessment of general health and problems encountered; (2) Health education – focusing on promotion of healthy lifestyles; (3) Health promotion – the way in which the teams are practising health promotion; their awareness of health programmes in schools they visited and the extent of their involvement in health programmes in the schools.

Three primary schools: one in Gauteng (school A), two in different district municipalities in the Free State (school B and school C) and one secondary school in a municipality

in Gauteng (school D) participated in this research, a total of four schools. A purposeful sampling method was used in each of these schools. The criteria for inclusion were that a person either had to be a principal of a school, a School-Based Support Team coordinator or an LO educator. The rationale behind including school principals was to get a strategic perspective and then get the practitioner perspective from the teachers. Four school principals, one from a primary school in Gauteng (SP1), two from primary schools in the Free State (SP2, SP3) and another from a high school in Gauteng (SP4) were interviewed; four coordinators of the school-based support teams (SBST) (C1, C2, C3 and C4) and four LO teachers, three from primary schools (LO1, LO2, LO3) and the fourth a Head of Department of Life Orientation in a secondary school (LO4), participated in this research (n=12). The demographic data of the teachers is indicated in Table 2.

Table 2: Demographic data of the teachers

Province	Schools	Types	Principals	Sex	Coordinators	Sex	Teachers	Sex
Gauteng	2	1 primary 1secondary	1 (SP1) 1 (SP4)	F M	1(C1) 1(C4)	M M	1(LO1) 1(LO4) HOD	F F
Free State	2	2 primary (B+C)	2 (SP2 & SP3)	F F	2(C2 & C3)	M F	2 (LO2 & LO3)	F F
	2	**4**	**4**		**4**		**4**	

The data gathered from LO teachers, coordinators of SBST and principals with questions based on the following topics: (1) Their roles in health promotion; (2) their perception of the roles of school nurses; (3) ways in which school nurses and teachers can work together.

Individual semi-structured interviews were conducted with all participants. I gathered four strata of data, which were corroborated when analysed. The analysis led to four themes, which are discussed in the next section.

DATA ANALYSIS

Screening for Health and Immunisation as a Nurse's Role

All participants from primary schools agreed that the two main roles of school nurses were those of screening for health and immunisation, with teachers indicating that these were the only tasks they saw nurses perform. The school nurses indicated that they spent almost all their time in these roles. This was verified in school visitors books. For example, in school C the Human Papilloma Virus (HPV) vaccine, which prevents cervical cancer, was administered in October and November 2014 to Grade Four learners aged between 9 to 13 years. The following dates were recorded for learners

in Grade Three: 12/03/15 and 05/03/15. In the same school, health screening was done for Grade One learners in February 2014. In school B, March and September 2014 and February 2015 were recorded in the logbook for HPV vaccination of Grade Four learners. Health screening was also done only in Grade One in school B. In school A in Gauteng the school nurses visited the school once in 2014 for the immunisation of Grade Four girls and twice for health screening of Grade One learners. In Gauteng the school nurses indicated having more schools than the previous year since they were no longer focusing only on Quintiles 1–3, but also on Grade Ones in Quintiles 4 and 5 (schools in affluent communities). As a result, the nurses in high schools had to assist them with immunisation. The reasons indicated for focussing on health screening and immunisation only included the fact that too many schools needed to be serviced, hence stretching the capacity of the service providers. This was also further worsened by the huge sizes of classes in these schools being serviced.

> With all these schools that we have to service, we work on a very tight schedule" (SN1); It is difficult to visit all the schools in one year, we therefore start with schools that have not been visited the previous year (SN2); Our main focus is health screening and immunisation everything else is secondary (SN3).

School nurses relied on the support of principals and class teachers regarding consent forms for vaccination. After setting up appointments with schools indicating the dates and purpose of their visits, consent forms had to be sent out to parents. As was noted, it is the responsibility of the class teacher to send out and collect consent forms, which can be a complication with some parents, especially "those who are not involved in school matters" (SP2). This becomes a problem not only for the nurses, but also for the class teacher; and the learners have to "be taken out of the class during the time of vaccination" (C2). A principal indicated that "it is in such cases that one is tempted to sign on behalf of the parent, I think that is where one would be acting in loco parentis in the interest of the learner" (SP1). Another principal indicated that "signing on behalf of a parent can only be done when one has exhausted all avenues and when the act is to benefit the learner" (SP3). In this regard teachers worked hand in hand with the nurses to ensure that the service rendered is efficient.

The role of teachers was indicated as identifying learners who experience barriers to learning. This role was in line with the stipulations of the SIAS (Republic of South Africa, 2008). The teachers indicated that they were doing screening differently from the nurses, since they focused on curriculum assessment, relying heavily on learner performance and to a lesser extent on doctors' letters and information from parents, including family history and the health history of the child. This confidential information was recorded in learner profiles. At no stage did the teachers verify their findings with the school nurses, although they were aware that they lacked expertise and that nurses were readily available to help out. The main reason highlighted was that both groups were implementing different policies with the teachers focusing on the SIAS (Republic

of South Africa, 2008) while the school nurses were focusing on the ISHP (Republic of South Africa, 2012). It seems that teachers were not aware that the implementation of these policies was part of a bigger strategy of health promotion.

> I think in detecting health problems teachers are guessing, we need someone with expertise to validate our findings (C1); We do not involve nurses, we refer learners to the district" (C3); I think it is important that they help us in this regard, not do our work for us but just check if we are on the right track (SP1); The problem I see with not verifying information with nurses is that in the number of learners that have been identified by teachers as experiencing problems we never know which ones are related to medical problems and which ones are due to individual factors within a learner. Having this information would reduce the number of learners we refer to the distric (SP2).

Making Referrals

Teachers and principals applauded school nurses for their efficiency in making referrals when compared to their own process of referrals. The school nurses were able to refer directly to specialists, since these specialists were their colleagues. The procedure for referrals included the completion of referral slips in triplicate by a qualified school nurse: one for the parent, another for the health specialist and one for follow-up. The learners gave the referral slips to the parents. School nurses indicated that they relied on the class teacher or the SBST coordinator to motivate parents to take their children to the specialists. The participants agreed that by working together they ensured that the learners received the health assistance they needed; and that if the nurses did not rely on teachers, referring learners to specialists for further observation would have been a failure, since they did not communicate with the parents directly but through the schools.

The teachers however indicated that they were not able to refer learners to health specialists, because they have to refer learners to the SBST in their schools according to the SIAS (Republic of South Africa, 2008). The SBST would then have to follow the SIAS process when supporting learners who are experiencing barriers to learning. However, as noted in the study, strategies employed in these schools did not include involvement of school nurses in validating detection by teachers, but rather focused on remediation and re-teaching lessons, even though it was suspected that these learners have poor eye-sight or hearing which needed medical attention. Teachers and principals acknowledged that the involvement of nurses would have made it easier for the SBST to attend to those learners who needed support regarding the curriculum, while the nurses were focusing on those who needed medical attention. The danger in this lack of classification is that all these learners are referred to the SBST first and then to the DBST and nothing is done to support them at the end except for those with severe learning barriers who are taken to either full service schools or special schools as resource centres.

> I think this is a long process which is unnecessary sometimes, we wait until the DBST responds, that can take months instead of asking for help from the school nurses (C1); In case where a learner has to be referred to a Full Resource School it is necessary to involve the DBST but with all others I think nurses can assist with referrals (C2); I think it would be against the policy to refer learners experiencing problems to nurses, it is the responsibility of the DBST according to SIAS (C3); We have to follow the policy if it says SBST we can't change that (LO1).

Health Education

School nurses in primary schools indicated that they concentrated on health education for 10 to 15 minutes before starting with either health screening or immunisation. Learners had to know what to expect; they had to be educated on how to take care of their bodies and the importance of doing so had to be emphasised. Teachers indicated their concern that nurses no longer visited schools specifically for health promotion; for instance, the principal of school C indicated that school nurses had last visited the school in 2013 to talk about health issues. Their main concern was that school nurses were just focusing on the grades they were rendering services to, which benefitted only those learners in the school who were targeted. The teachers preferred separate days for health promotion and health screening. They indicated that this would give them an opportunity to learn from the nurses and request assistance regarding topics they were uncomfortable with.

> Our learners need to listen to health professionals talking about health issues they battle with, this is very important (LO4); Learners used to enjoy these sessions with nurses because the information was not for assessment, it was also informal education (C4); We do health education before we start with our task for the day but the time is not enough for us to do a thorough job"(SN3); I would prefer nurses to have a day for health promotion and not combine it with screening, it would help me to ask her for assistance in health topics in LO (LO2).

According to participants from high schools, the main role that nurses played in their schools was that of health promoters and health educators, which they executed by providing health information to learners and having a formal health dialogue with groups of learners. School nurses had their own schedule: the nurses in school D visited the school to talk to girls about teenage pregnancy in October 2014; in March 2015 they dedicated time to give information about cervical cancer to Grade Eight and Nine girls. Those who did not receive the HPV vaccine were encouragedto go to the nearest clinic for the vaccine. The school's role was to send out letters to the parents of girls in these grades to make them aware of the vaccine.

There was however no collaboration between nurses and teachers on matters of health education. It was apparent to both parties that as a consequence of these activities being implemented parallel to each other, an opportunity for working together was being missed out on. Most of the topics the nurses indicated as being the focus of their lessons were part of the CAPS document, yet the same nurses themselves were not aware of this. Teachers, even the ones for LO, were not allowed to be part of the sessions

where nurses addressed learners. The reason that was given by nurses was that learners did not feel comfortable when teachers were part of the discussions. The LO teacher interviewed in the study indicated that she had never asked assistance from nurses on topics regarding sexuality, although she agreed that it was difficult to teach:

> I do not ask them because it is not only nurses who do sex education, there are two Non-Governmental Organisations who also came last year to talk to learners about the same issues. I take it that this information is enough, moreover learners get tired of hearing the same thing over and over. I think it is important for us to work together, but at the same time there are many other topics we have to address, we have curriculum pace setters and I have to finish the syllabus, that is my main concern (LO4).

In primary, as in secondary schools, health education is part of the curriculum in the primary and secondary schools; and topics that are age appropriate are included in the CAPS (Republic of South Africa, 2011). Now, topics that were indicated as problematic since they clashed with the values of participating teachers including those concerning sexuality, condom distribution and pregnancy. The teachers indicated their lack of expertise in health matters, specifically issues of sexuality. They had however never discussed how they could involve the nurses in health promotion matters in their meetings. This indicates that there were no strategies in place for the synchronisation of tasks, but it is commendable that teachers are aware of the missed opportunities.

> Yes there are topics that are problematic, we rely on media and other sources, it is not that kids don't get this information (LO1); We struggle it is not just about talking about condom use, children want you to tell them how they can protect themselves using condoms, what do we say? (LO2); I don't think nurses should be part of health education, teachers have to teach and not rely on others, it is their responsibility (LO3).

Health Promotion

School nurses were aware of their responsibility of health promotion, but the role did not have a slot in their schedule. The SIAS is silent on what school nurses exactly need to do about this task. Although some nurses indicated that they were working with the coordinator of the SBST and LO teachers, they were not members of any of the health committees in schools. They were also not aware of the duties of health committees, and did not play a role in developing school-based health policies; and they had also never been requested to comment or contribute to formulating these policies. Only two nurses indicated that they were checking the food given to learners during break-time. The lack of clarity on what the nurses have to do; the lack of guidance from school managers; and the lack of obligation to report on this role were the major reasons highlighted by school nurses for their lack of participation in this important matter.

> We sometimes check the kitchen, the food and the menu but the food handlers have an attitude, they do not listen to us but only to the educator or the principal (SN 2); I think they don't know

> that it is my responsibility as well to check (SN3); No one in the school has ever asked me to be part of a committee, it is difficult to volunteer because one doesn't know where the school encounters problems most (SN4).

Teachers indicated that they were expected to develop school-based policies from the national policies and set up health committees that were to drive the implementation of health programmes. They reportedly also coordinated the activities of the school nutrition programme, being key in the hiring of food handlers, checking supplies and ensuring that learners ate on time among other related tasks. The teachers indicated encountering problems in performing all these tasks, as their main obligation was to teach, mentioning that a focus on health promotion was a distraction, competing with the curriculum. They then attributed their failure to involve school nurses in their programmes to lack of time to inform them about health policies and programmes and the inconvenience of working with people who were not on the school premises. The research thus highlights the inability of teachers to collaborate with other stakeholders.

> Only teachers are members of health committees (LO3); We want to involve nurses, they would make a valuable contribution, but we have to consider their work load, so we usually work with people that are at school (SP4); We are juggling all these things but our priority is the curriculum so most of the time our health programmes fail because of a lack of time to focus on them (LO4).

Lack of Support from Schools

Supportive Role – School Managers

School nurses in primary schools complained about the lack of support from schools, especially from the school managers. They had to make appointments well in advance and indicate the dates and duration of their stay during the time of service to principals. They expected to find venues and learners ready for them on the appointed date, but most of the time they were disappointed to find schools not ready, the teachers involved were sometimes not aware of the arrangements; and the principals were attributing their failure to assist nurses to their workload. The participants indicated that there was a general lack of leadership in ensuring that the nurses were accommodated.

> We get frustrated when we cannot start on time because the teacher and the learners are not ready for us (SN 1); It happens that the principal forgets, but we do not take that long to prepare a class (LO3); The principal is busy, but teachers are also at fault sometimes they do not welcome these visits as they clash with their plans (SP4).

DISCUSSION

The limitation of the current study was that only three school health nurses from three different municipalities and two provinces and 12 teachers and principals were

interviewed. It is possible that the results would have been different if more municipalities had been included. However, the school health nurses and school personnel represented municipalities with different conditions, which provided a broad perspective of the experiences of participants.

Among the study findings was the fact that school nurses and teachers were able to work together in seeking parents' consent for the immunisation of their children. This is an administrative role and the two parties do not need to engage; communication was just about what had to be done and the schools were familiar with this role. Although this is a step in the right direction, the process of harmonising roles has to develop from this low level to a higher level of synergy. The initial stage of transferring the responsibility of engaging parents to school personnel is very important for two reasons; firstly, because it is a formal process portraying a collaboration of two government departments at local level; and secondly, it can be used as a means of gaining access to additional resources that schools so desperately need to support learners who are experiencing barriers to learning.

As again observed in the study, the participants from schools were aware of the health-screening role of nurses but knew nothing about the process to be followed to achieve this role. This lack of information about roles led to difficulties in harmonising the official roles of screening for health and learning barriers. Health education and health promotion could also not be harmonised leading to loose, uncoordinated efforts. This finding is supported by studies conducted by Swart and Reddy (1999) and Mohlabi, Van Aswegen and Mokoena (2010), all citing resistance to intersectoral collaboration and a lack of a common understanding of health promotion. The deficit of partnership working between teachers and school nurses could be detrimental to the effectiveness of health services provided. The teachers did not perceive the services provided by school nurses as having anything in common with health promotion in general; and dealing with learners who are experiencing barriers to learning in particular. This deprives schools of a balanced approach to health promotion and improvement of the health status of learners to maximise their educational achievement.

Another study finding was that the supportive role of school managers was not enough to bring about a progressive process in harmonising the roles of the two groups. The support of school managers is important in solidifying commitment to working together. It is the school managers' responsibility to initiate and give guidance on actions to warrant the participation of school nurses in school health programmes. Being involved in these programmes would be an opportunity to strengthen the relationship between the two parties where the collaboration and contribution of school nurses to health promotion would be recorded in official documents of the school. This would thereby give this contribution the priority and recognition it deserves, compared to being entered into the visitors books as a mere procedure. An environment that is conducive to realising the harmonisation of roles and co-ordinating activities as an emotional exercise has to be created; thus, trust and openness are paramount. The supportive role in this

research includes: an ongoing visible endorsement of the activities of school nurses and the availability of methods to deal with the clash in the two priorities. School managers are at the forefront of this synchronisation of roles, hence, a top-down approach where either the Department of Health or the Department of Education comes up with rules would push the two parties further apart.

RECOMMENDATIONS

One of the findings that emerged from the study was that at no point in the process of the implementation of the ISHP did school nurses and teachers meet to talk about their plan for the year. Developing strategies together would thus create a sense of interdependency between the two groups. Teachers on the one hand do rely on school nurses to ensure that their efforts to detect learners experiencing learning barriers are accurate. School nurses on the other hand also rely on the support of teachers to be effective in their endeavours. Being aware of each other's itinerary would assist in solving the problem of putting their partnership component into real practice.

There is a need for training teachers and school managers in health promotion. The ISHP (Republic of South Africa, 2012) attends to the importance of training and re-orientating the staff members involved in the implementation of this policy. Lee et al. (2003, 174), Pérez-Rodrigo and Aranceta (2003, S84) and Jourdan et al. (2008) argue that teacher training is often considered to be a central factor linked to the quality of project implementation. Studies show that teachers who have received health promotion training tend to be involved in health promotion projects more frequently and have a more comprehensive approach to health education (Simar, Jourdan, Pizon and Barnoin, 2007). The often-sensitive nature of health issues (especially relating to sexual and reproductive health) requires professional development of teachers. It is important that teachers feel comfortable with the content of the curriculum, be confident in teaching it, have the correct knowledge, and be able to engage learners in the myriad of issues that inevitably arise with topics of sexuality (Ahmed et al. 2009,52).

REFERENCES

Abel, G., and L. Fitzgerald, 2006. "When You Come to It You Feel Like a Dork Asking a Guy to Put a Condom on: Is Sex Education Addressing Youth's Understanding of Risk?" *Sex Education* 6 (2): 105–119. doi: 1080/14681810600578750

Ahmed, N., A. Flisher, C. Mathews, W. Mukoma, C., and S. Jansen. 2009. "HIV Education in South African Schools: The Dilemma and Conflicts of Educators." *Scandinavian Journal of Public Health* 37 (2): 48–54. doi: 10.1177/ 1403494808097190

Birnbaum, A., L. Lytle, M. Story, C. Perry, and D. Murray. 2002. "Are Differences in Exposure to a Multicomponent School-based Intervention Associated with Varying Dietary Outcomes in Adolescents?" *Health Education Behaviour* 29: 427–443. doi:10.1177/109019810202900404

Chigona, A., and R. Chetty. 2008. "Teen Mothers and Schooling: Lacunae and Challenges." *South African Journal of Education* 28: 261–281

Deschesnes, M., C. Martin., and A. J. Hill. 2003. "Comprehensive Approaches to School Health Promotion: How to Achieve Broader Implementation?" *Health Promotion International* 15 (4): 387-396. doi. org/10.1093/heapro/ dag410

Francis, D.A. 2010. "Sexuality Education in South Africa: Three Essential Questions." *International Journal of Educational Development* 30: 314–319. doi:10.1016/j.ijedudev

Garrard, J., B. Lewis, H. Keleher, N. Tunny, L. Burke., S. Harper., and R. Round. 2004. *Planning for Healthy Communities: Reducing the Risk of Cardiovascular Disease and Type 2 Diabetes through Healthier Environments and Lifestyles.* Melbourne: Department of Human Services.

Helleve, A., A. Flisher, H. Onya, W. Mukoma., and K.I. Klepp. 2009. "South African Teachers' Reflections on the Impact of Culture on their Teaching of Sexuality and HIV/AIDS. Culture, Health & Sexuality." *International Journal for Research, Intervention and Care* 11 (2): 189–204. doi: 10.1177/1403494808095085.

Jackson, S., F. Perkins, E. Khandor, L. Cordwell, S. Hamann., and S. Buasai. 2007. "Integrated Health Promotion Strategies: A Contribution to Tackling Current and Future Health Challenges." *Health Promotion International* 21 (1): 75–83. doi: 10.1093/heapro/da1054

James-Traore, T. A., W. Finger, C.D. Ruland., and S. Savariaud S. 2004. *Teacher Training: Essential for School-Based Reproductive Health and HIV/AIDS Education Focus on Sub-Saharan Africa.* Washington: Family Health International.

Jourdan, D., O. Samdal, F. Diagne., and G.S. Carvalho. 2008. "The Future of Health Promotion in Schools Goes through the Strengthening of Teacher Training at a Global Level." *The International Union for Health Promotion and Education* XV(3): 36–38. doi: 10.1177/1025382308095657

Lee, A., C. Tsang, C. Lee., and C. To. 2003. "A Comprehensive 'Healthy Schools Programme' to Promote School Health: The Hong Kong Experience in Joining the Efforts of Health and Education Sectors." *Journal of Epidemiology and Community Health* 57: 174–177.

Lightfoot, J., and W. Bines. 2000. "Working to Keep School Children Healthy: The Complementary Roles of School Staff and School Nurses." *Journal of Public Health Medicine* 22 (1): 74–80.

Mohlabi, D., E. Van Aswegen., and D. Mokoena. 2010. "Barriers to Successful Implementation of School Health Services in the Mpumalanga and Gauteng Provinces." *South African Family Practice* 52 (3): 249–254

Morrell, R., D. Bhana., and T. Shefer. 2012. "Pregnancy and Parenthood in South African Schools." In *Books and Babies: Pregnancy and Young Parents in Schools,* edited by R. Morrell, D. Bhana. and T. Shefer. Cape Town: HSRC Press.

Mukoma, W., A. Flisher, N. Ahmed, S. Jansen, C. Mathews, K. Klepp., and H. Schaalma. 2009. "Process Evaluation of a School-based HIV/AIDS Intervention in South Africa." *Scandinavian Journal of Public Health* 37 (2): 37–47. doi:10.1177/1403494808090631.

National Association of School Nurses 2002. *Issue Brief: School Health Nursing Services Role in Health Care: Role of the School Nurse*. Silver Spring, MD: National Association of School Nurses.

Pe´rez-Rodrigo, C., and J. Aranceta. 2003. Nutrition Education in Schools: Experiences and Challenges. *European Journal of Clinical Nutrition* 57(1): S82–S85. doi:10.1038/sj.ejcn

Republic of South Africa. 2008. *The National Strategy on Screening, Identification, Assessment and Support.* Pretoria: Department of Basic Education.

Republic of South Africa. 2011. *Curriculum Assessment Policy Statement.* Pretoria: Department of Basic Education.

Republic of South Africa. 2012. *Integrated School Health Policy*. Pretoria: Government Printer.

Scribner, S. M., G. Crow, G. Lopez., and K. Murtadha. 2011. 'Successful' principals: a contested notion for superintendents and principals. *Journal of School Leadership* 21(3): 390-421

Simar, C., D. Jourdan, F. Pizon., and J. Barnoin. 2007. "Teacher's Professional Positioning in Relation to a Health Education Program." Communication at the 2007 World Conference of IUHPE Vancouver Canada.

Swart, D., and P. Reddy. 1999. "Establishing Networks for Health Promoting Schools in South Africa." *Journal of School Health* 69 (l): 47–50. doi:10.1111/j.1746-1561.1999.tb06366

Visser, J., J. Schoeman., and J. Perold. 2004. "Evaluation of HIV/AIDS Prevention in South African Schools." *Journal of Health Psychology* 9(2): 263–280.

Waggie, F., N. Gordon., and P. Brijlal. 2004. "The School, a Viable Educational Site for Interdisciplinary Health Promotion." *Education for Health* 17: 303–312. doi:10.1080/13576280400002460

Whitehead, D. 2006. "The Health-Promoting School: What Role for Nursing?" *Journal of Clinical Nursing* 15: 264-271

World Health Organisation 1996. *Promoting Health through Schools. The WHO's Global School Health Initiative*. Geneva: WHO.