Teacher perceptions on adapting the implementation of the Win-LIFE health promotion intervention

by

Almarié Jacobs

Submitted in partial fulfilment of the requirements for the degree

Magister Educationis

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PRETORIA
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I dedicate this research study to my husband, Quinton Jacobs. I am so grateful to you for affording me the opportunity to further my studies and for supporting me in every possible way.

DECLARATION OF ORIGINALITY

I, Almarié Jacobs (student number 18238930), declare that the mini-dissertation titled **"Teacher perceptions on adapting the implementation of the Win-LIFE health promotion intervention"** which I hereby submit for the degree Magister Educationis in Educational Psychology at the University of Pretoria, is my own work and has not previously been submitted by me for a degree at this or any other tertiary institution.

05-11-2020

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Almarié Jacobs   **Date**

ETHICAL CLEARANCE CERTIFICATE

RESEARCH ETHICS COMMITTEE

CLEARANCE CERTIFICATE	CLEARANCE NUMBER:	UP 12/09/02 Botha 18-001
DEGREE AND PROJECT	MEd	
	Teacher perceptions on adapting the implementation of the Win-LIFE health promotion intervention	
INVESTIGATOR	Ms Almarié Jacobs	
DEPARTMENT	Educational Psychology	
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DATE OF CLEARANCE CERTIFICATE	27 October 2020	

CHAIRPERSON OF ETHICS COMMITTEE: Prof Funke Omidire

CC

Ms Bronwynne Swarts
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Dr NW Blom

This Ethics Clearance Certificate should be read in conjunction with the Integrated Declaration Form (D08) which specifies details regarding:
- Compliance with approved research protocol,
- No significant changes,
- Informed consent/assent,
- Adverse experience or undue risk,
- Registered title, and
- Data storage requirements.

ETHICS STATEMENT

The author, whose name appears on the title page of this mini-dissertation, has obtained, for the research described in this work, the applicable research ethics approval. The author declares she has observed the ethical standards required in terms of the University of Pretoria's Code of ethics for researchers and the Policy guidelines for responsible research.

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Almarié Jacobs

05-11-2020

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Date

DECLARATION FROM LANGUAGE EDITOR

I HATE MISTEAKS

TK LANGUAGE SERVICE

EDITING | PROOFREADING | TRANSLATION

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28 October 2020

TO WHOM IT MAY CONCERN

I, the undersigned, hereby declare that the master's dissertation titled **Teacher perceptions on adapting the implementation of the Win-LIFE health promotion intervention** by Almarié Jacobs has been edited.

It remains the responsibility of the candidate to effect the recommended changes.

Prof. Tinus Kühn

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ABSTRACT

This study explored teacher perceptions on adapting the implementation of the Win-LIFE (Wellness in Lifestyle, Intake, Fitness and Environment) health promotion intervention in a resource-constrained community near Bronkhorstspruit in Gauteng, South Africa. It forms part of a broader project at the University of Pretoria that commenced in 2013. The project focused on the development, implementation and potential effect of a school-based health promotion intervention and aimed to enrich the South African Grade 4 to 6 Intermediate Phase school curricula in Natural Sciences and Life Skills.

I applied Bronfenbrenner's bioecological model of development, implemented a qualitative research approach and utilised interpretivism as the epistemological paradigm. Following a combination of convenience and purposive sampling of the site and participants, I utilised a descriptive case study research design. The data was generated and documented through Participatory Reflection and Action (PRA) activities, observation-as-context-of-interaction, field notes, a reflective journal, audio- and visual material.

I utilised inductive thematic analysis and identified three main themes and related sub-themes. The first theme relates to factors that should be considered when the Win-LIFE intervention is adapted; the second theme addresses support required when the Win-LIFE intervention is implemented; the third theme comprises recommendations to adapt the implementation of the Win-LIFE intervention.

The findings indicate that teachers recognise the advantages a health promotion intervention can have on the different sub-systems of their community and believe that the intervention should be re-implemented. The involvement, collaboration and support from the school's management team, other teachers, parents and external role-players in the community should be emphasised in future implementation of the intervention. Furthermore, the participants suggested adaptations in terms of the implementation process and timeframe, better alignment of the content with CAPS, practical learning activities and the language used during the intervention.

KEY CONCEPTS

- ❖ Adapting an intervention
- ❖ Implementation
- ❖ Perceptions
- ❖ Resource-constrained community
- ❖ Teachers
- ❖ Win-LIFE health promotion intervention

LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
CAPS	Curriculum and Assessment Policy Statement
CDs	Communicable Diseases
DBE	Department of Basic Education
FAO	Food and Agriculture Organization
FRESH	Focusing Resources on Effective School Health
HIV	Human Immunodeficiency Virus
HPPs	Health-Promoting Schools
IFSS	Integrated Food Security Strategy
ISHP	Integrated School Health Policy
MDGs	Millennium Development Goals
NCDs	Noncommunicable Diseases
NSNP	National School Nutrition Programme
NHSP	National Healthy Schools Programme
PRA	Participatory Reflection and Action
SDGs	Sustainable Development Goals
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organization
Win-LIFE	Wellness in Lifestyle, Intake, Fitness and Environment

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CHAPTER 1 - OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

This mini-dissertation of limited scope forms part of a broader project of the University of Pretoria[1], which aims to facilitate social change in school-communities. This project commenced in 2013 and entails the planning, development and implementation of the Win-LIFE[2] health promotion intervention aimed to improve food-related behaviour in resource-constrained communities.

The Win-LIFE intervention was conceptualised as a means to enrich the current South African Grade 4 to 6 Intermediate Phase school curricula, in both Natural Sciences and Life Skills. By enriching these school subjects, the Win-LIFE intervention aims to support the participating schools in becoming centres of health promotion and learning in the respective communities. To implement the Win-LIFE intervention, teachers were supplied with resource books that had been developed by the project leaders as supportive tools to strengthen current Nutrition Education in Natural Sciences and Life Sciences. The books consisted of the Environmental Education Educator's Guide and Learner's Workbook (2014) and the Nutrition Education Educator's Guide and Learner's Workbook (2014).

One of the assumptions of implementing the Win-LIFE intervention is that knowledgeable Grade 4 to 6 learners can share the significance of positive lifestyle behaviours with their families and other community members, resulting in potential social change. More specifically, Grade 4 to 6 learners can promote positive dietary patterns and lifestyle habits, through which poverty may be addressed in the participating resource-constrained school setting. In this manner, schools can be used as facilitators of adjusted behaviour in resource-constrained settings in an attempt to relieve household food insecurity and increase levels of nutrition.

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[1] Funded by Multotec, a global leader in mineral processing.
[2] Win-LIFE: Wellness in Lifestyle, Intake, Fitness and Environment.

Table 1.1 provides an overview of the five phases in which the Win-LIFE intervention was developed and implemented, as well as of the postgraduate studies that emanated from this project.

Table 1.1: Outline of the existing project

PHASE	DESCRIPTION	PREVIOUS STUDIES
Phase 1	Gathering of basic baseline information from teachers (n = 45) and parents (n = 23) regarding the food-related behaviours and needs in the participating resource-constrained community. Two postgraduate students (MEd in Educational Psychology, supervised by K. Botha and R. Ferreira) formed part of the first phase.	• Cook, E. 2016. *Teachers' perceptions of the food consumption practices of a resource-constrained community.* Unpublished MEd dissertation. Pretoria: University of Pretoria. • Kumalo, D.M. 2017. *Parents' perceptions of the food consumption practices and nutrition-related needs in a resource-constrained community.* Unpublished MEd dissertation. Pretoria: University of Pretoria.
Phase 2	The planning, development and implementing of the school-based health promotion intervention.	
Phase 3	The training of Grade 4 to 6 teachers (n = 24) and the implementation of the intervention at the three participating primary schools near Bronkhorstspruit, Gauteng. One postgraduate student (PhD in Educational Psychology, supervised by R. Ferreira and W. Fraser) formed part of the second and third phases of the broader project.	• Botha, C. J. (In progress). *Development and implementation of a health promotion intervention in a resource-constrained community.*
Phase 4	The monitoring and evaluation of the outcome of the Win-LIFE intervention. Two MEd studies (supervised by R. Ferreira, W. Fraser and K. Botha) and a PhD study (supervised by R. Ferreira and W. Fraser) formed part of the fourth phase of the broader project.	• Bentley, K. 2017. *The experiences of Grade 5 learners of an enriched Life Skills curriculum.* Unpublished MEd dissertation. Pretoria: University of Pretoria. • De Vos, M. 2017. *The experiences of Grade 5 learners of an enriched Natural Sciences curriculum.* Unpublished MEd dissertation. Pretoria: University of Pretoria. • Ngwenya, D. M. 2019. *Evaluation of a school-based health promotion intervention in a resource-constrained community.* Unpublished PhD thesis. Pretoria: University of Pretoria.

PHASE	DESCRIPTION	PREVIOUS STUDIES
Phase 5	Reporting the findings to the different groups of participants and stakeholders, as well as investigating the possibility of adapting the implementation process of the intervention and extending the intervention to other schools in the participating resource-constrained community.	

My study of limited scope forms part of the fifth phase of the existing research project. More specifically, I depart from the teacher identified challenges identified in Phase 4 and explore teachers' perceptions on adapting the implementation of the Win-LIFE intervention. The results of my study can be used for planning and implementing future school-based health promotion interventions at other schools in the participating resource-constrained community.

1.2   RATIONALE FOR THE PRESENT STUDY

The existing project has been undertaken against the background of hunger and hidden hunger, poverty and malnutrition-related challenges, with the aim to address the Millennium Development Goals (MDGs) and the Sustainable Development Goals (SDGs). All United Nations Member States adopted the 2030 Agenda for Sustainable Development, which provides an outline for prosperity and peace globally (United Nations, 2019). The SDGs, in particular, form the core of this agenda, and recognise that diminishing poverty aligns with strategies to improve health and education through multilateral collaborations (United Nations, 2019).

According to the United Nations (2015), poverty is a fundamental cause of hunger and malnutrition globally. Prior to the COVID-19 pandemic, statistics indicate that two million people globally (25,9%) had no access to nutritious food (FAO, 2020a). Furthermore, more than 50% of the world's poorest populations live in Sub-Saharan Africa. Since 1990, the number of malnourished people in Sub-Saharan Africa has increased by 44 million (United Nations, 2015). Currently, 50% of children in Sub-Saharan Africa live in poverty and this number contributes to 51% of malnourished children globally (Sanoussi et al., 2020).

In the South African context, various scholars, including Lehohla (2014), highlight the link between poverty, malnutrition and a lack of proper education (Ebersöhn, 2017; Ferreira et al., 2013; Wenhold et al., 2012). In fact, the United Nations Development Programme (UNDP, 2016b) states that learners who are malnourished struggle to achieve their full potential. In order to address these challenges, the United Nations Development Programme suggests and endorses the implementation of school-based health promotion interventions to address challenges associated with poverty and malnutrition (UNDP, 2016b). Accordingly, the Department of Basic Education (2011) supports the implementation of school-based health promotion interventions, as they may provide opportunities to impact on the immediate and long-term health-related behaviour of learners and their families.

However, there are several challenges that often stifle the implementation of school-based health promotion interventions. In this regard, Steyn et al. (2009) indicate that teachers are currently not sufficiently utilised and trained as human resources to promote, support and implement school-based health promotion interventions for learners in South African resource-constrained school-communities. Furthermore, Steyn at al. (2009) highlight the fact that school-based health promotion interventions are currently lacking in South Africa and other developing countries. This implies that research and practical guidelines regarding the development and implementation of South African school-based health interventions are still emerging.

Addressing this emerging field, Wingood and DiClemente (2008) state that there is a need for adapting interventions to suit different contexts, rather than for designing and implementing new interventions. As the existing Win-LIFE intervention does feature effective aspects, I decided to investigate possible suggestions from the teacher participants regarding their views of adapting the existing intervention, rather than to design a novel intervention.

Considering the findings from previous studies in the Win-LIFE health promotion intervention, certain challenges were identified by the participating teachers, which may be met for future successful implementation in similar settings. These identified challenges relate to the teachers' participation and workload, sufficient training and support for teachers who implement the programme, the timeframe of the implementation and the suitability of the programme's content (Botha, in progress;

Ngwenya, 2019). In addition, teacher participants indicated challenges in terms of the intervention's non-alignment with the required CAPS curriculum, the language used in the manuals, and the parents' lack of involvement (Botha, in progress; Ngwenya, 2019). These challenges laid the foundation for my study, as my aim was to investigate the teacher perceptions on adapting the implementation of the Win-LIFE intervention.

1.3   PURPOSE OF THE STUDY

The purpose of the present study of limited scope is to explore and describe teacher perceptions on adapting the implementation of the Win-LIFE intervention with a view to utilise the intervention at other schools in the participating resource-constrained communities. I explored the identified challenges and suggestions related to the adaptation of the implementation of the Win-LIFE intervention in an attempt to understand how this may or may not facilitate context-specific contributions in support of the future use of the Win-LIFE intervention. I specifically focused on the teachers' perceptions of the identified challenges they faced during the implementation of the Win-LIFE school-based intervention, and how they formulated possible solutions to adapt the implementation of the Win-LIFE intervention for future use.

1.4   RESEARCH QUESTIONS

The present study was guided by the following primary research question:
How can the implementation of the Win-LIFE intervention be adapted for future use?
I was guided by the following secondary research questions in an attempt to address the primary research question:

* ❖   How can identified school-related challenges be addressed when adapting the implementation of the Win-LIFE intervention?
* ❖   How can identified community-related challenges be addressed when adapting the implementation of the Win-LIFE intervention?
* ❖   How can identified intervention-related challenges be addressed when adapting the implementation of the Win-LIFE intervention?

1.5   WORKING ASSUMPTIONS

I assumed he following in undertaking this study:

- ❖ Teachers will be able to provide feedback regarding solutions for the identified challenges to adapt the implementation of the Win-LIFE intervention.
- ❖ Teachers in resource-constrained communities are exposed to various challenges that may have an impact on the perceptions these teachers may have of the development and implementation of school-based health promotion interventions.
- ❖ Teachers' perceptions of addressing identified challenges to adapt the implementation of the Win-LIFE intervention are linked to their context and school-community.

1.6 CONCEPT CLARIFICATION

In this section, I provide a clarification of key concepts featured in the present study.

1.6.1 Teachers

A teacher can be defined as a person who educates or teaches people professionally (Department of Basic Education, 1996). The Oxford Dictionary of Education (Wallace, 2008) describes a teacher as a professional person who works in an educational setting and engages with learners to develop their knowledge, skills and attitudes. A teacher's role is thus to guide learners' development through supporting them in gaining an understanding of necessary knowledge of themselves and their worlds. For the purpose of the present study, the participants were Intermediate Phase primary school teachers (n=3) teaching at a primary school in a resource-constrained community near Bronkhorstspruit in Gauteng, South Africa. These teachers participated in the initial implementation of the Win-LIFE intervention.

1.6.2 Implementation

According to Durlak and DuPre (2008), implementation pertains to the composition of a programme when administered in a specific context. For the purpose of the present study, implementation refers to the methods and processes used by the teachers who implemented the Win-LIFE intervention initially. More specifically, implementation refers to the lessons that were presented to Grade 4 to 6 learners who participated in the Win-LIFE intervention. As such, in this study, implementation refers to the initial implementation of the Win-LIFE intervention by Intermediate Phase teachers and facilitators from the University of Pretoria at the three selected primary schools in the resource-constrained school setting near Bronkhorstspruit in Gauteng, South Africa.

1.6.3 Win-LIFE Health promotion intervention

The World Health Organisation (WHO, 1986, p.1) describes health promotion as "the process of enabling people to increase control over and to improve their health". The aim of health promotion is thus to generate constructive modification in terms of health-related behaviour (WHO, 1986). Green and Kreuter (1999) describe health promotion as a combination of environmental and educational assistance in promoting healthy living conditions. For the purpose of the present study, health promotion relates to the Win-LIFE health promotion intervention that has the aim of informing and sustaining the health-related status of Grade 4 to 6 learners from the three participating primary schools.

1.6.4 Resource-constrained community in the South African context

A resource-constrained community refers to a community experiencing adverse challenges such as poverty, unemployment, a lack of affordable health care, poor nutrition and limited access to electricity, running water and other basic services (Ozanne & Anderson, 2010). Oldewage-Theron and Slabbert (2008) furthermore state that individuals in resource-constrained communities experience an insufficiency of resources and as a result, their living standards are minimised. For the purpose of the present study, the resource-constrained community near Bronkhorstspruit refers to participants residing in a poverty-stricken context, with limited resources, high rates of unemployment and health-related challenges such as malnutrition, household nutrition and food insecurity, non-communicable diseases and HIV and AIDS.

1.6.5 Perceptions

The Cambridge Dictionary of Psychology (Matsumoto, 2009) defines perception as a process or act of creating clarity from information obtained from the senses, and to respond differentially to this information. Perception is thus a conscious process of obtaining cognisance of the environment or objects through interpretation (Goldstein & Brockmole, 2017). In the present study, perceptions refer to the teacher participants' experiences of adapting the implementation of the Win-LIFE intervention based on what they have seen and done.

1.6.6 Adapting an intervention

To adapt an intervention means to modify and improve the activities or implementation of an existing project to be used in a different context, while the central elements and theoretical framework remain unchanged (Veniegas et al., 2009; Wingood & DiClemente, 2008). For the present study, the term adapting refers to the possible changes related to implementation to be made to the existing Win-LIFE health promotion intervention for use in other resource-constrained school settings, as suggested by the teacher participants.

1.7 PARADIGMATIC APPROACHES

This section provides an overview of the epistemological and methodological approaches I relied on in the present study. A detailed discussion of each approach is provided in Chapter 3.

1.7.1 Epistemological paradigm: Interpretivism

For this study, I selected interpretivism as an epistemological paradigm (Nieuwenhuis, 2007a). The goal of interpretivist research is to gain understanding of a specific phenomenon in the social world, through the perspectives of individuals who are involved in that phenomenon (Burnett & Lingham, 2012). In utilising interpretivism, I could observe, comprehend and interpret the perceptions of the teachers who participated in the initial implementation of the Win-LIFE intervention. As such, I took the teachers' shared experiences at face value, and was able to obtain data, through various means, that was rich and meaningful (Nieuwenhuis, 2007a). While interpreting the teachers' unique experiences, I kept in mind that their meanings were constructed subjectively, and therefore my focus was on developing a true understanding of the teacher perceptions on adapting the Win-LIFE intervention for future implementation. In this way, I aimed for an in-depth understanding, rather than generalising the results of this study (Morgan & Sklar, 2012; Snape & Spencer, 2003).

1.7.2 Methodological paradigm: Qualitative research

I followed a qualitative research approach (Creswell, 2014) in this study as the methodological paradigm. In qualitative research, the researcher has the aim of generating and documenting data from the perspectives of participants who are involved in the topic that the research question aims to address (Miles et al., 2014).

Qualitative data emphasises participants' first-hand, practical encounters with the social and physical environment and is suitable for interpretation by researchers. The purpose of this interpretation is to obtain an in-depth understanding of the participants' experiences of structures and events and to understand how the meaning of the participants' experiences is connected to the social landscape (Miles et al., 2014).

By utilising a qualitative approach, I attempted to understand the way in which the teachers as participants approached and viewed the adaptation of the Win-LIFE intervention and how they make meaning of their perceptions and experiences (Ravitch & Mittenfelner Carl, 2016). As a qualitative researcher, I generated and documented the emerging qualitative data by observing participants and interpreting audio-visual material from a focus group discussion where the participants engaged in PRA-based activities. I therefore focused on gathering detailed information and interpreting the meaning that the teachers had in terms of adapting the Win-LIFE intervention (Creswell & Creswell, 2018).

1.7.3 Theoretical framework

For the purpose of my study, I applied Bronfenbrenner's bio-ecological model of development (Bronfenbrenner, 1979) as theoretical framework. In this model, Bronfenbrenner (1979) posits that an individual is placed within a series of interactive systems, namely the microsystem, mesosystem, macrosystem, exosystem and the chronosystem. Within these systems, the emphasis falls on human relationships and interactions in a specific social setting (Hayes et al., 2017). The identified systems are interactive in that individuals in all systems can impact changes in other systems (Leonard, 2011).

For my study, I considered the different systems relating to the involved role-players in the implementation of the Win-LIFE intervention. As such, I investigated the ways in which the teachers interacted with the learners and one another, as well as the broader community, in the specific social and economic conditions of society to endorse social change over time. My understanding was that the previous identified challenges needed to be addressed and adapted to enhance the effectiveness of the re-implementation of the intervention. A detailed discussion of Bronfenbrenner's systems and its application to this study is provided in Chapter 2.

1.8 OVERVIEW OF METHODOLOGICAL STRATEGIES

Table 1.2 presents an overview of the research methodology selected for the present study. A detailed discussion of this overview can be found in Chapter 3.

Table 1.2: Overview of the selected research methodology

PURPOSE OF THE STUDY	To describe teacher perceptions on adapting the implementation of the Win-LIFE intervention.	
RATIONALE FOR THE STUDY	To gain insight into possible solutions in an attempt to address identified challenges and adapt the implementation of the Win-LIFE intervention.	
RESEARCH DESIGN	Descriptive case study design	
SELECTION PROCEDURES	Research site:	One conveniently selected primary school near Bronkhorstspruit, Gauteng.
	Participants:	Intermediate Phase primary school teachers (n = 3).
DATA GENERATION	Data generation strategies:	❖ PRA-based activities during a focus group discussion. ❖ Observation.
	Data documentation strategies:	❖ Audio-visual material. ❖ Field notes. ❖ Reflective journal.
DATA ANALYSIS AND INTERPRETATION	Inductive thematic analysis	

As part of this study I used a descriptive case study design (Yin & Campbell, 2018) in which I applied Participatory Reflection and Action (PRA) principles (Ferreira & Ebersöhn, 2012). Rule and John (2011) define a descriptive case study as a detailed investigation of a study, programme, individual or group in a real-life context. Furthermore, Creswell et al. (2007) note that case studies are typically bounded by time, space or activities, and require the generation of multiple sources of data to understand the case under investigation.

To this end, the utilisation of a descriptive case study design allowed me to select teachers (n=3) that were involved in the initial implementation of the Win-LIFE

intervention as the case study. Furthermore, the descriptive case study design enabled me to determine and describe suggestions from the teacher participants regarding the adaptation of implementing the Win-LIFE intervention in other resource-constrained contexts.

I was able to generate multiple sources of data through facilitation of PRA-based activities in a focus group discussion, which allowed the teacher participants to reflect on their perceptions of adapting the implementation of the Win-LIFE intervention for future use (Creswell & Creswell, 2018). PRA-based activities entail participatory work among individuals utilising a variety of data generation strategies. As PRA-based activities are concerned with shared knowledge and co-operative generation of ideas (Chambers, 2012), I considered this to be an appropriate strategy to augment the descriptive case study.

To select the research site, I utilised convenience sampling (McMillan & Schumacher, 2014) as the study formed part of an existing project that made the research site conveniently available. To select the Intermediate Phase teachers (n=3) who participated in the study, I utilised purposive sampling, as these teachers participated in the initial implementation of the Win-LIFE intervention (Creswell, 2007). To this end, the sampling criteria entailed that the teachers had to have experience of the implementation of the Win-LIFE intervention, had to be older than 18 years of age and had to be able to communicate in English.

In order to generate the multiple sources of data required by a descriptive case study design, I utilised a focus group discussion (Neuman, 2014), in which I facilitated PRA-based activities. The purpose of these activities was to prompt and enable the teacher participants to reflect on their perceptions regarding the implementation and adaptation of the Win-LIFE intervention for future use. According to Nieuwenhuis (2007b), focus group discussions are held, based on the belief that interaction in a group setting widens the scope of responses, and afford participants the opportunity to release possible inhibitions when revealing information about past experiences. This is supported by Flick (2009) who explains that in a focus group discussion, participants are provided with a stimulus to initiate a discussion regarding the focus of the study. To this end, during my focus group discussion, the discussion was initiated through a set of predetermined questions and PRA-based activities that could produce

insights about the teacher participants' perceptions by means of social interactions (Flick, 2009).

The PRA-based activities I utilised created a safe opportunity for the teacher participants to be actively involved in generating data that revealed their perceptions of adapting the implementation of the Win-LIFE health intervention for future use. This data was documented qualitatively in the form of posters (Rule & John, 2011). To document my own observations of the PRA-based activities, I kept field notes, captured the discussions by means of audio-recordings and transcriptions, and took photographs of the generated posters. In addition, I kept a reflective journal throughout the research process and documented my own perceptions and views of the research process (Engelbrecht, 2016).

Once I had prepared the qualitative data for analysis, I utilised inductive thematic analysis (Braun & Clarke, 2006; Clarke & Braun, 2017) to synthesise and make meaning of the generated data. In accordance with the procedures recommended by Braun and Clarke (2006), my data analysis process required that I accustomed myself with the data, created initial codes and identified themes across the data set, which I defined and named in an analysis map. These themes and findings were discussed with my supervisor and co-supervisor to ensure that the analysis was monitored and verified. I discuss the data analysis process in detail in Chapter 3.

1.9   QUALITY CRITERIA

I contributed to the trustworthiness of this study of limited scope by adhering to Lincoln and Guba's (1985) quality criteria of credibility, transferability, dependability, confirmability and authenticity. Firstly, when enhancing credibility of the generated data, the relevance of results and their credibility for participants as well as for the readers were considered (Lincoln & Guba, 1985; Miles et al., 2014). I enhanced the credibility of this study through numerous discussions regarding my interpretation of the results with the teacher participants and my supervisors. In this regard I used member-checking by conferring with the participants about the themes and major findings that I identified from the results (Creswell, 2014). Secondly, transferability refers to the applicability of a study's findings to other contexts (Lincoln & Guba, 1985; Morrow, 2005). I intended to enhance the transferability of my study by developing a thick description of the research conditions, as well as the teachers' perceptions of

adapting the implementation of the Win-LIFE intervention. I made use of purposive sampling methods as suggested by Babbie and Mouton (2006). Thirdly, dependability entails whether the findings are the result of a consistent and trustworthy research process (Lincoln & Guba, 1985; Patton, 2002). To enhance the dependability of my study, I engaged in regular discussions with my supervisors, based on my reflections to provide dependable findings (Yin & Campbell, 2018). I provide evidence of an audit trail to document the data generation, documentation, analysis and interpretation procedures (Lincoln & Guba, 1985).

Fourthly, confirmability entails that the findings reflect the actual perceptions of the teachers (Lincoln & Guba, 1985). In this regard I attempted to enhance the confirmability of this study by continuously reflecting on my own observations in discussions with my supervisors, while relying on various data sources (Di Fabio & Maree, 2012). Finally, authenticity in this study refers to whether or not the results and findings provide a true description of the participants' views, contexts and events (Lincoln & Guba, 1985). To ensure that the participants' perceptions were authentically reflected, the participants were asked to verify my understanding of the identified themes and their relevance to their circumstances (Denzin & Lincoln, 2005; Nieuwenhuis, 2007c). In this regard, I verified the participants' views during a member checking session. A detailed discussion of how I attempted to adhere to the outlined quality criteria is provided in Chapter 3.

1.10 ETHICAL CONSIDERATIONS

In conducting this study, I considered guidelines for ethical practice (Creswell, 2014; Miles et al., 2014; Silverman, 2010; Yin, 2014), as well as the ethical stipulations of the Ethics Committee of the Faculty of Education (Ethics Committee, 2019).

According to Rule and John (2011, p. 112), the ethical requirements for research should be based on the principles of "autonomy, non-maleficence and beneficence". In terms of autonomy, I ensured that I had obtained informed consent from all participants and that they understood their right to voluntary participation (Mouton, 2001). With regard to non-maleficence, I strove not to do any harm to the participants by ensuring confidentiality and anonymity, and respected their privacy, thereby gaining their trust (McMillan & Schumacher, 2014). To ensure that this study would make a positive contribution to the public (Rule & John, 2011), the diversity of the teachers,

their social context and unique experiences and needs were considered and respected during the investigation. An elaboration on the ethical considerations is included in Chapter 3.

1.11 LAYOUT OF THE CHAPTERS

This mini-dissertation of limited scope consists of five chapters. In Chapter 1, I provide an overview of the study. I highlight the rationale for the study and explain the reason for undertaking the study. I outline the research questions, provide the working assumptions and clarify specific key concepts. In addition, I include a brief overview of the selected theoretical framework, paradigmatic approaches and research methodology. Lastly, I describe the quality criteria and ethical considerations I adhered to in conducting the research.

In Chapter 2 I provide a literature review of sources relevant to this study. I contextualise health promotion in global and South African resource-constrained communities, and discuss the Sub-Saharan and South African nutrition-related scenarios. I discuss existing strategies of promoting health and elaborate on school-based interventions in response to health-related challenges. Examples of school-based interventions internationally, in Sub-Saharan Africa and South African are provided. Next, I discuss the roles of teachers, as well as involvement and leadership of school principals in school health promotion. I then explore the implementation process of health promotion interventions and the requirements, challenges and factors that determine implementation. Chapter 2 is concluded with a discussion of the theoretical framework, namely Bronfenbrenner's bio-ecological model I used as a lens in this study.

In Chapter 3, I present a discussion of the research process. I explain the selected epistemological and methodological paradigms, and elaborate on my chosen research design, including how I selected the research site and participants, the data generation and documentation strategies I employed, and the data analysis and interpretation method I utilised. I conclude Chapter 3 with ethical considerations and quality criteria.

Based on the inductive thematic analysis I completed, I discuss the research results and findings in Chapter 4. I provide a description of the themes that emerged and include verbatim quotations from the teacher participants. Lastly, I position the results in terms of current literature, with the aim of presenting the findings.

In Chapter 5, I outline conclusions I drew in relation to the purpose of the study and the research questions. I reflect on the possible contributions of the study, and discuss possible challenges and limitations. In conclusion, I provide recommendations for practice, future research and training.

1.12 CONCLUSION

The aim of the first chapter of this mini-dissertation was to present a general overview of the study I conducted. I outlined the background, rationale and purpose of the study, and provided the research questions that guided the study. I highlighted specific concepts that relate to the study, and provided an overview of the theoretical framework that I employed. The selected paradigmatic approaches and research methodology were discussed and I concluded the chapter with a brief introduction to the ethical considerations and quality criteria for the study.

In the next chapter, I review the relevant literature that relates to the field of my study and discuss the theoretical framework I adopted.

CHAPTER 2 - EXPLORATION OF EXISTING LITERATURE

2.1 INTRODUCTION

In this chapter I provide a review of existing literature that relates to the field of study. The discussion focuses on health promotion in global and South African resource-constrained communities, the state of Sub-Saharan and South African nutrition-related scenarios and strategies of promoting health. This is followed by an outline of school-based interventions in response to health-related challenges, and a discussion of the multiple roles of teachers as well as leadership and the involvement of school principals in promoting health in schools. I discuss the factors that determine implementation as well as the importance of community involvement and support in health promotion interventions. I conclude the chapter with a discussion of the theoretical framework that guided my study in terms of the data generation process and the interpretation of the findings.

2.2 CONTEXTUALISING HEALTH PROMOTION IN GLOBAL AND SOUTH AFRICAN RESOURCE-CONSTRAINED COMMUNITIES

Health promotion has become exceedingly relevant globally (Kumar & Preetha, 2012; Bartholomew Eldredge, 2016). The World Health Organisation (1986, p. 1) describes health promotion as "the process of enabling people to increase control over and to improve their health so as to reach a state of complete physical, mental and social well-being." Health promotion is a combination of environmental and educational assistance in promoting healthy living conditions (Green & Kreuter, 1999). The objective of health promotion is thus to generate positive reform in terms of health-related behaviour and to enhance positive health by encouraging people to take action (Liu et al., 2012; WHO, 1986).

Health promotion interventions are regarded as effective long-term strategies to prevent diseases and to improve health-related outcomes. Liu et al. (2012) describe a health promotion intervention as a planned and conscious action to achieve the goals of improving health outcomes by involving individuals, communities as well as the government. Preconditions for health include income, shelter, food, a secure ecosystem, viable resources, peace and social justice (WHO, 1986). Although health

promotion has been declared a national priority in many countries, including South Africa, most of these prerequisites are challenging in Sub-Saharan Africa (Govender, 2005; Liu et al., 2012).

2.2.1 The Sub-Saharan nutrition-related scenario

Globally, food and nutrition security exists when people's dietary needs are met through economic and physical access to nutritious and safe food (FAO, 2020a). However, in countries where resources are inadequate, hunger is associated with poverty, and poverty therefore becomes an important forecaster of food insecurity and malnourishment (Hendriks, 2015). In Sub-Saharan Africa, for instance, elevated levels of food and nutrition insecurity exist because of insufficient human and financial resources to address these challenges (Iwelunmor et al., 2016; Ogunniyi et al., 2020).

The Food and Agriculture Organization (FAO), in collaboration with the World Health Organization (WHO), World Food Programme (WFP) and United Nations Children's Fund (UNICEF) prepared the "State of Food Security and Nutrition in the World 2020" report (FAO, 2020a). Over and above insufficient economic resources in many countries, at the time of the preparation of the report, the spread of the COVID-19 pandemic worldwide posed an additional threat to nutrition security (FAO, 2020a). Prior to the pandemic, statistics indicated that two billion people globally (25,9%) were hungry or had no access to nutritious food (FAO, 2020a). Projections indicate that another 83 to 132 million people may be added to this number (FAO, 2020a) because of the COVID-19 pandemic.

Pervasive poverty in Sub-Saharan Africa affects people's diet and nutritional intake negatively and increases the risk of child malnutrition (Masters et al., 2018). Statistics from UNICEF and the World Bank indicate that 50% of children who reside in Sub-Saharan Africa live in poverty, and contribute to 51% of the world's malnourished children (Sanoussi et al., 2020). In addition, the high prevalence of HIV/AIDS in Sub-Saharan Africa has worsened people's nutritional profile. According to Iwelunmor et al. (2016), 58% of the estimated 24,7 million people in Sub-Saharan Africa who are affected by HIV/AIDS are women, which results in maternal malnutrition.

Malnutrition can be categorised as either under-nutrition (stunting, underweight and wasting) or over-nutrition (overweight and obesity) (Sanoussi et al., 2020). Malnutrition in children can result in delays in motor, social and cognitive development (Lartey,

2008; Sanoussi et al. 2020). The FAO (2020a) indicates that currently Sub-Saharan Africa has a prevalence of undernourishment of 19,1% of the population, the highest average in the world. Children, older people, women and people with disabilities are particularly affected by malnutrition and hunger (FAO, 2020a).

2.2.2 Food and nutrition in South Africa

South Africa may be seen as food secure nationally, but many South Africans are household nutrition and food insecure (De Cock et al., 2013; Ronquest-Ross et al., 2015). The South African government has committed to an attempt to diminish poverty in the country by adopting the Integrated Food Security Strategy (IFSS) in 2002. According to De Cock et al. (2013), the foresight of the IFSS was for all South African citizens to obtain general social, economical and physical access to adequate and nutritious food to ensure healthy lives. However, despite the implementation of various programmes to increase food security, the South African context remains ridden by poverty as a result of the high disparity in income, and therefore food security is still problematic.

Steyn et al. (2009) underscore the fact that various challenges, such as HIV/AIDS, unemployment, lack of education, affordability of and access to food compromise food and nutrition security in developing countries like South Africa. Vulnerability to malnutrition and hunger affects not only the emotional and physical development of a population, but also its general well-being (Kozak et al., 2012). Hendricks and Dlamini (2013) also confirm the link between poverty, malnutrition, diminished academic proficiency and decreased school registration among children from resource-constrained communities. Drake et al. (2012) state that a significant number of school days is lost yearly because of health problems of schoolchildren. These authors contend that school systems provide effective platforms for the provision of health interventions that address the Sustainable Development Goals (SDGs) (Drake et al., 2012). In 2015, all United Nations countries accepted the 2030 Agenda for Sustainable Development as a partnership in reaching 17 Sustainable Development Goals (SDGs) to improve health, education and access to nutritious food (FAO, 2020b; UNDP, 2016a). However, despite continuous efforts to reach the SDGs by 2030, the number of people who suffer from malnutrition is on the increase globally (FAO, 2020b).

Furthermore, the COVID-19 pandemic is expected to increase these numbers of vulnerable people even more (FAO, 2020b).

In South-African resource-constrained communities, people are often unable to meet the expectations of a suitable minimum standard of living (Oldewage-Theron & Slabbert, 2008; Oldewage-Theron et al., 2018). According to Statistics South Africa (2019), 56,8% of the South African population lives in poverty. These households face the difficulties of poverty, food insecurity and malnutrition. Health promotion interventions delivered through schools in resource-constrained communities could enhance the health and well-being of community members. To this end, research on the various aspects and implications of health promotion interventions has been conducted to address these challenges and develop appropriate solutions. For instance, De Cock et al. (2013) found that the advancement of education in South African rural areas can contribute to the upgrade of food security in these areas.

2.2.3 Strategies of promoting health

In 1995, the Global School Health Initiative of health-promoting schools (HPSs) was initiated by the WHO. A health promoting school is defined as a healthy setting for learning, working and living which is continuously advancing its own capacity (Du Plessis et al., 2014). By using schools as platforms for health promotion, this initiative has the aim of advancing the health of the whole community. Du Plessis et al. (2014) explain that this may lead to health improvement of school staff, learners, families, and the broader community. Whitman and Aldinger (2009) also assert that health promotion in schools is not a novel practice and that numerous schools have implemented programmes to improve the health and well-being of learners and their families.

Schools and educational institutions are ideal settings for health promotion implementation, as this is where children learn, work, play and love. Since the start of the Global School Health Initiative in the mid-1990s, many services have been provided by the WHO to sustain the implementation of health promotion policies and programmes (Whitman & Aldinger, 2009). Swart and Pettipher (2016) confirm that programmes focusing on nutrition, hygiene, health and the overall welfare of young people have been implemented in South Africa on a similar national basis as educational programmes. These health promotion programmes make use of the

capacity and skills of a variety of societal sectors, including NGOs, communities, learners and educators (Swart & Pettipher, 2016).

The School Health Policy and Implementation Guidelines (Department of Health, 2011) state that common health problems of learners can be decreased through school-based health promotion programmes and as a result increase the effectiveness of the educational system. In addition, the WHO corroborates that public health, economic and social development and education can be advanced through health promotion interventions in schools (Swart & Pettipher, 2016).

Research indicates that a reciprocal relationship exists between education and health. Advances in education and learning environments are related to health improvement, and improvements in health contribute to improved educational outcomes (Whitman & Aldinger, 2009). Weare (2010) supports this assertion by stating that children who receive well-designed social, emotional and mental health learning programmes are usually in the position to achieve better academically.

2.3 SCHOOL-BASED INTERVENTIONS IN RESPONSE TO HEALTH-RELATED CHALLENGES

Both the WHO and the South African Integrated School Health Policy (ISHP) (Department of Health & Department of Basic Education, 2012) acknowledge that school-based health promotion interventions may increase the health of communities, their education, social and economic development. Furthermore, the implementation of school-based health promotion interventions can teach children about healthy lifestyle practices that may influence their lives positively (Department of Health & Department Basic Education, 2012). When children have knowledge about the importance of their own mental, social and physical well-being, they are more likely to grow up to be functional and productive citizens (Govender, 2005).

UNICEF and the United Nations Educational, Scientific and Cultural Organization (UNESCO) regard school environments as settings that can fulfil an essential role in improving the health and well-being of children and adolescents (Mukamana & Johri, 2016). The United Nations Development Programme (UNDP) (2016b) and WHO (1986) emphasise that schools have more influence on the lives of learners than any other social institution. The link between education and health is regarded as a fundamental connection (WHO, 1986). According to Steyn et al. (2009), schools have

been identified as suitable environments to promote community-wide health promotion through the implementation of school-based interventions. Furthermore, large numbers of children can be reached through school-based interventions (Steyn et al., 2009).

The ISHP (Department of Health & Department of Basic Education, 2012) highlights the roles of schools regarding the utilisation and implementation of health promotion interventions. According to the ISHP (Department of Health & Department of Basic Education, 2012), schools have to be provided with the correct health promotion information, specific on-site health-related services in terms of assessment and screening, as well as support in terms of referrals. Another health promotion initiative is to provide children from resource-constrained communities with regular meals as part of the National School Nutrition Programme (NSNP) (Department of Basic Education, 2009) to improve the nutritional health and overall well-being of learners living in resource-constrained communities.

The South African Government has vowed to place children first through agreement to the UN Convention on the Rights of the Child and by providing children acknowledgement in the Bill of Rights of the South African Constitution. This pledge aims to ensure that children are enabled to reach their full potential while their rights are upheld (Department of Health & Department of Basic Education, 2012). The idea is that educated children can become health information sources and be enabled to model healthy lifestyles in their communities (Department of Health & Department of Basic Education, 2012). While the ISHP focuses on school-going children, the idea is that the school community should also benefit through collaboration with the school-based health promotion interventions in informing, maintaining and shaping the health status of learning environments (Department of Health & Department of Basic Education, 2012).

According to the Department of Basic Education (2011), health education provides a significant opportunity to impact children's health behaviour, both in the short- and long-term. In South African schools, health education is mainly provided through the curriculum of the Life Orientation learning area. However, according to the ISHP (Department of Health & Department of Basic Education, 2012), life skills education should be enhanced through additional co-curricular activities. In addition, it is

important that health promotion programmes are flexible and adaptable to the dynamic demands or needs of communities (Aggleton et al., 2010).

From the WHO's Global Strategy for Health for All (WHO, 1981) and Ottawa Charter (WHO, 1986), the concept of healthy settings has emerged. This concept enhances prevention of disease through a whole system approach (Kumar & Preetha, 2012). The settings approach emphasises principles of partnership, community participation, equity and empowerment and is viewed as an all-inclusive and multidisciplinary approach. As health is regarded as essential for development and learning, health promoting schools incorporate health into different aspects of life, both in school and the community. As an example, the WHO developed the initiative called FRESH ("Focusing Resources on Effective School Health") that emphasises the benefits to both education and health, through school-based health promotion programmes and policies (Kumar & Preetha, 2012). Since my study focuses on a primary school a resource-constrained community in South Africa, in the next section I discuss examples of previously implemented school-based health promotion interventions globally.

2.3.1 Examples of global, Sub-Saharan African and South African school-based health promotion interventions

Several initiatives, such as the National Healthy Schools Programme (NHSP) in England and the Health Promoting Schools initiative in Scotland have been implemented to support health promotion through schools (Aggleton et al., 2010). Other countries that have developed health promotion programmes in schools are Australia ("Health Promoting School Framework"), and Hong Kong ("EatSmart Schools") (Gottwald & Goodman-Brown, 2012, p. 39). In India, school feeding programmes are utilised to support health promotion interventions in education, health, nutrition and sanitation, and they operate in close collaboration with national health programmes (Drake et al., 2012). An intervention programme for Type 2 Diabetes in the indigenous community of Mohawk in Kahnawake in Canada proposed that school children are a "captive audience" that is ready to learn about the benefits of physical activity and a balanced diet (Stephens, 2008, p. 154).

Iwelunmor et al. (2016) conducted a study to investigate the sustainability of health interventions implemented in Sub-Saharan Africa. These authors found that Sub-

Saharan Africa is burdened by a high prevalence of communicable diseases (CDs) and that non-communicable diseases (NCDs) are increasing (Iwelunmor et al., 2016). According to Iwelunmor et al. (2016), there was a significant need to recognise how and under which conditions Sub-Saharan Africa sustains implementation of health interventions, and as a result, a considerable amount of research has been conducted on the topic.

According to Drake et al. (2012), 200 to 500 million school days are estimated to be lost annually in low-income countries as a result of health problems of schoolchildren. Hence, Jukes et al. (2008) explain that programmes have changed their focus from a medical approach to the improvement of nutrition and health for all children. Studies conducted in Sub-Saharan Africa to determine the impact of school-based health promotion interventions in developing countries indicate that the knowledge and attitudes of the target populations have improved and that school enrolment increased (Mukamana & Johri, 2016).

To develop the HealthKick intervention in the Western Cape of South Africa, Steyn et al. (2009) conducted a study to establish an evidence base of successful previous school nutrition interventions. These researchers found that there were several previously school-based interventions that had successful outcomes. Based on the success factors they identified from previously implemented interventions, Steyn et al. (2009) developed the HealthKick programme for primary schools in resource-constrained communities. Through an integrated educational curriculum, a healthy school environment and parental input, the HealthKick programme aims at improvement of eating habits and physical activity in the school community (Draper et al., 2010; Steyn et al., 2009). The outcome of this intervention was that the behaviours, attitudes and beliefs about healthy lifestyle practices improved in this community as most of the participants recognised the value and benefits of the intervention (Hill et al., 2015).

Sapphire Road Primary School in Port Elizabeth (South Africa) is a school that faces many social and economic challenges. This school charted a vision named, "Let's Join and Build" ("Masibambane Sakhe") to uplift the community socially (Damons & Abrahams, 2009, p. 115). Community members were encouraged to accept responsibility for their children's education and to use the school for their self-

development. The "five pillars of HPS (services, policy, environment, community and skills-building)" were implemented and adapted to suit the needs of the community, involving parents, teachers, learners, non-governmental organisations, government departments and the private sector (Damons & Abrahams, 2009). This broader involvement proved to be crucial to their success in ensuring the school was used as a tool to develop both the learners, and the broader community. The implementers of this intervention found that community ownership and participation was the main factor in supporting and sustaining their institution (Damon & Abrahams, 2009).

2.3.2 Roles of teachers in health promotion

Aggleton et al. (2010) state that education can do much to promote health, but it can achieve much more in collaboration with others, including teachers, parents, health professionals and the wider community. Teachers' implementation of school-based interventions is significant in reinforcing health-related behaviour, together with opportunities for classroom-based discussions (Hill et al., 2015). Seeing that teachers are central to the implementation and utilisation of school-based interventions, it is imperative for teachers to acknowledge and understand the importance of health promotion and healthy lifestyles for children, their families and communities (Oldewage-Theron & Egal, 2012; Steyn et al., 2009).

In the implementation of health promotion interventions, teachers fulfil different roles (Ferreira et al., 2013; Hill et al., 2015). These roles include a community civic and pastoral role, learning area specialist, interpreter of intervention programmes and content, facilitator of learning, and lifelong learner (Ferreira et al., 2013). To be able to fulfil these roles efficiently, teachers need to be knowledgeable about the community's circumstances and specific needs, and therefore need to be prepared to expand their knowledge and skills continuously through engagement with parents and other stakeholders in the community (Hill et al., 2015).

In addition, through health promotion interventions, teachers have the opportunity to integrate the school curriculum and the needs of the community, while shaping and developing the future citizens of the country (Ferreira et al., 2013). An example of collaboration between a school and its community is the rural community of Makapanstad (Gauteng) and the School of Health Care Science of the University of Pretoria that developed an outreach project to enhance community involvement

through the provision of health promotion interventions and resulting prevention of communal health problems in children of the community (Peu et al., 2015). The findings of this project demonstrate that continuous training and equipment of teachers is vitally important in providing health promotion interventions and health education. Likewise, Hill et al. (2015) emphasise the importance of teacher training and support for the successful implementation of school-based health promotion interventions. Continuous professional training is recommended to develop teachers' knowledge and confidence to implement school-based interventions (Deal et al., 2010). As such, as teachers fulfil the roles of facilitators of learning and lifelong learners themselves, they need to acknowledge the importance of professional development in terms of school-based health promotion (Deal et al., 2010). In addition, for effective implementation of health promotion interventions, teachers need to develop competencies of coordination, communication, leading, planning, managing and evaluation (Flaschberger, 2013).

A significant social responsibility for health promotion is placed on teachers, but it seems that adequate support is not always available. When teachers are made to believe that they have a valuable role to play in promoting health in their schools and when they can see the subsequent results, they might become more willing to implement these programmes. According to Iudici (2015), teachers should be provided with the resources and educational skills necessary for them to address the issues that society requires them to deal with. A lack of trained teachers, or teachers that are too overworked or demotivated to adopt additional roles and responsibilities, may pose challenges to the effective implementation of school-based health promotion interventions (Strickland, 2011).

According to Mukamana and Johri (2016), teachers' active participation in health promotion interventions is required for successful implementation. In South Africa, the work demands of teachers often have a negative impact on their morale, as they often experience "high levels of occupational stress and low levels of organisational commitment" (Ebersöhn, 2015, p. 123; Pearson et al., 2015). In cases where teachers feel like this, being facilitators of health promotion intervention programmes may be viewed as yet another additional role to fulfil in their workload (Du Plessis et al. 2014; Bennett et al., 2016). However, when teachers feel a sense of empowerment through experiencing success, they may become more motivated to implement and continue

with an intervention or programme (Johnson & Lazarus, 2003). In addition to the important role teachers fulfil in implementing health promotion interventions, is the significant role of school principals in effective and successful implementation, as will be discussed in the next section.

2.3.3 Leadership and involvement of school principals in the implementation of health promotion interventions

Kam et al. (2003) conducted a study that indicates important requirements to ensure effective implementation. These authors found that crucial elements in ensuring the effectiveness of an implementation process are: support and leadership from the principal that determine teachers' efforts in the classroom, continuing mentoring and technical support to principals and teachers, and long-term commitment from the school as well as the school district (Kam et al., 2003).

There is global consensus on the importance of leadership for advanced school performance and successful implementation of transformation programmes in education (Moorosi & Bantwini, 2016). School principals generally influence teachers' experience of job satisfaction and motivation (Shava & Heystek, 2015; Swanepoel, 2009). When school principals create a cordial environment in which teachers are offered opportunities for participatory leadership roles, they become empowered and as a result encouraged to deliver their best work (Swanepoel, 2009). According to Shava and Heystek (2015), one of the key factors in school improvement or transformation is effective leadership. The authors contend that effective school principals ensure that their staff members are sufficiently motivated to advance their teaching methods. When teachers have the opportunity to be actively involved in collaborative decision making, the implementation of transformational programmes is often most successful (Shava & Heystek, 2015).

Findings in a variety of case studies on effective leadership in schools faced by poverty indicate that invitational leadership has proven to be most successful in these schools (Kamper, 2008). Invitational leadership includes the premises of respect, optimism, intentional care and trust and four dimensions relating to inviting oneself and others professionally and personally to become involved (Kamper, 2008). To achieve excellent education, school principals should model total commitment through involvement, punctuality, enthusiasm and visibility (Kamper, 2008). The same

principles are applicable for effective health promotion interventions. To support and guide the school staff, the principal has to play an active role in developing and managing the intervention (Johnson & Lazarus, 2003). In addition to this active involvement by the principal, teachers will become motivated to continue with programme implementation if they receive continuous feedback, recognition, support and acknowledgement from senior members of staff (Johnson & Lazarus, 2003).

2.4 IMPLEMENTATION OF HEALTH PROMOTION INTERVENTIONS

Literature indicates the need for more research on the implementation of school-based interventions in real-life conditions and on key factors affecting the facilitators' quality of implementation (Adamowitch et al., 2017). Weare (2010) explains that interventions require a systematic and clear action planning process, they need to run over a extended period of time, and developments should be consistent, coherent and coordinated. When these measures are in place, the probability of teachers feeling positive and reassured about implementing the programme effectively will increase. However, it seems that often research focuses more on the efficiency of interventions or contextual factors, rather than the teachers' perceptions and experiences of the programme and implementation process (Jourdan et al., 2011).

According to Pearson et al. (2015), the implementation of school-based interventions involves active engagement of different role-players as well as the adaptation of interventions to suit the needs of specific contexts. The behaviours and experiences of participants in such interventions play an imperative role in successful implementation. In addition, the successful effects of school-based interventions in schools are to a large extent dependent on the attributes of the context in which they are implemented (Darlington et al., 2018). As such, according to Darlington et al. (2018), programme implementation is a dynamic and complex process, rather than linear with clear indications of beginning and end. The following section contains a discussion of the factors that determine implementation of health promotion interventions.

2.4.1 Factors that determine implementation

Certain factors either support or inhibit the implementation of health promotion intervention in schools. An investigation of 81 studies (Whitman & Aldinger, 2009) on factors that determine the implementation process highlighted funding, a positive work

environment, collaboration in decision-making, leadership, support and training. Darlington et al. (2018) name contextual factors, such as individuals involved in implementation of a programme, community involvement, setting characteristics and the national context.

Although schools have the legal obligation to offer education of high quality standards to all children, teachers often feel overloaded with work and need project management in terms of effective delivery of health promotion interventions (Boot & De Vries, 2012). Across literature, it is found that teachers acknowledge the significant role that schools can play in promoting health (Bennett et al., 2016; Kam et al., 2003; Pearson et al., 2015). To ensure the success of the implementation of health promotion interventions in schools, there are, however, certain requirements.

Darlington et al. (2018, p. 177) provide the following concise description of successful implementation: "Programme implementation needs to be tailored to the expectations of stakeholders, adapted to their needs, and the resources that are available, as well as flexible enough to overcome potential difficulties". In addition, various strategies should be considered by the programme organisers. Such strategies could include meetings with the school staff to clarify the impact of the programme on workload; using the language of the education sector that is familiar to the teachers; provision of practical training to empower teachers; offering appropriate assistance in promoting health goals to the community, and amending the programme in order to meet the school community's individual needs (Bennett et al., 2016).

Greenberg et al. (2005) suggest that five different important dimensions should be included in health promotion programmes. They describe the first dimension as pre-planning that involves capacity, awareness and commitment. The second, third and fourth dimensions are depicted as quality of materials, technical support and the quality of technical support that includes delivery, working relationships and trainer characteristics. The last dimension entails implementer readiness, perceptions, skills, knowledge and beliefs. It seems that teachers involved in implementation of health promotion programmes sometimes have concerns about certain dimensions of the implementation process. For instance, Greenberg et al. (2005) found that programmes are not always implemented in the same way or quality as found during initial evaluations, funding constraints may inhibit the process, teachers are not always

trained sufficiently to deliver effective implementation of the programme, principal support is often insufficient and community involvement and support are often inadequate. In the following section, I expand on the significance of involvement and support by community role-players in health promotion.

2.4.2 Community involvement and support in health promotion

According to Quezada et al. (2013), children learn more efficiently when teachers, parents and others in a community collaborate in their learning and development. Epstein (2013) developed the theory of overlapping spheres of influence to depict how three contexts, the home, school and community combine and interact to have an impact on children's learning. These three contexts can be contracted or separated by different converging forces such as experiences, backgrounds, opportunities, philosophies and actions (Kaminski, 2011). In addition, time, learners' age, significant interpersonal relationships between individuals at school, at home and in the community as well as historical contexts also have an impact (Kaminski, 2011; Nyatuka & Nyakan, 2015).

Cilliers (2018) highlights that school-home partnerships are essential to successful academic outcomes and achievement. An inclusive school system entails active involvement of parents and other members of the community. This partnership with a school can assist both parents and teachers in supporting learners, while learners are motivated to be actively involved in their learning process as well (Cilliers, 2018). Another benefit of parental involvement is that schools and teachers have the opportunity to benefit from the parents' expertise and assistance both in the classroom and in fund-raising activities (Cilliers, 2018).

Epstein (2013) describes six types of involvement that are essential to establish school, home and community partnerships (Cilliers, 2018; Kaminski, 2011). The first type involves the school assisting in parenting skills and the parents assisting the school in understanding their families. Secondly, continuous communication with parents regarding learners' academic and social-emotional well-being is essential. The third type of involvement entails parents volunteering to support learners and school programmes. Fourth, is the involvement of parents in learning at home by equipping parents with information and assistance. In addition, parents should be involved in decision making for the management of the school. Lastly, Epstein (2013)

describes collaboration with the community through the utilisation of services and resources from the community, as well as providing services to the community (Cilliers, 2018; Kaminski, 2011).

Schools often experience the lack of parental involvement as a barrier to creating favourable learning and teaching environments (Johnson & Lazarus, 2003). When parents are involved in the school, their ability to gain knowledge of their children increases, while the teachers learn from them as well (Nyatuka & Nyakan, 2015). Creating strong collaboration between schools, parents and the broader community requires innovative leadership, willingness of stakeholders, an informed vision and shared responsibilities (Adelman & Taylor, 2008). To obtain the most effective results, collaboratives should be provided with time, training, and support to enable them in understanding the expectations of their functions and roles (Adelman & Taylor, 2008).

2.5 THEORETICAL FRAMEWORK OF THE STUDY

I relied on Bronfenbrenner's bioecological model of development (Bronfenbrenner, 1979) as the theoretical framework. This model emphasises human relationships and interactions between people, as well as the interaction between individuals' development and the different systems within their social setting (Hayes et al., 2017; Swart & Pettipher, 2016). The evolving nature of reality within an individual's context, and active engagement with physical and social environments are highlighted (Bronfenbrenner, 1979).

According to this model, four interacting and dynamic dimensions need to be considered when investigating human development, namely proximal processes, person characteristics, context and time (Swart & Pettipher, 2016). Proximal processes are the core of the model and refer to person-environment interaction that operates over extended periods of time (Swart & Pettipher, 2016). Proximal processes cannot produce effective functioning on their own; they need to be guided by person characteristics (microsystems that convey bio-psychosocial characteristics) and the context (community, society, culture, ideologies, families) (Swart & Pettipher, 2016). In this study, the proximal processes are teachers interacting with learners by means of the implementation of the Win-LIFE intervention that is influenced by the unique characteristics of the teachers as implementers as well as the involvement of the broader community, such as the parents.

Bronfenbrenner (1979, p. 3) proposes that "a child is surrounded by layers of relationships like a set of nested Russian dolls". Thus, Bronfenbrenner (1979) situates the developing child within a series of sub-systems, namely the microsystem, mesosystem, macrosystem, exosystem and the chronosystem (Hayes et al., 2017). The model suggests that the different levels of interacting systems result in physical, biological, psychological, social and cultural growth, development and change and that whatever happens in one system affects the other systems and is also affected by the others (Swart & Pettipher, 2016). With regard to this study, I considered how interactions with the different role-players in direct and indirect systems potentially influenced the teachers' perceptions of the implementation of a school-based health promotion intervention in a resource-constrained community.

Bronfenbrenner (1994) postulates that the five sub-systems are in continuous mutual interaction. The first sub-system, the microsystem, signifies the settings where the developing individual interacts and has a direct relationship with significant people in their lives, such as parents, teachers and friends (Bronfenbrenner, 1994; Leonard, 2011). This is the immediate physical, social and psychological environment where proximal processes take place (Swart & Pettipher, 2016). In this study, the microsystem refers to the teachers' experiences of interaction with learners and each other, in a school setting where the Win-LIFE intervention was implemented.

The second sub-system, the mesosystem, (Bronfenbrenner, 1994; Gutkin, 2012) entails the ongoing interrelationships amid the settings in microsystems; for example, parents and teachers communicating with one another, or teachers interacting with colleagues (Leonard, 2011). The aim of this study was to ascertain the individual and shared perceptions and experiences of the teachers who were involved in the implementation of the Win-LIFE intervention. Here, the mesosystem thus refers to the interaction between the teachers.

Beyond the mesosystem is the exosystem that encompasses the processes and links between two or more locations (Bronfenbrenner, 1994). As such, the exosystem can be viewed as an outer circle of settings (such as the parents' workplace, the child's neighbourhood, family health care workers, health services, mass media, educational- and public policy) that are indirectly involved in the child's development and in which the child does not actively participate (Leonard, 2011; Bronfenbrenner, 1977; Ben-

David, & Nel, 2013; Swart & Pettipher, 2016). The community context of the resource-constrained community where the Win-LIFE intervention was implemented is the exosystem.

The fourth sub-system, the macrosystem, represents economic and social conditions of the society, laws, cultural identity, history and belief systems (Bronfenbrenner, 1977; Leonard, 2011). According to Bronfenbrenner (1994), the macrosystem relates to resources, belief systems, knowledge and customs of a community. Swart and Pettipher (2016) explain that the macrosystem has an impact on the interactions of all the other systems, and is specific to a specific culture in a specific moment in time. The macrosystem in this study refers to the social values and principles upheld by the Win-LIFE intervention through the Natural Sciences and Life Skills curriculums for Grade 4 to 6 learners. Finally, Bronfenbrenner describes the chronosystem, which refers to the influence that time has on development (Bronfenbrenner, 1994; Leonard, 2011). Change in learners' environment was endorsed through the Win-LIFE intervention to promote change over time.

I regarded Bronfenbrenner's bioecological model (1979) as suitable for this study, as the model focuses on how people in all systems can assist in addressing and improving negative influences on children's development; and how change in one part of a system can impact change in other parts. This model provides an indication of how children, schools and communities interact (Leonard, 2011) and it guided me in the investigation of the teachers' perceptions and experiences regarding the implementation of the Win-LIFE intervention at the selected primary school.

2.6 CONCLUSION

The aim of Chapter 2 was to discuss existing literature that relates to the field of the study. To this end, I investigated health promotion in global and South African resource-constrained communities, Sub-Saharan and South African nutrition-related scenarios, and health promotion strategies. I provided an outline of school-based interventions in response to health-related challenges, and contemplated the multiple roles of teachers and principals in promoting health in schools. I also discussed the factors that determine implementation as well as the importance of support and involvement of the community. Finally, I described the theoretical framework that

guided me in the generation of data and interpretation of findings, namely Bronfenbrenner's bioecological model of development.

In the following chapter I describe the research methodology that I implemented in the study. I explain the selected epistemological and methodological approaches, as well as the research design. Furthermore, I describe the methodological procedures of selection of the research site and participants, data generation and documentation, as well as the analysis and interpretation of the data. I conclude the chapter with an explanation of the ethical considerations and quality criteria I considered and adhered to.

CHAPTER 3 - RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

In this chapter, I discuss the research methodology that was introduced in Chapter 1. The selected epistemological and methodological approaches, as well as procedures for data generation, documentation, analysis and interpretation are discussed. Finally, I describe the ethical considerations and quality criteria I adhered to in this study.

3.2 PARADIGMATIC PERSPECTIVES

Babbie (2015) describes a paradigm as the fundamental frame of reference that is used to organise observations and inquiries. In the following sections I discuss the epistemological and methodological paradigms I selected to guide the methodological choices for this study.

3.2.1 Epistemological paradigm: Interpretivism

For this study, I selected interpretivism as an epistemological paradigm as it focuses on individuals' personal experiences and how they construct their social world through interaction and share their own meanings (Nieuwenhuis, 2007a). This implies that one of the roles of an interpretivist is to uncover how participants' meanings are constructed to gain insight into the participants' perspectives.

Nieuwenhuis (2007a) states that knowledge and understanding are limited to participants' unique experiences and the meanings they assign to them. Participants' perspectives can therefore be understood in the context of their lives (Snape & Spencer, 2003); these perspectives allow the researcher to make sense of the participants' personal worlds and perspectives (Cohen et al., 2011). Taken together, the interpretivist paradigm emphasises the participants' embedded context and values that determine how they construct meaning.

I selected interpretivism for the study as my aim was to explore and describe the perceptions of teachers on adapting the implementation of the Win-LIFE intervention at their school. By studying the teachers' perceptions on adapting the implementation of the Win-LIFE intervention, I could determine their personal experience of challenges

identified and how they suggested these challenges could be addressed through adaptation of the intervention.

According to Williamson (2006), an advantage of interpretivism is that it enables the researcher to address 'why' and 'how' questions as a requirement of in-depth exploration. This advantage allowed me to obtain rich, meaningful data that demonstrated the perceptions and experiences of the teachers who suggested adaptations for implementing the Win-LIFE intervention (Nieuwenhuis, 2007a). Another advantage of interpretivism is that it allows the researcher to attain a dynamic position in data generation (McMillan & Schumacher, 2014; Radnor, 2002). To this end, I was able to create an environment in which the participants could actively collaborate to allow for rich data to be generated. Furthermore, interpretivism allowed me to adjust my strategies; for example, my planned activities and questions if I encountered any challenges during data generation (Morgan & Sklar, 2012). In this way, interpretivism allowed me to obtain trustworthy results, while participants' personal experiences and ideas were generated (Bryman, 2001).

Some challenges that a researcher may encounter when utilising interpretivism include subjective involvement, concerns about a lack of generalisability, and the time-consuming nature of data generation and analysis (Chesebro & Borisoff, 2007; Flick, 2009; Mack, 2010). While keeping the above-mentioned challenges in mind, I attempted to be aware of my own subjectivity and possible biases and how they could influence my research by keeping a reflective journal during the data generation. This allowed me to reflect on my understanding of the participants' perceptions with my co-facilitator and supervisor to stay aware of my own biases and values. Furthermore, after I had interpreted the gathered data, I discussed the findings with my supervisor and conducted member-checking with the participants to confirm the credibility of my findings (Creswell, 2014; Flick, 2009).

As I interpreted the teachers' unique experiences, I had to keep in mind that meaning is constructed subjectively. Flick (2009) cautions that generalisability of results may be inhibited by the subjective nature of interpretivist research. As the purpose of my study was not to generalise the findings, I focused on developing thick descriptions of the teachers' perceptions on adapting the implementation of the Win-LIFE

intervention. The challenge of the time-consuming nature of interpretivist research did not have an influence on my study, as it is a study of limited scope (Flick, 2009).

3.2.2 Methodological paradigm: Qualitative research approach

For this study, I followed a qualitative research approach (Creswell, 2014; Denzin & Lincoln, 2005; Lincoln & Guba, 1985). Qualitative research focuses on developing an in-depth understanding of the meaning individual or groups of participants ascribe to their experiences of a specific phenomenon. This focus is aligned with interpretivism (Creswell & Poth, 2018) and was therefore an appropriate choice for my study as I set out to explore and describe participants' perceptions of adapting the implementation of the Win-LIFE intervention for future use.

Qualitative research is concerned with investigating people in specific situations in their natural environment (Nieuwenhuis, 2007a). This investigation relies on multiple types of subjective data generated that resulted in a thick description of a phenomenon. Although participants' perceptions or beliefs may be regarded as subjective and biased, they are accepted as true from their viewpoint (Nieuwenhuis, 2007a).

For the purpose of my study, I explored the teacher participants' perceptions on adapting the implementation of the Win-LIFE intervention by conducting both group-based activities and naturalistic observations to generate data. In this way, I could uncover the participants' perceptions through observing and documenting their dialogue and social interactions (Nieuwenhuis, 2007a). As the researcher I was an imperative part of the research process as I became the instrument through which qualitative data could be generated (Nieuwenhuis, 2007a). I had the opportunity to engage with the participants in various data generating activities, such as PRA-based activities, a focus group discussion and observation. This involvement and participation with the participants allowed me to explore the way in which they give meaning to their world further (Denzin & Lincoln, 2000). Throughout this process, I kept the focus on exploring and describing the meaning that the participants made, and not my own possible meaning-making (Creswell, 2014). As I engaged with teacher participants in a small, interactive group setting, I was able to document qualitative data about their different perceptions of adapting the implementation of the Win-LIFE intervention.

Theron and Malindi (2012) indicate that data generation in qualitative research may be more intricate than in controlled experimental environments. To address this challenge, anticipation and thorough planning of data generation processes, as well as respect for the participants during the generation of data were of utmost importance (Theron & Malindi, 2012). The interactive relationship between the participants and researcher may result in a challenge for the researcher to stay objective (Nieuwenhuis, 2016). Throughout the interaction with the participants, I strived to understand their perceptions without bias based on my own perceptions, and remained open to new interpretations (Nieuwenhuis, 2016).

3.3 RESEARCH DESIGN AND SELECTION PROCEDURES

Seabi (2012) describes a research design as a plan that supplies a structure of the theories, instruments and methods that guide a research study. In this section, I discuss the research design and selection procedures that I employed for this study of limited scope.

3.3.1 Research design

I implemented a descriptive case study research design (Stake, 2000; Yin, 2003; Yin & Campbell, 2018), in which I applied Participatory Reflection and Action (PRA) principles (Ferreira & Ebersöhn, 2012). A case study research design allows researchers to investigate a case in a specific context by means of comprehensive data generation strategies such as interviews and observations (Creswell et al., 2007). Furthermore, employing these data generation strategies allows researchers to generate and document various data types, including audio-visual and textual material that helps the researcher to make meaning of the case under study (Creswell, 2007; Yin, 2014). In my study, the descriptive nature of the case study design allowed me to understand the teachers' perceptions of adapting the implementation of the Win-LIFE intervention (Yin, 2014).

Descriptive case study designs allow researchers to gain a holistic understanding of how participants interact and how they make sense of the phenomenon that is investigated (Nieuwenhuis, 2007b). Descriptive case studies usually describe interventions and the actual locations where they occur by illustrating specific topics through description (Yin, 2003). Through the use of a descriptive case study design, I attempted to gain an understanding of participating teachers' perceptions of adapting

the implementation of the Win-LIFE health promotion intervention in a primary school situated in a resource-constrained community near Bronkhorstspruit, Gauteng.

To enhance the utilisation of a descriptive case study design, I applied PRA- principles. According to Ebersöhn et al., (2011, p. 165), the application of PRA-based principles implies "interaction with local people, understanding the context in which they live, and learning from their experiences". In this way, PRA is a flexible research approach in which participants' knowledge and skills are revealed through the utilisation of various data-generation and analysis strategies, which in turn enable the participants and researcher to develop an understanding of their context, setting and experiences (Brighton & Moon, 2007; Chambers, 1994; Ferreira & Ebersöhn, 2012).

By utilising a descriptive case study research design that applied PRA-based principles, I was thus able to concentrate on the experiences of three specific primary school teachers in a particular resource-constrained context. I attempted to generate rich data through the facilitation of PRA-based activities and focus group discussions that allowed for open reflections on the teachers' perceptions. In the application of PRA-based principles, researchers create a participatory environment in which the participants are able to become aware of their circumstances, generate change and as a result, become empowered to improve their situation (Neuman, 2006).

One advantage of applying PRA principles in my study was the fact that I could utilise a variety of techniques and various sources in generating data, thereby obtaining in-depth comprehension of the participating teachers' perceptions of adapting the implementation of the Win-LIFE intervention (Nieuwenhuis, 2007b; Yin, 2014). In addition, I was able to plan in advance what evidence needed to be obtained, and which data analysis techniques to utilise to address the research question (Nieuwenhuis, 2007b). Using PRA-principles allowed me to make use of textual, visual and concrete activities that demonstrated the different ways in which the participants used symbols to communicate their perceptions of adapting the implementation of the Win-LIFE health promotion intervention (Ebersöhn et al., 2016). Utilising a descriptive case study design furthermore allowed for close collaboration between myself and the teacher participants, which gave me the opportunity to establish good rapport and gain true insight into their perceptions of adapting the implementation of the Win-LIFE health promotion intervention (Nieuwenhuis, 2016).

Creswell (2007) notes that the limitations of a case study research design are determined in terms of processes, events and time, which may be challenging, as some case studies may not have clear beginning and ending points. Case study research can be time-consuming and expensive, and often the researcher may need assistance in conducting the research (Yin, 2014). These limitations did not, however, pose a challenge for my study, as the study formed part of a broader research project in which the participants had already been involved and the beginning and ending points were clearly stated from the start. In addition, I had sufficient assistance from my supervisor and co-facilitator in conducting the focus group discussion and interpreting the results.

3.3.2 Selection of the research site

For this study, I utilised convenience sampling to select the research site (McMillan & Schumacher, 2014). When utilising convenience sampling, the participants should be easily accessible and willing to participate (Neuman, 2014). I utilised convenience sampling to select one primary school situated in the City of Tshwane Municipality as the research site for my study. This school was conveniently available because my study formed part of a broader existing research project that involved three primary schools near the Bronkhorstspruit area (McMillan & Schumacher, 2014). According to Statistics South Africa (2011), the selected research site had 1 053 registered learners with a population of about 31 709 people. The school I selected was situated in a township north of the Bronkhorstspruit area. This specific area is classified as a resource-constrained setting, as many families residing there are faced with limited income, adverse housing and living conditions, nutritional deficiencies, violence and crime, and HIV/AIDS.

According to Yin (2011), convenience sampling is sometimes regarded as a limited selection method, as the available data sources may not be regarded as the most informative. However, for my study, I regarded the teachers from the selected research site as sufficiently informative, as they were part of the implementation of the Win-LIFE intervention, and could therefore give valuable information regarding possible adaptations to the programme for future implementation. Another challenge related to convenience sampling, according to Neuman (2014), is that it may produce non-representative samples of the entire population. In my study, however, this challenge

was eliminated as I wanted to determine the perceptions and suggestions of specific teachers involved in the Win-LIFE health promotion intervention that was implemented in the resource-constrained school setting. Consequently, I regarded convenience sampling as an appropriate method, as I was interested in investigating specific perceptions and suggestions that the teachers from this research site were able to provide, based on their experiences in the implementation of the Win-LIFE intervention (Berg, 2001).

3.3.3 Selection of participants

To select the teacher participants for my study, I utilised purposive sampling (Creswell, 2007). Researchers employ purposive sampling strategies when the participants are selected based on their capability to inform the research focus purposefully (Creswell & Creswell, 2018). As qualitative research has the goal of generating an in-depth understanding of a specific phenomenon, the selection of participants is linked to the purpose of the study, the research question and the chosen research methodology (Creswell, 2014; Mouton, 2001).

In purposive sampling, participants can only be selected if they meet specific criteria relevant to the study's research questions (McMillan & Schumacher, 2014). The specific selection criteria that I applied for this study entailed the following:

❖ Only teachers who participated in the initial implementation of the Win-LIFE intervention in 2014 might be considered for selection.
❖ Teachers had to be able to communicate in English.
❖ Teachers had to be older than 18 years of age.

As a result, three Grade 4 to 6 teacher participants (n = 3) from the Intermediate Phase were selected to participate in this study. Table 3.1 provides an overview of the teachers that participated.

Table 3.1: Overview of the participating Intermediate Phase teachers

PARTICIPANT	AGE	HIGHEST QUALIFICATION	TEACHING EXPERIENCE
1 (Male)	49	B.Ed.	12 years
2 (Female)	59	B.Ed. (English)	32 years
3 (Female)	48	B.Tech. (Management)	22 years

A disadvantage of purposive sampling is that there may be a lack of generalisability as the specific research findings can often not be applied to other settings (Berg, 2001). For my study, I selected the participants based on the above-mentioned criteria, and the fact that they had first-hand knowledge and experience of the implementation of the Win-LIFE intervention. Given the topic of my study, their suggestions on adapting this intervention to ensure greater success were regarded as relevant. As such, taking their suggestions into consideration when implementing the Win-LIFE intervention at other primary schools, teachers from other settings may find the adapted intervention more beneficial and effective. Purposive sampling in this study warranted the opportunity to obtain relevant and divergent data in a unique case, compared to the findings of the initial broader study (Neuman, 2014; Strydom & Delport, 2002).

3.4 DATA GENERATION AND DOCUMENTATION

In an attempt to enhance my understanding of the participants' perceptions and the trustworthiness of the present study, I relied on a multi-method data generation and documentation approach. Table 3.2 provides an overview of the data generation and documentation techniques I utilised as part of this study of limited scope.

Table 3.2: Data generation and documentation techniques

DATA GENERATION TECHNIQUES		DATA DOCUMENTATION TECHNIQUES
❖ Three PRA-based activities	→	Posters and photographs (visual data) Transcriptions of posters (textual data)
❖ One focus group discussion	→	Audio recordings and verbatim transcriptions
❖ Observation of teacher-participant activities	→	Field notes and photographs
❖ Reflective journal	→	Reflective journal

3.4.1 PRA-based activities and focus group discussion

I facilitated PRA-based activities during a focus group discussion in which the participating teachers were prompted to reflect on their perceptions of adapting the implementation of the Win-LIFE intervention. This data generation method was constructed based on the central principle of PRA, which entails that communities have the knowledge and expertise to analyse their own concerns and find solutions to address their concerns (Chambers, 1994). As such, the teacher participants had the opportunity to make suggestions regarding potential adaptations to the intervention, based on their experience of the implementation of the Win-LIFE intervention at their school.

Utilising a focus group discussion is a qualitative data generation strategy where participants are facilitated to discuss openly and freely a topic introduced by a researcher in an informal setting (Neuman, 2014). According to Yin and Campbell (2018), these discussions are termed focused as the participants usually have common experiences and may have common perceptions. In this regard, I encouraged the teacher participants to share their experiences and points of view on adapting the implementation of the Win-LIFE intervention, and to see the discussion as an opportunity to differ from or expand on one another's viewpoints (Greeff, 2002; Nieuwenhuis, 2007b). As a result, the teachers were able to scaffold on ideas generated from one another (Nieuwenhuis, 2007b).

During the focus group discussion, my co-facilitator assisted me in the facilitation of the discussions in an informal setting to provide three pre-determined activities to the participants; they then had to generate visual data in the form of posters to portray their perceptions. The first activity entailed that the participants had to complete a set of coloured keys to summarise what was positive about being involved in the implementation of the Win-LIFE intervention, as captured in photograph 2 and photograph 3 (Appendix C). The purpose of this activity was to give the participants an opportunity to reflect on the successful aspects of the implementation of the intervention.

In the second activity, the participants were asked to reflect on the identified challenges in implementing the Win-LIFE intervention, and to suggest possible improvements to the implementation process. They were given a poster activity in

which they had to reflect on challenges relating to teachers' participation, the implementation process and timeframe, and support and training provided by principals, other teachers and the University of Pretoria. These reflections not only served as the starting point for the participants to reflect on the possible reasons for these challenges, but also to make suggestions as to how the intervention could be adapted to improve future implementation (Consult Photograph 6 in Appendix C).

The third activity entailed that the participants had to complete two posters to portray suggestions regarding adapting the implementation process of the Win-LIFE intervention to accommodate previously identified challenges. The posters they were given, depicted previously identified challenges, as well as examples of what had been found in previous studies. The purpose of the activity was the completion of a column on each poster by the participants with suggestions on adapting the implementation of the Win-LIFE intervention to accommodate the following challenges: non-alignment with the sequence of the CAPS curriculum, activities given to the learners, language used, teachers' workload and burnout, and parents' lack of involvement. After the participants had completed this activity, they received the instruction to rank the challenges in order of their perception of their importance. However, they ranked the challenges in the exact order they were portrayed on the posters they received. Further inquiry showed that the participants agreed on the order, and did not want to make changes in ranking the challenges. The participants' responses are captured in photographs 7, 8 and 9 (Consult Appendix C).

After the group of participants had completed each of the PRA-based activities, one individual participant reported to the group on what they had done during the activity. Although I facilitated the discussion and the sharing of opinions and ideas, my co-facilitator and I were able to act as members of the discussion by asking prompting questions (Chambers, 1994). The focus group discussion and completion of PRA-based activities lasted for four hours.

3.4.2 Observation-as-context-of interaction

According to Angrosino (2007, p. 53), observation in qualitative research is the "act of noting a phenomenon, often with instruments, and recording it for scientific purposes". In my study, I employed observation-as-context-of-interaction by fulfilling a membership role in a focus group discussion, and observing and documenting the

interaction and collaboration that occurred between the participants by means of field notes and photographs (Angrosino & Mays de Pérez, 2000).

Observation provides the researcher with an insider perspective on group dynamics and participants' behaviour (Nieuwenhuis, 2007b), and is therefore considered as a valuable data gathering technique. Through observation, I had the opportunity to hear, see, experience and record how the teacher participants perceived the possible adaptation of the implementation of the Win-LIFE intervention (Nieuwenhuis, 2007b).

As the focus group discussion progressed, I was able to move from a complete observer to an observer as participant (Creswell, 2014; Nieuwenhuis, 2007b), as the participants gradually began to view me as a confidant with whom they could share their perceptions. A potential challenge that may occur during the observation of participants in a focus group discussion is that the observation may be viewed as intrusive and that the researcher could influence the participants' reactions (Yin, 2003). To address this challenge, I established a sound relationship with the participating teachers and kept them informed about the goal and nature of each of the PRA-based activities, as well as the research process.

3.4.3 Audio-visual data documentation

To document the generated data, I made audio-visual recordings that captured the group discussion and the non-verbal behaviour that the participants demonstrated during the discussion (Nieuwenhuis, 2007b). These recordings helped me in expanding my field notes and could be revisited to add details after the focus group discussion had ended. The verbatim transcription of this material assisted me in analysing and interpreting the data at a later stage (Consult Appendix E).

Throughout the execution of the PRA-based activities and the focus group discussion, I took photographs to enhance the visual documentation of the research process and to act as a memory aid when I engaged in data analysis. Furthermore, the photographs were always used in conjunction with other sources of data, as it only assisted me during the interpretation of all the generated data, as suggested by Terre Blance et al. (2006). The posters that the participants created during the PRA-based activities served as another visual documentation technique from which I gathered insight into the participants' perceptions regarding the adaptation of the Win-LIFE intervention (McMillan & Schumacher, 2014).

3.4.4 Field notes

I documented my observations of the PRA-based activities and focus group discussion in the form of field notes (Phillippi & Lauderdale, 2018). Field notes serve to help researchers in constructing rich and thick descriptions of the activities and contextual data obtained during data generation processes. Furthermore, field notes are useful in helping the researcher to create an understanding of participants' meaning making processes (Phillippi & Lauderdale, 2018). To this end, my co-facilitator and I both took short field notes during the focus group discussion, added details afterwards, and compared and discussed our notes (Greeff, 2002; Neuman, 2006). My field notes contained information about the geographical setting, race and ethnicity of the participants, non-verbal behaviour of the participants, verbal responses, and the course of events (Greeff, 2002; Phillippi & Lauderdale, 2018; Theron & Malindi, 2012). I made use of pseudonyms in the field notes to respect the participants' privacy (Neuman, 2006).

To guard against the subjective nature of field notes and my reflective journal, I continuously monitored and reflected on the notes I created, and discussed and compared them with my co-facilitator. Furthermore, to avoid the challenge of omitting important information, I ensured that the field notes were written during and directly after the data generation session. My field notes are captured in Appendix F.

3.4.5 Reflective journal

Along with the field notes, I kept a reflective journal to capture the significant aspects of the research process and general observations, as well as my own assumptions and perceptions (Engelbrecht, 2016). The reflective journal served as a continuous record of my reflections, ideas, meaning making, concerns and considerations over time (Ravitch & Mittenfelner Carl, 2016). According to Flick (2009), qualitative researchers continuously engage in self-observation and record and reflect on their impressions and perceptions of the research process. Shortly after each focus group discussion, using the field notes, I reflected critically on the events as well as on my own position, performance and possible biases as researcher (Phillippi & Lauderdale, 2018).

In addition, I continuously reflected on the effect I might have had on the research, as well as the impact the research had on me (Mouton, 2001; Mukherji & Albon, 2010). The reflective journal permitted me to document my own insight into the teachers' experiences, as well as to link theory to practice. In this way, I enhanced the transparency of my research process by evidencing my thoughts, values and experiences on specific methodological choices I made for both the reader and myself. As such, I enhanced the rigour and trustworthiness of the findings of this study. An excerpt of my reflective journal is captured in Appendix G.

3.5   DATA ANALYSIS AND INTERPRETATION

To analyse and interpret the generated data obtained from the PRA-based activities, posters, observations, audio-visual recordings, my reflective journal and field notes, I utilised inductive thematic analysis (Braun & Clarke, 2006; Clarke & Braun, 2017; Neuman, 2014). The goal of inductive thematic analysis, according to Nieuwenhuis (2007c), is to summarise, understand and interpret emergent findings in terms of common phrases and themes, while the research questions and objectives of the study are kept in mind. Inductive thematic analysis is considered to be a "bottom up" approach as data is categorised without placing it in predetermined themes (Braun & Clarke, 2006, p. 83). This implies that the data should be organised into progressively more abstract segments of information until an extensive set of themes has been created (Creswell, 2007). This approach to data analysis is data-driven as themes emerge according to eminent trends that are identified in the generated data set.

Inductive thematic analysis allowed me to provide a comprehensive description of the research process, while noting relationships, differences and similarities within the generated data (Ravitch & Mittenfelner Carl, 2016). Braun and Clarke (2006) explain that inductive analysis is a recursive process of back and forth movement throughout the phases, and not a linear process of shifting from one phase of analysis to the next. Although inductive analysis is a time-consuming process, it promotes the creation of a comprehensive understanding of generated data. This approach allowed me to gain a detailed understanding of the teachers' perceptions to address the research question.

I utilised Braun and Clarke's (2006) six steps of inductive thematic analysis to guide me in the process of data analysis. Although I was guided by these steps, I remained

open to flexibility, as inductive thematic analysis is not a fixed process, but rather a dynamic and flexible one (Ravitch & Mittenfelner Carl, 2016). During the first step, I familiarised myself with the captured data through the creation of transcriptions, reading the field notes and reflective journal, and noting down my initial ideas. During the second step, I systematically generated emergent initial codes across the complete set of data to identify relevant data for analysis. During step 3, I continued to search for themes by grouping similar codes and assigning a colour to each group to assist me in finding relevant themes in the data (Appendix D, E, F and G). I collated the codes into the identified themes and organised the data relevant to each theme in step 4. During step 5, I reviewed the themes by checking that they were in relation to the coded excerpts and continued to create a thematic map of the analysis that illustrated the relationship between the codes and themes. Lastly, in step 6, I defined and named the identified themes and subsequently shared the findings and conclusions in the written report (Consult Chapter 5). To avoid a weak analysis, I ensured that the themes did not overlap, and attempted to be consistent and coherent through the process (Braun & Clarke, 2006).

An advantage of inductive thematic analysis is that it is a flexible and easy method to use in qualitative research (Braun & Clarke, 2006). As inductive thematic analysis is regarded as flexible, it allowed me to employ certain steps, while being able to add to codes and themes as they emerged. I attempted to be clear about what I was doing, and was able to generate a range of codes and themes (Braun & Clarke, 2006). Another advantage is that, in this study, the participants were regarded as collaborators, and therefore I could share my own understanding and views of the generated data with them to enhance credibility. Other advantages were that parallels and differences between codes and themes could be highlighted across the data set; psychological as well as social interpretations of data were allowed for, and key features of the data set could be summarised to provide a comprehensive description of the data (Braun & Clarke, 2006; Clarke & Braun, 2013).

A significant challenge associated with inductive thematic analysis is that the impression may arise that anything is allowed if concise and clear guidelines are not followed (Braun & Clarke, 2006). To overcome this potential challenge, I adhered to the six-step guidelines provided by Braun and Clarke (2006), and continuously involved my supervisors to monitor my analysis. Another challenge is that themes that

are discovered may be based merely on the research questions, and therefore not encompass a strong and convincing analysis (Braun & Clarke, 2006). In addressing this challenge, I attempted to fulfil an active role as researcher in identifying themes that make sense, are logical and congruous, and did not overlap (Braun & Clarke, 2006). In addition, I attempted to provide sufficient and convincing examples from the data to exemplify the themes (Braun & Clarke, 2006).

3.6 ETHICAL CONSIDERATIONS

As part of the present study, I adhered to the guidelines for ethical practice (Creswell, 2014; Miles et al., 2014; Silverman, 2010; Yin, 2014), and the ethical stipulations of the Ethics Committee of the Faculty of Education at the University of Pretoria (Ethics Committee, 2019).

Before fieldwork was conducted, I familiarised myself with the permission from the Gauteng Department of Education (GDE) and school principals who had previously granted permission for the broader research project to be conducted (Appendix A). In the following sub-sections I discuss the ethical guidelines that I adhered to throughout my study.

3.6.1 Informed consent and voluntary participation

According to Silverman (2010), qualitative researchers strive to adhere to voluntary participation and participants' right to withdraw from the study at any point in the research process. Accordingly, I informed the teacher participants of the purpose and nature of the study by providing them with informed consent letters (Appendix B). In these letters, I emphasised their right to withdraw from the research process at any time, without any negative consequences. I provided information about the ethical guidelines that I followed in conducting my study, explained the procedures of the focus group discussion and requested the participants' consent for the planned PRA-based activities, audio recordings, photographing and observations (Drew et al., 2007). The participants signed the given informed consent letter prior to the focus group discussion and PRA-based activities.

3.6.2 Confidentiality, anonymity, trust and respect for privacy

Confidentiality entails that private information that could identify the participants is not made available, and that all the generated data is handled confidentially (Brinkmann

& Kvale, 2008; Strydom, 2002). I respected the participants' personal privacy through agreements with them as to what information could be used in the data analysis and by using pseudonyms in both the field notes and transcripts to ensure anonymity. In addition, all of the participants gave me consent to make use of audio recordings and photographs to document the research process, but two participants indicated that they wanted their faces to be concealed in the photographs (Strydom, 2002).

In line with the interpretivist paradigm I employed, my aim was to generate a rich interpretation of the participants' personal experiences and perspectives on adapting the implementation of the Win-LIFE intervention. Therefore, I had the responsibility of creating a trusting and safe environment for the participants where they could share their views freely and openly, safe in the knowledge that their opinions were respected and handled confidentially. I avoided exploitation of participants by treating them as co-facilitators in adapting the implementation of the Win-LIFE intervention for future use (Chambers, 1994; Creswell, 2014). Seeing that the participants were from a different culture than my own, I accustomed myself with the differences in cultural practice, their language and context and respected these differences (Flick, 2009).

3.6.3 Protection from harm

Brinkmann and Kvale (2008, p. 267) explain that "the ethical principle of beneficence means that the risk of harm to a subject should be the least possible". As a researcher, I had the responsibility to ensure that no physical or emotional harm would befall the participants in conducting the research. As such, I ensured that each participant completely understood the possible benefits and potential impact of the study so that they had the choice whether they wanted to continue or withdraw from the research process (Strydom, 2002). In addition, through member checking, the participants had the opportunity to evaluate my interpretation of their perceptions by corroborating my observation and understanding with their perspectives (McMillan & Schumacher, 2014).

3.7 QUALITY CRITERIA

I established trustworthiness of this study by keeping to the quality criteria for qualitative research as proposed by Lincoln and Guba (1985). I applied the criteria of credibility, transferability, dependability, confirmability and authenticity to the present study.

3.7.1 Credibility

For my study, credibility refers to the value and believability of a study's findings (Di Fabio & Maree, 2012). To enhance the credibility of qualitative research, Morrow (2005) suggests the following strategies: firstly, to engage in prolonged engagement with participants; secondly, to rely on persistent observation during data generation; thirdly, to utilise co-researchers; fourthly, to act reflexively as a researcher; and lastly, the incorporation of member checking. To this end I ensured that I spent sufficient time with each research participant to explore the participants' perceptions and suggestions (Creswell, 2007), and familiarised myself with previously published studies on the Win-LIFE intervention. By relying on audio-visual recordings to document my data generation processes, I ensured that I could revisit data generation processes. Furthermore, I gained insight into the context of the study and generated data through discussions and debriefing sessions with my supervisors.

During the focus group discussion, I interacted with the participants while I observed and documented the process. The partnership between the participating school and the broader research project team enabled me in gaining trust and establishing rapport with the participants, resulting in rich data and engagement with participants. Finally, I utilised member checking by conferring with the participants to ensure that they regarded the themes and findings as plausible and accurate.

3.7.2 Transferability

Transferability refers to the extent to which the findings of as study may be applied to a similar situation or context (Morrow, 2005). This means that to apply generated data and findings to alternative groups or populations, sufficient information needs to be provided (Lincoln & Guba, 1985). To enhance the transferability of a study, the researcher needs to develop a thick description, containing information such as the researcher's point of view and perspectives, contextual descriptions, methodological choices, participant profiles and descriptions of the nature of the relationships between the researcher and participants (Lincoln & Guba, 1985; Morrow, 2005). This thick description should aid the reader to determine whether the results can be transferred to other contexts (Morrow, 2005).

In this regard, I included detailed descriptions of the participants, their context and setting, and the research process. Another strategy that contributes to the development of a thick description is the triangulation of multiple sources of data (De Vos, 2002). I ensured triangulation through the use of PRA-activities as part of a focus group discussion, observations, field notes, a reflective journal, audio-visual recordings and transcripts. Although the aim of an interpretivist approach is not to generalise findings, the generated data from these different sources can be utilised to corroborate the findings and apply them to similar contexts where teachers implement or adapt health promotion interventions at their schools (Morrow, 2005).

3.7.3 Dependability

For my study, dependability refers to the consistency and stability of the research process and the methods used to record and document data (Patton, 2002). To enhance the dependability of a study, the analysis techniques should be consistent over time, and the findings should be repeatable by others (Lincoln & Guba, 1985; Morrow, 2005). To enhance the dependability of this study, I created an audit trail in which I systematically documented the data generation and analysis procedures by following a specific methodology in the recording of my field notes and reflective journal (Lincoln & Guba, 1985; Yin, 2014). I include evidence of my audit trail in the form of raw data (transcripts, visual data) and descriptions of the data reduction and analysis procedures and products I developed. Lastly, I made use of reflexivity through continuous discussions with my supervisor and co-facilitator to validate the findings and objectivity.

3.7.4 Confirmability

Confirmability relates to the neutrality and accuracy of the data and if the results of my study can be confirmed by similar studies on the same phenomenon (Lincoln & Guba, 1985). When results are derived from the research process and participants themselves rather than from the researcher, they can be regarded as confirmable (Di Fabio & Maree, 2012). Although a qualitative researcher cannot be completely objective, the researcher attempted to tie together the generated data, analysis of data and findings based on the research situation rather than the researcher's own views or biases (Morrow, 2005). To enhance confirmability of this study, I interpreted the participants' perceptions and experiences without including my own opinions as

researcher (Di Fabio & Maree, 2012). I continuously reflected on my own experiences and possible biases with my supervisor and co-facilitator, and created an audit trail in which I described my decisions and strategies for data generation, analysis and interpretation. Furthermore, the themes I developed were confirmed by the participants through member checking.

3.7.5 Authenticity

According to Seale (1999), authenticity is established when researchers demonstrate that they represent, in fairness, a variety of different actualities. Authenticity thus refers to the manner in which the participants are heard and understood (McMillan & Schumacher, 2014). This entailed that the participants' realities were truthfully represented without the influence of the researcher's subjective perceptions. In an attempt to ensure authenticity of the generated data, I recorded the session to revisit the data when I needed to, and maintained a detailed description of how the teachers perceived adapting the implementation of the Win-LIFE intervention. In addition, to ensure that the participants' perceptions were reflected accurately and truthfully, they were asked to verify my understanding of the identified themes and sub-themes during a member checking session (Denzin & Lincoln, 2005; Nieuwenhuis, 2007c).

3.8 CONCLUSION

In this chapter, I provided a discussion of the research design and methodology of the study. By means of the selected epistemological paradigm, interpretivism, methodological approach and qualitative research, I created a suitable methodological framework through which I could gain insight into the perceptions and experiences of the teachers who participated. I explained the descriptive case study research design I selected and elaborated on the selection of the research site and participants, data generation and documentation strategies, as well as the data analysis and interpretation procedures. Next, I discussed the ethical guidelines I followed and the quality criteria for this study I adhered to.

In Chapter 4, I present the results and a discussion of the findings of my study. I explain the themes and sub-themes that unfolded and provide an interpretation of these themes in relation to the study's literature review as presented in Chapter 2. Similarities and contradictions between the results of this study and those referred to in the literature review are highlighted, and new insights are discussed.

CHAPTER 4 - RESULTS AND FINDINGS OF THE STUDY

4.1 INTRODUCTION

In this chapter, I present the results of my study. I discuss the results in terms of the themes and sub-themes I identified through inductive thematic analysis of the raw data. I include verbatim quotations from the participants, excerpts from my field notes and reflective journal, and documented visual data. I also discuss the findings of my study in relation to existing literature as included in Chapter 2.

4.2 RESULTS OF THE STUDY

In the following section I discuss the three identified themes and related sub-themes. Figure 4.1 provides an overview of the themes and sub-themes of my study.
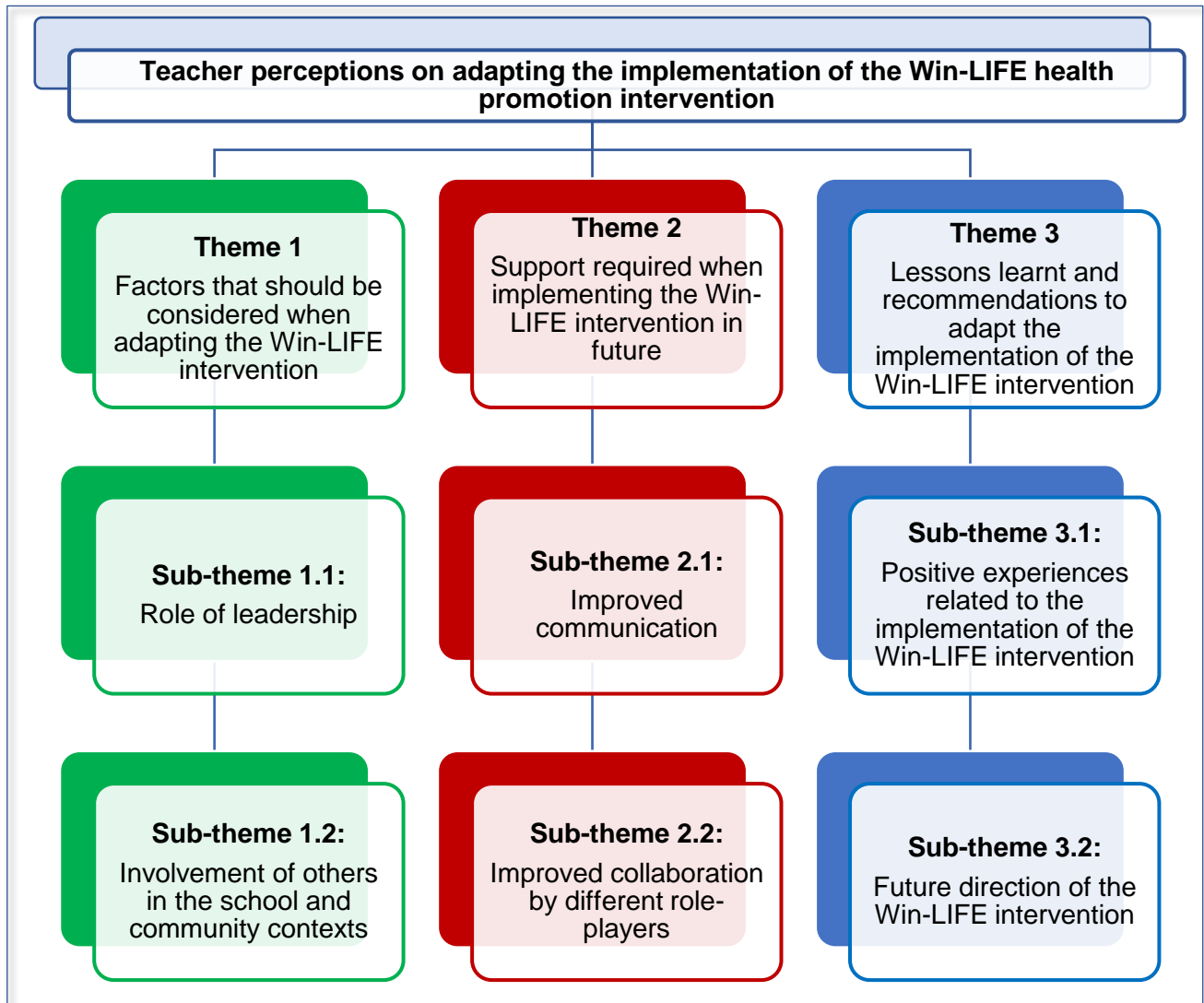

Figure 4.1: Identified themes and sub-themes

4.3 THEME 1: FACTORS THAT SHOULD BE CONSIDERED WHEN ADAPTING THE WIN-LIFE INTERVENTION

Theme 1 reports on factors identified by the teacher participants that should be considered in the adaptation of the Win-LIFE intervention. This theme comprises two sub-themes that relate specifically to the role of leadership and involvement of other stakeholders in the school and community context. Table 4.1 provides the inclusion and exclusion criteria that I relied on in identifying the sub-themes.

Table 4.1: Inclusion and exclusion criteria for the sub-themes of Theme 1

IDENTIFIED SUB-THEMES	INCLUSION CRITERIA	EXCLUSION CRITERIA
Sub-theme 1.1: The role of leadership	Any reference to the role of leadership as an underlying factor that may affect the adaptation of the Win-LIFE intervention	References made to the involvement of other stakeholders in the school and community contexts that might affect the adaptation of the Win-LIFE intervention
Sub-theme 1.2: The involvement of others in the school and community context	Any reference made to describe the involvement of other stakeholders in the school and community contexts that might affect the adaptation of the Win-LIFE intervention	Contributions focusing on the role of leadership that affects the adaptation of the Win-LIFE intervention

4.3.1 Sub-theme 1.1: The role of leadership

The teacher participants emphasised the importance of the role of the school principal's leadership to ensure the successful adaptation of the Win-LIFE intervention at school level. Participants indicated: *Principals must be fully-participants and encourage other educators to participate as well* (PRA Activity 2, Poster, 18 June 2019)[3]. Photograph 4.1 provides an indication of the required role of leadership. The complete poster can be seen in Addendum C.

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[3] The participants' responses are given verbatim and have not been edited.
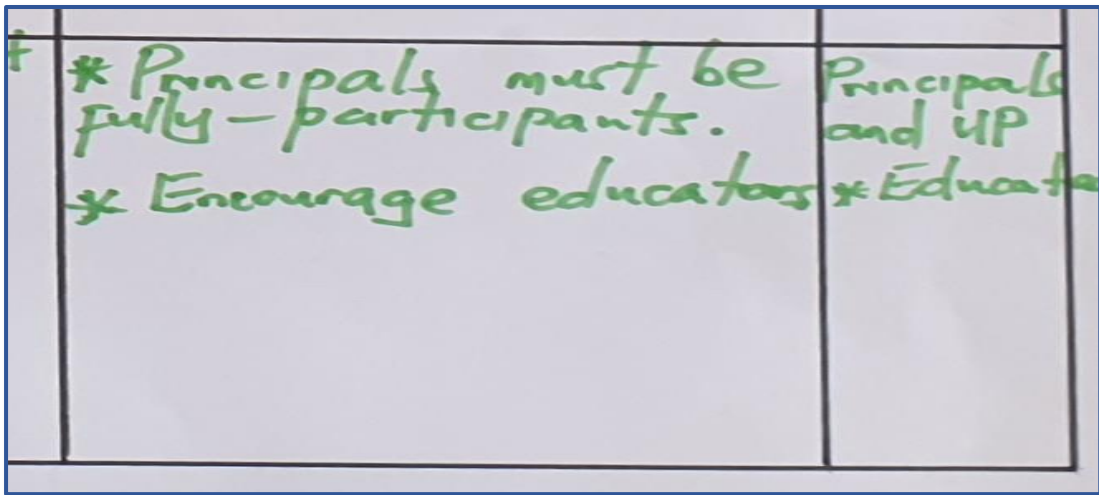
Photograph 4.1: Indication of the required leadership role of the school principal

During the discussion, one of the teacher participants elaborated on the principal's leadership role by stating: *The principal should encourage teachers in their schools … not to discourage them, to encourage them to take part in this project, to learn more about what the project has for them* (PRA Activity 2, Focus group discussion, Participant 2, 18 June 2019). According to another teacher participant, the non-involvement and lack of leadership of the school principal could result in ineffective adaptation and implementation of the Win-LIFE intervention. This participant indicated: *If the principal is not taking part of the project, then the educators they don't think that this thing is serious. They think that it is maybe made for other groups of learners and educators and it is not meant for all the educators at school* (PRA Activity 2, Focus group discussion, Participant 3, 18 June 2019).

As the principal of the school is regarded as the leader who sets an example to teachers, the teacher participants agreed that the principal should not only show interest in the intervention, but must be actively involved. One participant elaborated on the role of leadership by saying: *The only person maybe who can help … the principal has more voice than us. He must become part of the programme, fully participating* (PRA Activity 2, Focus group discussion, Participant 3, 18 June 2019). Similarly, in my field notes, I wrote: *Participants felt that the principal should be involved and stay involved so that others can see it is important and that it is not forever* (Field notes, 18 June 2019), implying that the intervention is implemented for a specific duration during the school year.

The participants believed that the school principal's leadership can have a positive effect on parent involvement, as indicated in the following statements: *The principal should organise parents' meetings to educate them about the importance of the programme and university facilitators should also be invited to explain to parents why it is necessary for them to take part in the programme* (PRA Activity 3 Poster, 18 June 2019). Photograph 4.2 shows the participants' view of how the principal's leadership can have a positive effect on parents' interest in the intervention.
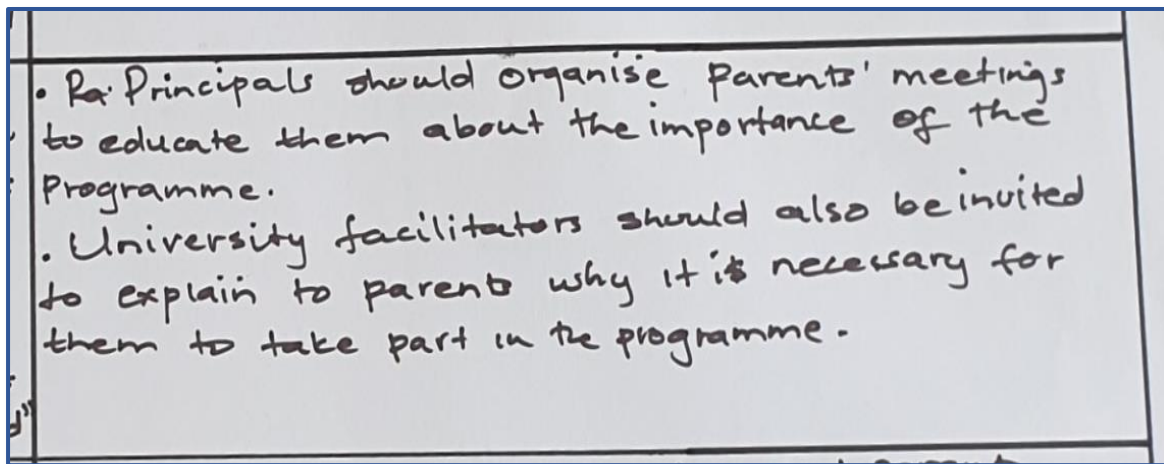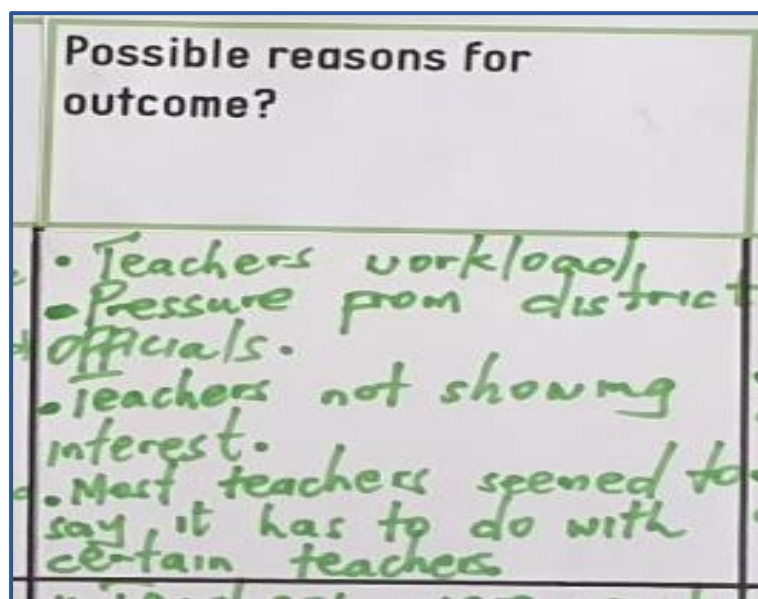

Photograph 4.2: Poster indicating the possible positive effect of principals' involvement on parent interest

To ensure the involvement of the principal, the teacher participants were of the opinion that the GDE could play a more prominent role by facilitating the process, as stated in the following comment: *The leader of the school must get instruction from the Department of Education* (PRA Activity 2, Focus group discussion, Participant 1, 18 June 2019). In addition, the teacher participants felt that the School Management Team (SMT) should show greater leadership by becoming more involved in the intervention. At the time of the implementation of the Win-LIFE intervention at their school (2012), they believed that the SMT members were not interested in the intervention, which resulted in a lack of interest by the rest of the teachers. One female participant underscored this point of view: *A lack of interest by SMT members … school management team … they also need to be educated that if a programme comes to school, it's not meant for teachers only, it is meant for each and every person in the school, including the principal and his SMT members* (PRA Activity 3, Focus group discussion, Participant 2, 18 June 2019).

Sub-theme 1.1 reveals that the teacher participants identified the role of leadership as a factor that affects the adaptation of the Win-LIFE intervention. In particular, the participants mentioned that the leadership role of school principal, the GDE and the school management team needs to be considered in the adaptation of the Win-LIFE intervention. In sub-theme 1.2, I discuss the role of other stakeholders in the school community that may affect the adaptation of the Win-LIFE intervention.

4.3.2 Sub-theme 1.2: Involvement of others in the school and community contexts

The teacher participants mentioned that although some teachers at their school implemented the intervention, others experienced negative emotions about it or did not show interest in the intervention. One participant underscored this as follows: *Some of the teachers they have taken it as if it is an extra work, and some teachers they felt excluded because the focus was on Life Skills and Natural Sciences* (PRA Activity 2, Focus group discussion, Participant 1, 18 June 2019). The participants indicated that a possible reason for the lack of interest displayed by some teachers could be due to their heavy *workload* and *pressure from the district officials* (PRA Activity 2, Poster: Adapting the implementation process of the Win-LIFE intervention, 18 June 2019). Photograph 4.3 provides evidence of the reasons why some teachers might experience a lack of interest and involvement in the Win-LIFE intervention.

Possible reasons for outcome?

- Teachers workload,
- Pressure from district officials.
- Teachers not showing interest.
- Most teachers seemed to say, it has to do with certain teachers

Photograph 4.3: Possible reasons for teachers' lack of interest and involvement in the Win-LIFE intervention

The teachers' lack of interest and involvement in the intervention could be due to the fact that only certain teachers from the school were selected to be involved. This selective involvement may have created the perception that the intervention was only important in terms of specific school subjects. One teacher participant said: *Most teachers seemed to say it has to do with certain teachers, you don't involve us all* (PRA Activity 2, Focus group discussion, Participant 1, 18 June 2019). The suggestion by the participants was that the intervention should involve all teachers at the school, and not only those who teach certain subjects. For the adaptation of the Win-LIFE intervention, the participants suggested that the Gauteng Department of Education (GDE) be approached. In this regard, one participant stated: *Teachers' buy-in – convince GDE to implement programme across the board* (PRA Activity 2, Supervisor's field notes, 18 June 2019), and *this programme must be taken as something which is compulsory* (PRA Activity 2, Focus group discussion, Participant 1, 18 June 2019).

The teacher participants furthermore emphasised the fact that learners who were not involved in the implementation of the Win-LIFE intervention showed interest to participate in the intervention. The participants believed that it might be beneficial to involve all learners in the intervention, and not only selected groups of learners. The teacher participants mentioned: *Learners were motivated, they want to be part of it. Other, younger learners also wanted to be involved* (PRA Activity 2, Supervisor's field notes, 18 June 2019). In support of this point of view the participants suggested the integration of the intervention into assembly at school. One of the participants explained: *If other teachers are not directly involved with the implementation of the programme in classes because they are not teaching Life Skills and NST… I should think in an assembly, they can teach these learners about nutrition* (PRA Activity 2, Focus group discussion, Participant 2, 18 June 2019). When adapting the Win-LIFE intervention, the teacher participants indicated that the principal of the school could involve all learners by incorporating the Win-LIFE intervention in weekly assemblies, supported in the following statement: *And like … in … the principal in our meetings, morning briefings, if he can discuss this with us … and tell teachers that, the one who is going to have assembly … must include at least one part of healthy living as one of the topics that is going to tell children about* (PRA Activity 2, Focus group discussion, Participant 3, 18 June 2019).

The teacher participants also underscored the importance of involving other schools in the local community in participating in the intervention. In this way, the intervention could impact the community as a whole. One participant explained that it would be beneficial to *help the whole community … to teach other members of the community and they will be encouraged to have vegetable gardens to grow themselves* (PRA Activity 2, Focus group discussion, Participant 2, 18 June 2019). In support of this, my supervisor indicated the following statement by one of the participants in her field notes: *More schools involved will change more lives* (PRA Activity 2, Supervisor's field notes, 18 June 2019).

Although parents' lack of involvement had been identified as a challenge in the previously conducted studies, the participants indicated that the parents' lack of interest and involvement was an additional challenge, as I noted in my reflective journal. I wrote the following: *The participants indicated that another significant challenge for them was lack of interest by the parents …* (Reflective journal, June 2019). During member checking, the participants confirmed that the parents' lack of involvement could affect the adaptation of the implementation process in a negative way. However, my data did not reveal any recommendations or suggestions for improving parental involvement.

Sub-theme 1.2 revealed the teacher participants' identification of other school and community stakeholders that may affect the adaptation of the Win-LIFE intervention. Specifically, the participating teachers identified other teachers, learners and schools that were not originally included in the intervention as factors that may affect the adaptation of the Win-LIFE intervention. Parents were identified as a stakeholder in the school context that may affect the adaptation of the Win-LIFE intervention, but there was limited data to support this.

4.4   THEME 2: SUPPORT REQUIRED WHEN IMPLEMENTING THE WIN-LIFE INTERVENTION IN FUTURE

Theme 2 captures the participants' view regarding the support required in terms of communication and collaboration to adapt the Win-LIFE intervention. I have included the inclusion and exclusion criteria for the sub-themes in Table 4.2.

Table 4.2: Inclusion and exclusion criteria for the sub-themes of Theme 2

IDENTIFIED SUB-THEMES	INCLUSION CRITERIA	EXCLUSION CRITERIA
Sub-theme 2.1: Improved communication	Any reference to a perceived lack of communication that participants require support in to adapt the Win-LIFE intervention	Contributions indicating collaboration-related challenges by different role-players that participants require support in to adapt the Win-LIFE intervention
Sub-theme 2.2: Improved collaboration by different role-players	Any reference to collaboration-related challenges by different role-players that participants require support in to adapt the Win-LIFE intervention	Contribution that foreground a perceived lack of communication that participants require support in to adapt the Win-LIFE intervention

4.4.1 Sub-theme 2.1: Improved communication

According to the teacher participants, they required support in terms of improving communication to adapt the implementation of the Win-LIFE intervention. In her field notes my supervisor noted that the participants mentioned the following: *We also learned about collaboration and communication, how important this is* (PRA Activity 1, Supervisor's field notes, 18 June 2019). The participants felt that during the implementation of the Win-LIFE intervention, they experienced a lack of communication. In particular, they mentioned the limited communication the staff members received to inform them of the visits by university facilitators, as reflected in the following comment: W*e did not speak about it maybe in the staff room … maybe they were talking about it in the morning briefing that visitors from UP would be coming for a visit … then it means not all the educators were participating* (PRA Activity 2, Focus group discussion, Participant 3, 18 June 2019).

The teacher participants raised another concern in terms of limited communication between the school management team (SMT) and other teachers. One participant stated: *SMT members, they regard themselves as superior than educators* (PRA Activity 3, Focus group discussion, Participant 1, 18 June 2019). Another participant supported this notion by explaining: *It seems they have created a barrier line … there is a communication breakdown. They are on one side, where the rest of the teachers*

are on the other side (PRA Activity 3, Focus group discussion, Participant 2, 18 June 2019).

The teacher participants experienced this lack of communication as a challenge they required support in, as it seemed to have a direct influence on the overall interest and involvement of other teachers. One participant said: *But if with a programme like this, the SMT is also invited to participate and be part of the programme, I should think teachers then will be able to come and be interested in the programme* (PRA Activity 3, Focus group discussion, Participant 2, 18 June 2019). In addition, the participants felt that teachers needed acknowledgement of their participation by means of communication from the principal to increase understanding and awareness in the rest of the school. My supervisor noted that teachers communicated their need for acknowledgement by stating: *Acknowledgement of teachers by means of communication from the principal is very important* (Supervisor's field notes, 18 June 2019).

According to the teacher participants, teacher support is an integral part of the successful adaptation of the implementation of any health promotion intervention in a school, and they expressed a need for a support group at school during their implementation of the Win-LIFE intervention. As one of the teachers fulfilled the duty of the coordinator of the Win-LIFE intervention at the school, this teacher participant was able to provide valuable insight in terms of what support she would have wanted during the implementation of the intervention. This participant explained the frustration she experienced when, for example, facilities were not made available for the university facilitators. In particular, she mentioned how the main building with suitable restrooms was locked and no catering was provided. This participant said: *Whatever is happening, you're alone, you don't have a support system from the principal … you become frustrated* (PRA Activity 2, Focus group discussion, Participant 2, 18 June 2019).

Sub-theme 2.1 reveals the teacher participants' identification of support through improved communication. In particular, the participants mentioned improved and timeous notification to all staff members of future visits by university facilitators, clear lines of communication between the SMT and other staff members, and acknowledgement of their involvement by the school principal. The establishment of a

support group at school was also identified as a required means of support in future implementation of the intervention. In sub-theme 2.2 I discuss improved collaboration by different role-players when the Win-LIFE intervention is adapted and re-implemented.

### 4.4.2 Sub-theme 2.2: Improved collaboration by different role-players

The participants indicated that they experienced collaboration-related challenges from different role-players during the implementation of the Win-LIFE intervention. One teacher participant highlighted that they required collaboration with the principal. The participant said: *The principal must understand that the programme is taking place at his or her school. She must wait … stay with us … and thereafter you lock your school* (PRA Activity 2, Focus group discussion, Participant 2, 18 June 2019). The same participant mentioned the following: *He must not only be part of the programme when he can sit around the board table and enjoy the incentives of the programme* (PRA Activity 2, Focus group discussion, Participant 2, 18 June 2019).

During the implementation, the participants indicated that they would need support in collaborating with their peers when adapting the implementation of the Win-LIFE intervention again. One of the participants underscored this as follows: *The educators they must support each other … you won't make it if you run the programme alone* (PRA Activity 2, Focus group discussion, Participant 3, 18 June 2019), and another participant emphasised: *They must show their commitment to this programme, so that they can help one another* (PRA Activity 2, Focus group discussion, Participant 2, 18 June 2019). In terms of collaboration among teachers, I noted in my field notes: *The participants were of the opinion that the programme worked, but that the teachers were not as interested as had been hoped. They felt that other learning areas should have been involved too* (Field notes, 18 June 2019).

In the focus group discussion it was evident that the teacher participants experienced collaboration-related challenges in the community during the implementation of the intervention., I noted the first important matter that the participants mentioned in terms of community-based collaboration in my field notes: *The participants suggested that there should be collaboration between the principal, UP and the educators and that a support system at school would promote the teachers' commitment to the programme* (Field notes, 18 June 2019). The participants also indicated the importance of involving

the GDE to ensure commitment to the actual implementation. Participant 1 explained:

But I should think if you, you UP people can convince the Department of Education and the principal, you won't have a problem when implementing the programme … They must get a directive from the Department of Education, so that this thing is taken as part and parcel of the curriculum (PRA Activity 2, Focus group discussion, Participant 1, 18 June 2019).

The participants did not indicate limited collaboration with the University of Pretoria or a lack of training by the University of Pretoria facilitators as a limitation. The teacher participants indicated that they were satisfied with the support they received in this regard. I noted the following in my reflective journal: *Teacher participants seemed to talk more about the support they needed from their colleagues and principal, than the actual training that was given by the university facilitators* (Reflective journal, June 2019). Although the participants experienced the support and collaboration with the University of Pretoria as sufficient, they did not experience a collaborative relationship with the principal, which they experienced as a significant limitation. Participant 2 explained: *The principal must support educators and other teachers must also be involved and University of Pretoria must carry on with this programme to be a lifelong process* (PRA Activity 2, Focus group discussion, Participant 1, 18 June 2019; PRA Activity 2, Poster, 18 June 2019). Photograph 4.4 captures the participants' view that principals should collaborate with teachers in the implementation and encourage other teachers to collaborate in the implementation of the intervention.
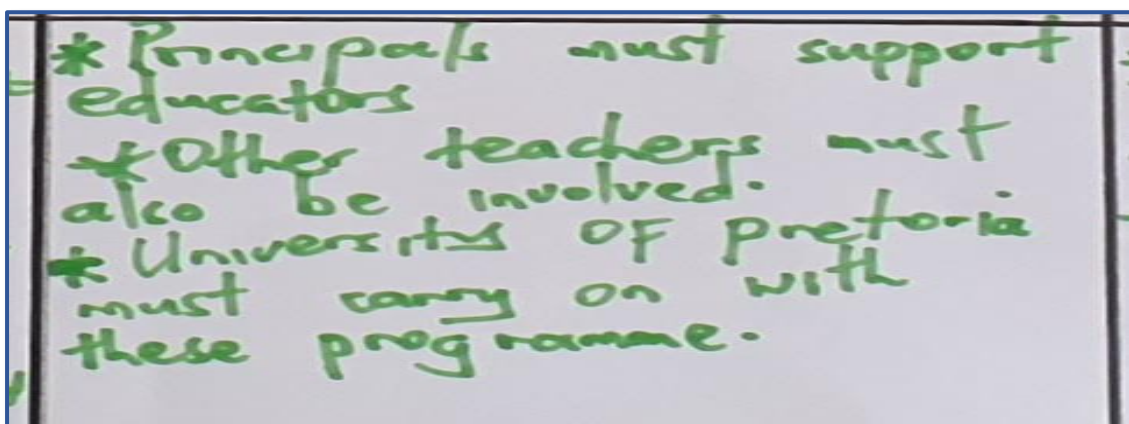
Photograph 4.4: Indication of required support from principals

To address teachers' workload and burnout, the participants suggested better collaboration with the GDE in the following way: *The GDE District need to reduce*

paper work and allow teachers to be fully participating in the programme (PRA Activity 3, Focus group discussion, Participant 2, 18 June 2019). In addition, the participants indicated that too many unnecessary meetings were held at school, and they suggested that the principal reduce the number of these meetings, as indicated on the poster they completed for Activity 3 (PRA Activity 3, Poster, 18 June 2019). Photograph 4.5 captures the participants' view of how the Win-LIFE intervention can be adapted to accommodate teachers' workload and prevent burnout.
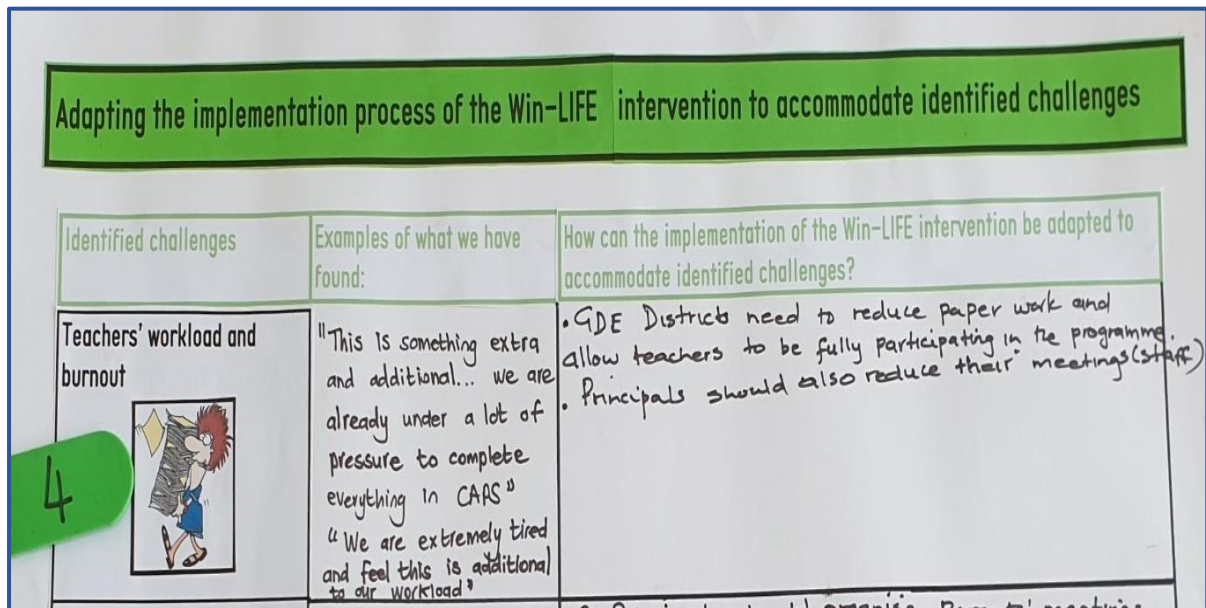
Photograph 4.5: Poster indicating suggestions for adaptation of the Win-LIFE intervention to accommodate teachers' workload and burnout

Sub-theme 2.2 shows that the teacher participants identified improved collaboration with different role-players as a requirement for support in the future implementation of an adapted Win-LIFE intervention. The participants made specific mention of collaboration with the school principal, peer staff members, the University and the GDE. In theme 3 I discuss recommendations for the adaptation of the Win-LIFE intervention.

4.5   THEME 3: LESSONS LEARNT AND RECOMMENDATIONS TO ADAPT THE IMPLEMENTATION OF THE WIN-LIFE INTERVENTION

Theme 3 captures the lessons learnt by teacher participants and their recommendations for the implementation of the Win-LIFE intervention. This theme comprises two sub-themes that relate to experiences from the previous implementation process, and recommendations for adapting the implementation of the

Win-LIFE intervention in terms of the timeframe, alignment with the CAPS curriculum, activities given to learners and the language used. Table 4.3 captures the inclusion and exclusion criteria I applied to identify the sub-themes.

Table 4.3: Inclusion and exclusion criteria for the sub-themes of Theme 3

IDENTIFIED SUB-THEMES	INCLUSION CRITERIA	EXCLUSION CRITERIA
Sub-theme 3.1: Positive experiences related to the implementation of the Win-LIFE intervention	Any reference to positive experiences regarding the initial implementation of the Win-LIFE intervention	Contributions regarding the future direction of the Win-LIFE intervention
Sub-theme 3.2: Future direction of the Win-LIFE intervention	Any reference regarding the future direction of the intervention's timeframe, alignment with the CAPS curriculum, activities given to learners, and language used	Contributions that foreground positive experiences of the initial implementation of the Win-LIFE intervention

4.5.1 Sub-theme 3.1: Positive experiences related to the implementation of the Win-LIFE intervention

Although challenges regarding the implementation of the Win-LIFE intervention had been identified in previous studies[4], the teacher participants in my study experienced several positive aspects while implementing the intervention and seemingly enjoyed being involved. They enjoyed being part of the participatory research activities. I noted the following in my field notes: *It was noticeable that they felt pride in being part of the programme. The participants seemed eager and enthusiastic about the impeding discussion and activities* (Field notes, 18 June 2019).

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[4] Botha, C. J. (In progress). *Development and implementation of a health promotion intervention in a resource-constrained community.*

Ngwenya, D. M. 2019. *Evaluation of a school-based health promotion intervention in a resource-constrained community.* Unpublished PhD thesis. Pretoria: University of Pretoria.

The teacher participants experienced the intervention as motivational, as reflected in the following comments: *It motivated us a lot, because it give us the knowledge of life and healthy living when it comes to the environment and nutrition;* and *it motivated us to further our studies* (PRA-based Activity 1, Focus group discussion, Participants 1 and 2, 18 June 2019). In addition, I indicated the following in my field notes: *The intervention motivated them to enhance their own nutritional practices and to eat healthier foods* (Field notes, 18 June 2019).

The teacher participants described their experiences of the implementation process not only as motivational in terms of taking action, but also encouraging. One of the participants said: *It encouraged us to motivate learners to eat healthy food,* and *it encouraged parents to get healthy food* (PRA-based Activity 1, Focus group discussion, Participant 1, 18 June 2019).

Another positive experience related to the initial implementation of the Win-LIFE intervention for the teacher participants was exposure to a different environment than the school environment they were used to. One participant commented: *It gave us an exposure outside our teaching environment … to be exposed to professors from the University of Pretoria and then we gained knowledge from you about the environment and healthy living* (PRA-based Activity 1, Focus group discussion, Participant 2, 18 June 2019). In my field notes, I noted the following: *Through exposure to the University, P1 felt motivated to further his own education. He enjoyed the exposure to a different environment and felt that it was a good opportunity to encourage parents to instil a healthier lifestyle in their children* (Field notes, 18 June 2019).

The teacher participants also indicated that the initial implementation was valuable in providing information to the parents. One participant said: *Parents gained information about healthy food … they are able to differentiate between unhealthy and healthy food, and they are trying to eat healthy food in their families* (PRA-based Activity 1, Focus group discussion, Participant 1, 18 June 2019). The following appears in support of this in my reflective journal: *The concept that the programmes was found to be motivational to the learners and parents was repeated.* (Reflective journal, June 2019).

Another perception of the teacher participants was that the initial implementation of the intervention had a positive effect on the learners that participated, as reflected in

the following comment: *Those learners who have participated, they've gained more self-esteem … gained more knowledge … enabled learners to express themselves freely* (PRA-based Activity 1, Focus group discussion, Participant 3, 18 June 2019). In this regard, I wrote the following in my field notes: *It was very interesting to me to hear how she reported that even learners who were not part of the project became motivated and had a desire to be included. The general feeling is that the learners are interested, and the teachers regard this as a good sign* (Field notes, June 2019).

Sub-theme 3.1 reveals that the participating teachers experienced the positive influences of the initial implementation of the Win-LIFE intervention on multiple levels. Not only did the subject content of the intervention improve their own views of healthy living, it also changed the views of parents and learners in the school. Overall, the teacher participants experienced the initial implementation of the intervention as valuable for their own professional development.

4.5.2 Sub-theme 3.2: Future direction of the Win-LIFE intervention

The teacher participants made recommendations for adapting the Win-LIFE intervention. They indicated that certain time periods during the school year were inconvenient to implement a health intervention programme due to high workload requirements and deadlines. The participants suggested the following timeframe for re-implementation of the Win-LIFE intervention by saying the following: *Between these months, April, May, July, August, the implementation will be better …* (PRA Activity 2, Focus group discussion, Participant 3, 18 June 2019). I noted the following in my field notes: *The participants suggested that the Win-LIFE intervention take place twice a week from March to September. The intervention should not take place during other months as the curriculum and extramural activities take up too much time* (Field notes, 18 June 2019).

The teacher participants also suggested a two-fold intervention implementation plan to ensure effectivity. They suggested that the intervention be integrated with the curriculum and that supplementary sessions be provided in the afternoon. One of the participants explained: *During school time because it must be taken as part and parcel of the curriculum* (PRA Activity 2, Focus group discussion, Participant 1, 18 June 2019), while another participant mentioned: *The integration will be during school hours and then afternoon they go for your sessions, for that one hour* (PRA Activity 2, Focus

group discussion, Participant 2, 18 June 2019). The provision of supplementary sessions presented by facilitators from the University of Pretoria propagated positivity and encouraged other teachers to become involved: *Most of the teachers were negative about the programme, and then the timeframe, it must not only be during school hours … maybe after school … but it could be a problem for educators* (PRA Activity 2, Focus group discussion, Participant 1, 18 June 2019).

The teacher participants who had implemented the intervention, initially indicated that it did not take up much of their time, and therefore their perception was that it was possible to integrate the intervention into their classwork. One participant stated: *It took medium time because you are linking the content of the CAPS with this programme* (PRA Activity 2, Focus group discussion, Participant 1, 18 June 2019), and another participant suggested: *Maybe they can take five minutes of their time and use it for this project, before they start with their lessons* (PRA Activity 2, Focus group discussion, Participant 3, 18 June 2019).

The findings of previous studies indicated that some of the teachers experienced that the content of the Win-LIFE intervention was not aligned with the CAPS curriculum. The teacher participants recommended that the content of the Win-LIFE intervention should be linked with their Annual Teaching Plan. They further noted that the intervention provides a mechanism for revising content, which is beneficial for learners' assessment. In this regard, one participant explained: *We should think, if the programme is linked with our ATP, Annual Teaching plan, it would be better, because it will form part of our ATP … And then, repeating of work is necessary. Like, if the programme is implemented during the second term, let's say in April, it will serve as revision for work done in Term 1, because the mid-year exam will include Term 1 work* (PRA Activity 3, Focus group discussion, Participant 2, 18 June 2019).

In terms of support to learners, the participants indicated that the implementation of activities must be practical and that resources should be provided by the University of Pretoria. One teacher participant emphasised this point of view: *Implementation should be done practical in a garden (*PRA Activity 3, Focus group discussion, Participant 2, 18 June 2019), and elaborated: *Resources should be provided or offered to poor learners who cannot afford to buy their own, for example, seeds … the university can provide seeds for those specific learners* (PRA Activity 3, Focus group

discussion, Participant 2, 18 June 2019). The poster the teacher participants completed for Activity 3 (Photograph 4.6) wherein the participants made suggestions for adapting activities for learners (PRA Activity 3 Poster, June 2019) is explanatory:
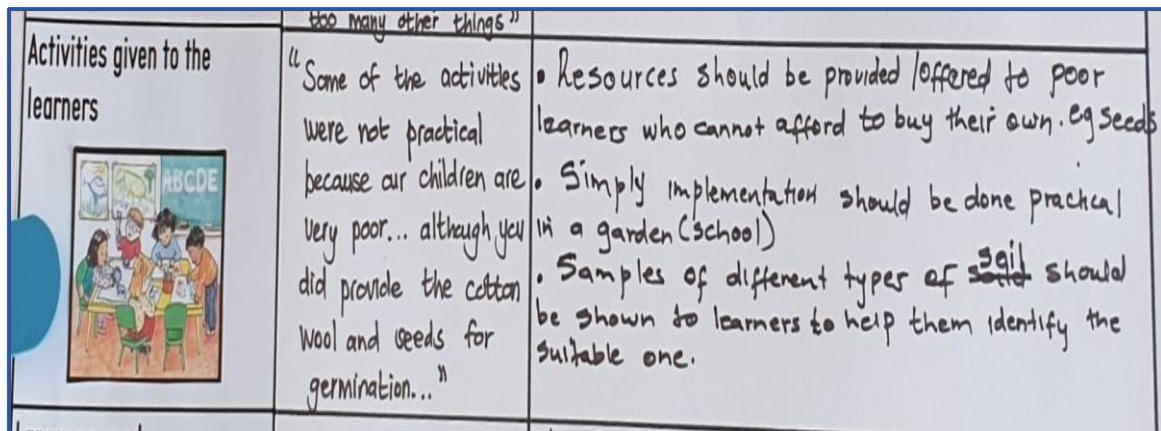
Photograph 4.6: Poster indicating possible adaptations to activities given to learners

In terms of the language of delivery, the teacher participants indicated the importance of code switching from English to isiZulu or Sepedi to assist the learners to understand the content in the intervention better. One of the participants explained: *Language in activity books should be simplified … or educators need to interpret the activity in language understood by learners and parents* (PRA Activity 3, Focus group discussion, Participant 2, 18 June 2019). The participants pointed out that an additional way in which the Win-LIFE intervention could be adapted, is through the involvement and participation of an interpreter in the classroom. In this regard, one participant said: *If, during the programme there is an interpreter who will be able to help either parents or learners with the explanation that they mean this and this, they will be willing to participate* (PRA Activity 2, Focus group discussion, Participant 3, 18 June 2019). In my field notes I reflected about the feasibility of this suggestion: *To implement this, I wonder if the school could source parents or other members of the community who would be willing to offer their services for free, as remuneration for such services could be problematic in a resource-constrained community* (Field notes, 18 June 2019).

Sub-theme 3.2 provides valuable insight into how the participating teachers envisioned the adaptation of the Win-LIFE intervention. Not only did they suggest ideal timeframes for the implementation of the intervention, but they also suggested supplementary sessions presented by facilitators from the University of Pretoria to

enhance the effect of the intervention. In terms of the curriculum content, the participants recommended refinement of the alignment between the intervention content and their Annual Teaching Plans (ATPs). An array of intervention resources should be made available to learners that are unable to afford them. Finally, there appeared to be a need to simplify the language usage in the activity workbooks or to get interpreters in the classroom to explain the content in learners' home language.

4.6 FINDINGS OF THE STUDY

In this section, I relate the identified themes and sub-themes to relevant existing literature. I attempt to highlight not only similarities to existing literature, but also possible contradictions. In addition, I indicate new insights that stemmed from the findings of my study.

4.6.1 Adapting school-related challenges to improve the future implementation of the Win-LIFE intervention

I found that the participants who were involved in the initial implementation of the Win-LIFE intervention highlighted the role of leadership as crucial to the success of the intervention. Participants referred to leadership as the involvement and support of the school principal and the school management team that should positively affect the participation of teachers, parents and other stakeholders in the community. This finding is supported by Moorosi and Bantwini (2016) who highlight the importance of leadership for improved school performance and effective implementation of school-based programmes. Similarly, Shava and Heystek (2015) assert that effective leadership is a key factor in school improvement and transformation.

Participants continuously emphasised that the effective implementation of school-based interventions depends on the involvement and participation of the school principal. This finding is supported by literature that indicates the influence school principals have on teachers' motivation (Shava & Heystek, 2015; Swanepoel, 2009). In particular, Johnson and Lazarus (2003) mention how teachers are motivated if they receive feedback, recognition and acknowledgement from senior members of the management team. This seems to indicate that the involvement and commitment from principals could motivate teachers to form part and continue with the implementation of the intervention (Johnson & Lazarus, 2003). To this end, the findings of the study

indicate that involvement and participation of the school principal will have a positive influence on teachers' motivation to implement the intervention effectively.

The findings of my study also indicate that the involvement of other teachers is needed to enhance the implementation of school-based interventions. I specifically found that teachers realised the importance of health promotion in schools and that they are cognizant of the positive effects it can have on the community. The teacher participants were of the opinion that health promotion interventions should involve all the teachers in the school to enhance their interest and commitment in terms of health promotion. The work of Steyn et al. (2009) emphasises the significance of all teachers' understanding and acknowledgement of the importance of health promotion and healthy lifestyles, as teachers are central to the implementation of school-based interventions. However, the involvement of teachers can be stifled as the participating teachers in my study noted. More specifically, the participants felt that their excessive workload and the resultant burnout prevented them from committing to involvement in the health intervention. When teachers feel that their work demands are too high or that their workload has an impact on their morale, they may feel negative about the implementation of an intervention (Ebersöhn, 2015; Jourdan et al., 2011; Pearson et al., 2015).

My study indicates that school-based support and effective communication is an integral part of the successful implementation of school-based interventions. In my study the participants expressed the need for effective communication between teachers and other role-players to support collaborative efforts in implementing the Win-LIFE intervention. This finding aligns with a study conducted by Kam et al. (2003) in which they indicate support and open communication between role-players as an important requirement for effective intervention. More specifically, the participants required clear and unambiguous communication with the school principal to enhance the interest and motivation of the teachers to become involved in the implementation process. Participants also required communication and buy-in from the School Management Team (SMT). These requirements align with the research of Whitman and Aldinger (2009) who found that a positive work environment, leadership, collaboration in decision-making, open communication, support and training are factors that positively affect the outcome of any implementation process.

The participating teachers also indicated the need for a peer support group at school during the implementation of the intervention. Through peer support sessions, teachers can collaborate, learn with their colleagues and provide one another with assistance, as confirmed by Allen (2016). This study confirms the need for establishing peer support groups in schools when implementing school-based interventions. In this way, this study contributes to existing research by suggesting that peer support groups for teachers could encourage them to stay committed to the implementation of school-based interventions. Iudici (2015) is of the opinion that when teachers believe they are making a valuable contribution in promoting health and see the positive results of their efforts, they may become more enthusiastic about implementing school-based interventions.

4.6.2 Adapting community-related challenges to improve the future implementation of the Win-LIFE intervention

I found that collaboration with external role-players in the community, such as the Gauteng Department of Education (GDE) and the University of Pretoria (UP) is important for the successful implementation of school-based interventions. This finding is consistent with Swart and Pettipher's (2016) finding that indicates that health promotion interventions should make use of the skills and knowledge of societal sectors. Other sources also emphasise the importance of working with members of the community to enhance participation and involvement (Aggleton et al., 2010; Drake et al., 2012; Johnson & Lazarus, 2003). The participants acknowledged that the collaboration between the school and the community relies on the leadership skills of the school principal. This finding aligns with the work of Adelman and Taylor (2008) who confirm that collaboration between schools, parents and the wider community requires innovative leadership, willingness to commit and participate, as well as shared responsibilities.

The results of my study indicate that the participants perceived the involvement of the GDE and UP to be the most significant. However, the participants were silent on the possible involvement of other community resources, such as health clinics, non-governmental organisations and the private sector in the immediate community. This may be due to the participants having been exposed solely to the University of Pretoria and the Gauteng Department of Education, and not considering how other

stakeholders in the community might be able to enhance the implementation of health interventions (Swart & Pettipher, 2016).

To enhance the future implementation of the Win-LIFE intervention, the participants indicated the importance of involving the parents in the community. I found that utilising the skills and expertise of parents is necessary to enhance the effectivity of the implementation of the intervention. This finding relates to the work of Johnson and Lazarus (2003) who emphasise the importance of expanding approaches to include the whole school, specifically the parents, to establish a health promoting school. In support, the theory of overlapping spheres of influences (Epstein, 2013) indicates how the three contexts of school, home and community interact and can have a positive impact on children's learning. According to the Department of Health and Department of Basic Education (2012), educated children can become health information sources to their parents and communities and *vice versa*. When parents become involved in health promotion interventions, they can be influenced positively to an even greater extent (Drake et al., 2012) and motivate their children to remain committed in completing the intervention.

4.6.3 Adapting intervention-related challenges to improve the future implementation of the Win-LIFE intervention

I found that teachers who previously implemented the Win-LIFE health promotion intervention did experience various positive aspects. The teacher participants were motivated and encouraged by the intervention, which resulted in their belief that the intervention should be implemented annually to become a lifelong process. This finding is echoed in the work of Johnson and Lazarus (2003) who found that teachers become more motivated to implement and continue with an intervention when they experience a sense of empowerment through success.

Hill et al. (2015) found that several factors affect teachers' implementation of school-based health promotion interventions. One of these factors is confirmed by the FAO (2013) that asserts that health promotion for children, their families and communities is influenced by teachers' attitudes and behaviours. Similarly, I found that the implementation of the Win-LIFE intervention had a positive effect on the participating teachers' attitude and motivation to continue with the intervention. In line with existing literature (Strickland, 2011), the teacher participants indicated that the intervention

motivated and encouraged them to continue, as it raised awareness among the learners and their parents of healthy habits and had a positive influence on the learners' self-esteem and knowledge.

I found that certain factors inhibited the successful implementation of the Win-LIFE intervention; more specifically, the participants made suggestions for possible adaptations in terms of the implementation process and timeframe, the required support and training for teacher professional development, enhanced alignment of the intervention content with the CAPS for Life Skills and NST, as well as the adaptation of activities given to learners in terms of the language used.

In terms of the implementation process and timeframe of the Win-LIFE intervention, the participants suggested that the implementation of the Win-LIFE intervention take place during specific months of the year, as the other months are filled with too many requirements and deadlines as outlined in the Annual Teaching Plan (ATP). To this end, participants suggested a two-fold intervention programme that comprises lessons integrated into the existing CAPS curriculum, as well as supplementary sessions in the afternoon presented by facilitators from the University of Pretoria in the months of April, May, July and August. The possible adaptation of the timeframe of the intervention correlates with Darlington et al.'s (2018) stance that successful implementation of such an intervention should be tailored and adapted according to the specific needs of the role-players.

In their research, Hill et al. (2015) emphasise the importance of teacher professional development during the implementation of school-based interventions. Similarly, Deal et al. (2010) recommend continuous training to enhance teachers' confidence and knowledge about the implementation of school-based interventions. Although the participants felt that they had sufficient training to implement the Win-LIFE intervention successfully, they received limited support from their principal and the school management team (SMT). Participants underscored the fact that the school principal and management team should become involved and participate in the training provided by the University of Pretoria. Their involvement could assist other teachers in realising the importance of the intervention and follow their example.

With regard to the alignment between the content of the Win-LIFE intervention and the CAPS curriculum, the participants suggested that the content be linked with their

Annual Teaching Plan (ATP). They further suggested that the intervention schedule should allow a period for revision so that learners have time to prepare for the mid-year and final examinations in their subjects. This finding correlates with the statement of Hill et al. (2015) that several factors affect the manner in which teachers implement and utilise school-based health promotion interventions. As such, when the content of the intervention is aligned with the CAPS as well as the ATP, it meets the requirement of a systematic and clear action planning process, as set out by Weare (2010).

I found that the Win-LIFE intervention could be enhanced if the activities in the Win-LIFE intervention are of a practical nature and the resources are provided to the learners. The participants suggested that some of the activities in the workbooks should be completed outside in the school's garden for learners to experience a hands-on approach in applying the theoretical content. In addition, participants felt that resources such as seeds or soil should be provided to the learners as most of them do not have the means to acquire these in their resource-constrained community. Durlak and DuPre (2008) state that an important aspect to consider in the implementation of such an intervention is quality, involving how clearly and correctly programme elements are provided and delivered. More practical activities may also influence the responsiveness to and the interest of the participants in the programme (Durlak & Du Pre, 2008).

Finally, the results of the study indicate that some learners found the level of English used in the workbooks to be too challenging. To support the learners in completing the activities, teachers utilised code-switching between languages. For future implementation the participants recommended the involvement of community members that are fluent in English as well as in other languages to act as interpreters and provide assistance during the implementation of the intervention. In accordance Bennett et al., (2016) suggest that various strategies should be considered to ensure the effective implementation of school-based interventions. One of the strategies is to ensure language usage that is familiar to the learners and parents.

Taken together, Darlington et al. (2018), argue that a successfully implemented intervention needs to address the expectations of all of the involved role-players, and has to be flexible enough to be adapted to suit any emerging needs. To this end, I found that the Win-LIFE intervention cannot be utilised as a one-size-fits-all for all

primary schools in resource-constrained communities. A possible new insight derived from this study is that school-based interventions, such as the Win-LIFE intervention, have to be adapted continuously as new challenges arise and specific needs of the school-community are identified.

4.7 CONCLUSION

In this chapter, I provided the results of my study in terms of the identified themes and sub-themes that relate to teachers' perceptions of adapting the implementation of the Win-LIFE intervention for future use. Extracts from the generated data were included in the discussion of the results. I discussed the findings of my study in relation to existing literature and highlighted similarities and contradictions between the findings of my study and the literature. In addition, I outlined new insights that were obtained from my study.

In Chapter 5, I draw conclusions based on the findings of my study. I address the research questions I presented in Chapter 1, discuss the potential contributions my study can make, and reflect on the limitations of the study. Finally, I provide recommendations for future training, practice and research.

CHAPTER 5 - CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

In this final chapter, I firstly provide conclusions based on the research questions I formulated in Chapter 1. Next, I discuss the potential contributions of my study and reflect on the possible limitations of my study. I conclude with recommendations for future training, practice and research.

5.2 CONCLUSIONS

In the following sections, I provide the conclusions I came to, based on the findings of my study. I present the conclusions by first addressing the secondary research questions that guided my study, and then attend to the primary research question formulated in Chapter 1.

5.2.1 Secondary research question 1: How can identified school-related challenges be addressed when adapting the implementation of the Win-LIFE intervention?

The project of the Win-LIFE health promotion intervention commenced in 2013 as a means of enriching the existing Natural Sciences and Life Skills curricula and to bring about improvement in health-related behaviour in resource-constrained communities. As schools are regarded as ideal settings for health promotion, the Win-LIFE intervention aimed to support the participating school in becoming a centre of health promotion and learning. The underlying motivation for implementing the Win-LIFE intervention at the specific research site was to determine whether it can result in the implementation of the same intervention in other schools in this resource-constrained community. To plan and implement future interventions, however, school-related challenges as identified by the participating teachers needed to be addressed in adapting the existing programme.

The findings of my study of limited scope indicate that identified school-related challenges can be addressed when adapting the implementation of the Win-LIFE intervention. Major school-related challenges identified in previous studies were a lack of teachers' participation and a demanding workload (Botha, in progress; Ngwenya, 2019). The participants in my study emphasised the importance of leadership,

manifested in the principal's involvement and support and of the school management team in the successful implementation of a school-based intervention. Based on the findings of my study and in line with existing literature, the school principal's involvement may have a positive influence on the participation and commitment of the teachers. The participants indicated that they would have appreciated acknowledgement by the principal and the school management team of the significance of their involvement in the intervention. According to the participants, acknowledgement may improve collaboration and commitment of staff members.

Based on the findings of my study, I conclude that the role of the principal and of the school management team in the future implementation of the Win-LIFE intervention should be reconsidered. When the school principal becomes involved in the planning, professional development sessions and implementation of the intervention, teachers' motivation regarding the implementation of the intervention may increase. In addition, when all staff members from across learning areas become involved in the implementation of the intervention, a sense of unity emerges and working towards the shared goal of improving health practices in the school and community may be propagated.

The findings of my study furthermore indicate that effective communication is imperative for the implementation process. I conclude that the school principal should become the bearer of information about the intervention during school staff meetings and parent evenings. In addition, as the participants expressed a need for a peer support group at school, I conclude that an important adaptation to the existing intervention is to establish an intervention committee consisting of the principal, a staff member who acts as intervention coordinator, and the facilitators from the university. This committee could be created at the onset of the implementation, and frequent meetings should take place to provide feedback in terms of the progress of the intervention.

In addition, for peer support, collaborative activities could be implemented to provide participating teachers with the opportunity to reflect on the implementation process and to receive assistance from one another. The participants in my study reiterated their concerns about the current workload that teachers have. They suggested that staff meetings and paper work be minimised. However, when the implementation of a

health promotion intervention becomes part and parcel of their duty to the school, peer support activities, regular feedback and support from the management team will most likely increase their insight into the valuable contribution they can make in the community.

5.2.2 Secondary research question 2: How can identified community-related challenges be addressed when adapting the implementation of the Win-LIFE intervention?

An important assumption of the initial implementation of the Win-LIFE intervention was that the learners could share the importance of healthy lifestyle behaviours with their families and other community members, whereby possible social change could be brought about. By means of an enriched curriculum, the learners were encouraged to share awareness of wellness in lifestyle, intake, fitness and the environment. However, to enhance the successful implementation of a school-based health promotion intervention, I found that external role-players from the community are equally important. The participants in my study suggested the Gauteng Department of Education's (GDE) possible involvement. Their perception was that when directive is given by the GDE in terms of the compulsory implementation of interventions, such as the Win-LIFE intervention, teachers would be encouraged to invest more time and attach more importance to the intervention. The directive by the GDE, combined with exposure to representatives from the university, should encourage and motivate teachers to persevere with the implementation process. Training sessions presented by the facilitators from the university should provide teachers with exposure to a different context while expanding their skills and knowledge.

The findings of my study also underscored the importance of parental involvement in the implementation of the intervention. Receiving feedback and information only from their children seemed to be insufficient in terms of adjusting behaviour and relieving household food insecurity. One suggestion from the participating teachers was to encourage parental involvement. The participants felt that this involvement could be improved by the principal. Specifically, the principal could create an awareness of the health promotion intervention and support its significance in the school and the community. Regular communication with parents could also foster a partnership

between the school and the community, which could provide a means of monitoring parental involvement.

My conclusion is that teachers should not only be trained in the presentation of the content of the intervention, but also in finding ways to partner with the parents of the learners so that their skills and expertise can be utilised. In this way, parents could become involved in practical activities by acting as auxiliary workers under the guidance of the teachers and facilitators. Their expertise in interpreting could especially be utilised when learners interact with the learning content. However, teachers should also be encouraged to explore other resources or services that parents could provide to enhance the implementation of the intervention. Through the parents' involvement and participation, the broader community may be reached to raise awareness of health and well-being. In this way, the need for improved collaboration between the principal, university, teachers and parents can be addressed and fulfilled.

5.2.3 Secondary research question 3: How can identified intervention-related challenges be addressed when adapting the implementation of the Win-LIFE intervention?

As indicated in the literature review in Chapter 2, there is value in adapting existing interventions to suit different contexts rather than designing and implementing novel programmes (Wingood & DiClemente, 2008). In addition to adapting certain identified school- and community-related challenges, my study provides insight into intervention-related challenges as perceived by the participants. The participants in my study made suggestions for adaptation in the following intervention-related areas: implementation process and timeframe, alignment with the CAPS, activities given to learners and the language used in the programme content.

The participants indicated that the intervention would possibly be implemented more successfully during a specific timeframe in the year when there are fewer deadlines required by their Annual Teaching Plan. Instead of a prolonged process of lessons presented in the afternoon, a two-fold intervention plan was suggested. This two-fold intervention plan includes integration into the existing curriculum during school hours, as well as supplementary sessions in the afternoon presented by facilitators from the university. In my opinion, the school principal could be invited to attend some of these

afternoon sessions to give him the opportunity to experience the content and procedure of the intervention, and to share his insight with the facilitators.

Another finding of my study is that the content of the Win-LIFE intervention's workbooks should be aligned with the CAPS. In this regard, the content could be arranged into units aligned with the ATP and the CAPS. This alignment could prevent the repetition of the same content later in the year. However, the participants did suggest that time needs to be allocated for revision to prepare learners for their examinations.

In terms of the learning activities to be completed during the intervention, my findings indicate that some activities should be reconsidered to ensure practicality in terms of accessibility to learning resources. In a resource-constrained community it is not always possible for all the learners to acquire the required resources for each activity. In addition, because of the circumstances they live in, some children from resource-constrained communities are not accustomed to all practices described in the content of the intervention. Therefore, I argue that to adapt certain intervention-related challenges, such as the suitability of the activities and resources, the intervention should be adapted to suit the specific needs of the resource-constrained community in question. In this way, the learners from the specific community can derive optimal value from practical and familiar intervention content.

The language used in the content of the Win-LIFE intervention was identified as another challenge. The participants in this study felt that although most of the learners were proficient in English, some learners found the language usage in the activity books too challenging. As a result, some of the content meaning was lost to these learners, and teachers had to utilise code-switching that proved to be time-consuming during the completion of the activities. In this regard, I conclude that the language used in the activity booklets should be revised and where possible, enhanced with a glossary in the learners' home language. Another possibility of addressing the language-related challenge is to involve members of the community to act as interpreters when the learners have to complete activities independently.

5.2.4 Addressing the primary research question: How can the implementation of the Win-LIFE intervention be adapted for future use?

Based on the findings of my study and the teacher participants' perceptions, my conclusion is that adaptations to the existing Win-LIFE intervention are necessary. Such adaptations could most probably ensure more successful future implementations of the Win-LIFE intervention in resource-constrained communities.

Linking the findings of this study to Bronfenbrenner's bioecological model of development (Bronfenbrenner, 1979), it seems clear that the implementation of any school-based intervention should have an impact on the different systems in which learners function. According to Bronfenbrenner's model (Bronfenbrenner, 1979), the person-environment interactions (proximal processes) that learners engage in, have to be guided by person characteristics as well as the context. In this regard, the school context provides learners with the opportunity to grow and expand their knowledge and skills through the implementation of a health promotion intervention. These proximal processes are not influenced only by the unique characteristics of the teachers and the learners, but also by the broader community. For health promotion interventions to be effective, adaptations are needed to ensure that the needs of all of the role-players, including the learners, teachers, principals, parents and the broader community are addressed. The needs of the role-players are not static but evolve and change as time passes.

According to Bronfenbrenner's model (Bronfenbrenner, 1979), a learner is embedded in a variety of sub-systems. Interacting with people, objects and the environment in the different levels of these interactive systems may result in physical, biological, psychological, social and cultural growth (Swart & Pettipher, 2016). In terms of the microsystem, the teachers from this resource-constrained community had the opportunity to interact with learners and facilitators from the university. During the process of facilitation and training, the university facilitators became part of the microsystem through participatory reflection and action activities. Both teachers and learners seemed to have found this interaction valuable in terms of gaining knowledge and exposure to a different setting than what they were used to. However, to enhance and improve the interactions between teachers and learners in the microsystem, the participating teachers recommended that the language in the activity books be

adapted and that the accessibility of resources be reconsidered. Additionally, the participating teachers benefitted from interaction with the university facilitators, and as such, this could be increased in future implementations.

At the mesosystem level, the teachers seemed to experience a need for greater interaction with their colleagues regarding the implementation process. I concluded that the Win-LIFE intervention could be adapted to include more opportunities for collaboration. Specifically, teachers could benefit from collaborative peer support sessions with their colleagues and the principal during the implementation and presentation of the intervention. The leadership role of the principal should be underscored in future implementations, as it was viewed as an important coordinating function in the mesosystem, transcending into the microsystem and the exosystem.

Another conclusion I came to, based on the findings, is that interactions with relevant role-players in the exosystem can be enhanced. Specifically, the supporting role of the parents and community members could be enhanced in future implementations of the Win-LIFE intervention. Parents' expertise and services, as well as their resources from the workplace (the private sector) can be utilised during the implementation. The principal has an important role to fulfil in encouraging and motivating parents to become aware of the significance of such an intervention, and to provide their assistance through participation in sessions. In addition, parents may be aware of other external resources that members from the broader community may have access to and that may enhance the successful execution of activities given to learners. Interaction with other external role-players, such as the GDE, could be supported in the future implementation of the Win-LIFE health promotion intervention.

Given the influence that time has on development (Bronfenbrenner's chronosystem), the ideal of the Win-LIFE intervention was to promote change in these learners' environment over time. Through the intervention, learners' knowledge of the importance of healthy lifestyle practices was endorsed. The transfer of this obtained knowledge to the broader community is underscored by Bronfenbrenner's bioecological model of development. Therefore, I conclude that change in one part of these learners' system can impact other parts and result in change. The changes in a school system brought about by the implementation of a health promotion intervention could thus result in positive change in the broader community as well. To sustain this

positive change in the community, aspects of the intervention need to be adapted to suit the community's needs. Such adaptations to the Win-LIFE intervention could ensure successful future re-implementation.

5.3   POTENTIAL CONTRIBUTIONS OF THE STUDY

This study of limited scope provides suggestions for adapting the implementation of the Win-LIFE health promotion intervention in a resource-constrained community by drawing on the perceptions of teachers that had previously implemented the intervention. The study elaborates on the possible adaptation of previously identified challenges, as well as challenges that the teacher participants in my study encountered. As such, my study provides insight into the potential adaptation of the existing Win-LIFE health promotion intervention to ensure an enhanced and successful implementation in the future. More specifically, the findings contribute to the adaptation of the Win-LIFE intervention that could potentially benefit learners, teachers, parents and the wider community in a resource-constrained community.

This study provides insight into the challenges that teachers experienced in implementing the Win-LIFE intervention that could inhibit its effectiveness, and adds to the knowledge base of the involvement of key role-players (teachers, principals and parents) in the successful implementation of health promotion interventions in resource-constrained communities. It also contributes to existing literature on school-based health promotion interventions in the South African context, and specifically the challenges that people from resource-constrained communities are often confronted with, such as poverty, malnutrition and maintaining healthy lifestyle practices.

As the study forms part of the broader Win-LIFE health promotion intervention project, it adds to the body of knowledge that has been generated by the project through previous studies. My study of limited scope makes a contribution in terms of understanding and possibly addressing teachers' perceptions of the adaptations to the existing Win-LIFE intervention project. Based on the participating teachers' positive experiences in the previous implementation, and their enthusiasm in continuing the intervention, I conclude that teachers recognise the positive changes that the intervention may have, not only in the microsystem of their school, but also in other microsystems (families and households), and as a result in the mesosystem and exosystem.

5.4 CHALLENGES AND POSSIBLE LIMITATIONS OF THE STUDY

I was able to identify the limitations of my study of limited scope through a process of reflexivity. Firstly, as my study was part of a broader project, I was in the position where I had to conduct research with purposefully selected participants who had participated previously, and therefore I was not able to select the participants myself. Seeing that these participants existed already, and had previously implemented the Win-LIFE intervention, I did not have the opportunity to spend time in their environment or to observe their implementation and facilitation of the intervention. I regard this as a limitation as I did not have an opportunity to gain personal insight into the influence that the broader social-economic context of their community may have had on their perceptions.

In addition, the scope of my study was limited, considering that only three teacher participants from one selected school from the Bronkhorstspruit area participated. This implies that the findings would not necessarily apply to other schools in resource-constrained communities in the South African context. Nonetheless, in line with my interpretivist stance, my aim was not to generalise the findings, but rather to gain an in-depth understanding of the teachers' perceptions of possible adaptations to be made to the existing Win-LIFE intervention. Should this intervention be implemented in other schools in similar resource-constrained communities, the findings from my study may be transferrable, based on the perceptions and suggestions of teachers that have participated in a previous intervention.

As a cultural difference existed between myself and the participants, I was aware that I might have drawn conclusions based on my own beliefs and frame of reference, and that this could be a possible limitation. In addition, I had to stay cognizant of what my role as qualitative researcher entailed, as this study formed part of my training as Educational Psychologist. To address these possible limitations, I engaged in continuous conversations and reflection with my supervisors, and kept a reflective journal on my experiences, beliefs and perceptions. In addition, I conducted member checking with the participants to ensure that my findings and conclusions reflected their perceptions.

5.5 RECOMMENDATIONS

In the following section, based on the findings of my study, I provide recommendations for training, professional practice and future research.

5.5.1 Recommendations for training

The findings of my study underscore the function of key role-players in the implementation of a school-based health promotion intervention in a resource-constrained community. These role-players include the teachers, principal, parents and other community members who can possibly collaborate with researchers from the University of Pretoria, as well as Educational Psychologists to support the community in enhancing their wellness in terms of lifestyle, intake, fitness and the environment. As such, during the training of teachers in the implementation of the Win-LIFE intervention, the benefits of collaboration between the school, parents and broader community members (from health clinics, NGOs and the private sector) need to be included.

Teachers could be trained in strategies to enhance engagement with key role-players. For example, involving parents in the planning, implementation and evaluation of interventions as parental involvement has proven to be vital in the successful execution of interventions. In addition, parents may be in a position to provide essential assistance and resources, not only in themselves, but also in their involvement in their communities and places of work. In facilitating training workshops for the teachers, the facilitators from the University should thus not only focus on the content of the intervention, but also on previously identified challenges related to the intervention, the importance of collaboration between role-players and the involvement and cooperation of all staff members. The teachers' perceptions of the need for adaptation of an existing intervention can be incorporated into teacher training programmes at tertiary level. In this way, future teachers can get accustomed to the lifestyle needs and challenges faced by resource-constrained communities, and how these could possibly be addressed through health promotion intervention programmes at schools.

I also recommend that a section on community-based health promotion intervention strategies should be integrated into the training of Educational Psychologists. Specifically, a systemic approach in which the involvement of different role-players in the various sub-systems in which learners interact, should be followed. Furthermore,

comprehensive training in PRA methodology, especially in resource-constrained communities, may be a valuable tool for Educational Psychologists to utilise in the future development of intervention programmes.

5.5.2 Recommendations for professional practice

My recommendation would be that the findings of my study are applied practically in the future implementation of the Win-LIFE intervention in the resource-constrained community where it was previously implemented. As the teachers that participated in the previous intervention of the Win-LIFE intervention provided their suggestions and perceptions of possible adaptations to the intervention, I believe it would serve as ideal ground for reviewing the success of the implementation of an adapted intervention.

Upon completion of the implementation of the adapted Win-LIFE intervention, I recommend that this intervention be implemented in neighbouring schools in the same resource-constrained community, and eventually also in other schools in similar communities. In this regard, information sessions could be facilitated in which principals and teachers from other schools propagate awareness of the importance and value of the implementation of such an intervention at their schools. Teachers who have experience of implementing the intervention could facilitate these information sessions, to share their perceptions and expertise with future implementers. The prospect of training other teachers in the implementation of the intervention might encourage teachers to take ownership and involve other key role-players in the community. Such key role-players could involve Educational Psychologists that may provide expertise in terms of programme development, communication skills, leadership and management strategies, collaboration and motivation. From the onset, valuable input could be given by Educational Psychologists during the information sessions for teachers.

Based on the findings of my study, I recommend that an attempt is made by future facilitators to involve the Gauteng Department of Education (GDE) in the implementation of the intervention. As such, collaboration with the GDE as a key role player in the broader community may result in their providing additional guidelines in terms of health and wellness in schools.

5.5.3 Recommendations for future research

Based on the findings of my study of limited scope, I make the following recommendations for further research:

❖ Exploration of the feasibility of the adapted Win-LIFE intervention in other schools and resource-constrained communities.

❖ A follow-up case study exploring Epstein's theory of overlapping spheres of influence (2013) and its effect on successful implementation of a school-based intervention.

❖ Determining the extent to which learners transfer acquired knowledge from a health promotion intervention to their family and community members and strategies to enhance this transfer;

❖ A follow-up study to explore and describe the manner in which key role-players in resource-constrained communities can become more involved in the implementation of health promotion programmes in schools.

❖ A study to determine the effect of involvement of a school principal and management team in the coordination of the Win-LIFE intervention.

❖ Follow-up case studies to explore teachers' utilisation of resources from their specific community that may affect the establishment of healthy practices in terms of wellness in lifestyle, intake, fitness and the environment.

5.6 CONCLUDING REFLECTIONS

Through this study of limited scope, I aimed to explore and describe the perceptions of teachers of adapting the implementation of the Win-LIFE health promotion intervention in a resource-constrained community. The findings confirm that certain aspects of the intervention should be adapted to ensure more effective implementation in future and, as a result, there may be greater benefits to learners, teachers, parents and the broader community to participate. In addition, the findings of the study underscore specific challenges pertaining to the implementation of a school-based health promotion intervention, and make suggestions for adaptation to address these challenges. Based on the findings of my study, I can conclude that teachers' perceptions indicate that the Win-LIFE intervention can be adapted to ensure greater success in how it is received by teachers, learners, parents and the broader community.

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APPENDIX A – PERMISSION TO CONDUCT RESEARCH

GAUTENG PROVINCE
EDUCATION
REPUBLIC OF SOUTH AFRICA

GDE AMENDED RESEARCH APPROVAL LETTER

Date:	19 February 2016
Validity of Research Approval:	19 February 2016 to 30 September 2016
Previous GDE Research Approval letter reference number	D2015 / 375 A dated 13 January 2015 D2014 / 309 A dated 27 November 2013 and D2013 / 223 dated 29 October 2012
Name of Researcher:	Professor C.J. Botha
Address of Researcher:	526 Suider Street; Pretoria North; 0182
Telephone / Fax Number/s:	082 074 9611; 012 420 5511
Email address:	karien.botha@up.ac.za
Research Topic:	Schools as sites for social change: Facilitating adjusted behaviour in resource-constrained communities by empowering children
Number and type of schools:	THREE Primary Schools
District/s/HO	Gauteng North

Re: Approval in Respect of Request to Conduct Research

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved. A separate copy of this letter must be presented to the Principal, SGB and the relevant District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted. However participation is VOLUNTARY.

The following conditions apply to GDE research. The researcher has agreed to and may proceed with the above study subject to the conditions listed below being met. Approval may be withdrawn should any of the conditions listed below be flouted:

CONDITIONS FOR CONDUCTING RESEARCH IN GDE

f. The District/Head Office Senior Manager/s concerned, the Principal/s and the chairperson/s of the School Governing Body (SGB) must be presented with a copy of this letter

1

Making education a societal priority

Office of the Director: Education © University of Pretoria wledge Management ER&KM)
9th Floor, 111 Commissioner Street, Johannesburg, 2001

> **PERMISSION TO CONDUCT RESEARCH AT MSHULUZANE-MAYISELA PRIMARY SCHOOL**

Dear Mrs Karien Botha

Having read the letter concerning your request to conduct research at Mshuluzane-Mayisela Primary School, I hereby grant / do not grant you permission to do research which will involve staff members and learners at my school.

.... Signature

15/January 2013 Date

PERMISSION TO CONDUCT RESEARCH AT VEZULWAZI PRIMARY SCHOOL

Dear Mrs Karien Botha

Having read the letter concerning your request to conduct research at Vezulwazi Primary School, I hereby grant / do not grant you permission to do research which will involve staff members and learners at my school.

....
Signature

29/08/13
....
Date

PERMISSION TO CONDUCT RESEARCH AT KGORO PRIMARY SCHOOL

Dear Mrs Karien Botha

Having read the letter concerning your request to conduct research at Kgoro Primary School, I hereby grant / do not grant you permission to do research which will involve staff members at my school.

_____   26-02 – 2013
Signature   Date

APPENDIX B – LETTER OF INFORMED CONSENT (TEMPLATE)

Faculty of Education
Fakulteit Opvoedkunde
Lefapha la Thuto

To whom it may concern   18 June 2019

REQUEST FOR PARTICIPATION IN GROUP DISCUSSION AND INFORMED CONSENT

I am a Masters student in Educational Psychology at the University of Pretoria and part of a research project that investigates the development, implementation and potential effect of a school-based health promotion intervention, Win-LIFE (Wellness in Lifestyle, Intake, Fitness and the Environment). As you have previously been part of the Win-LIFE health promotion intervention, by implementing an enriched curriculum for Grade 4 to 6 learners, you are kindly invited to participate in further research for this project. For this research, we will be conducting a focus group discussion with you as the teachers who presented the enriched curriculum in Natural Sciences and Life Skills. During this discussion you will be asked to share your knowledge with us by reflecting on and sharing your experiences of the implementation of the health promotion intervention.

We hereby request your consent for participation in the research activities. Audio recordings of the activities during the discussion will be made and photographs will be taken. The information obtained during this research project will be treated with the strictest confidentiality and your identity will be protected. You are free to withdraw from the project at any time, should you wish to do so. You will be allowed to ask questions and to have full access to all of the data gathered during the process, as well as the final results.

If you are willing to participate in this study, please complete and sign the form below, i.e. that you participate willingly in this group discussion, that you understand that you may withdraw from the discussion at any time and that you give permission for recordings to be made and photographs to be taken during the discussion.

Thank you for your consideration of this request.
Yours sincerely,

Almarié Jacobs (Researcher)   Karien Botha (Supervisor)
almarie.jacobs75@gmail.com   karien.botha@up.ac.za
082 468 5611   0820749611

Faculty of Education
Fakulteit Opvoedkunde
Lefapha la Thuto

INFORMED CONSENT FORM

Having read the attached letter, I declare that I am aware of the nature and purpose of the study conducted by Almarié Jacobs. I understand that all information will be treated confidentially and anonymously and that I may withdraw from the group discussion at any time if I choose to do so. I agree to allow the researcher to audio record the discussion and to take photographs.

I, _____ the undersigned, in my capacity as teacher at _____ (name of school) hereby give consent to participate in the above-mentioned research.

My face may be shown in photographs and publications following this study: YES / NO

_____   _____
Signature   Date

APPENDIX C – PHOTOGRAPHS OF PRA-BASED ACTIVITIES IN A FOCUS GROUP DISCUSSION

Photograph 1: Focus group discussion – 18 June 2019

Photograph 2: Activity 1 - Participants completing the set of keys on positive experiences of the Win-LIFE intervention

Photograph 3: Activity 1 - Completed set of keys on positive experiences of the Win-LIFE intervention

Photograph 4: Activity 2 - Explanation of poster on adapting the implementation process of the Win-LIFE intervention

Photograph 5: Activity 2 - Participants completing poster on adapting the implementation process of the Win-LIFE intervention

Photograph 6: Activity 2 - Completed poster on adapting the implementation process of the Win-LIFE intervention
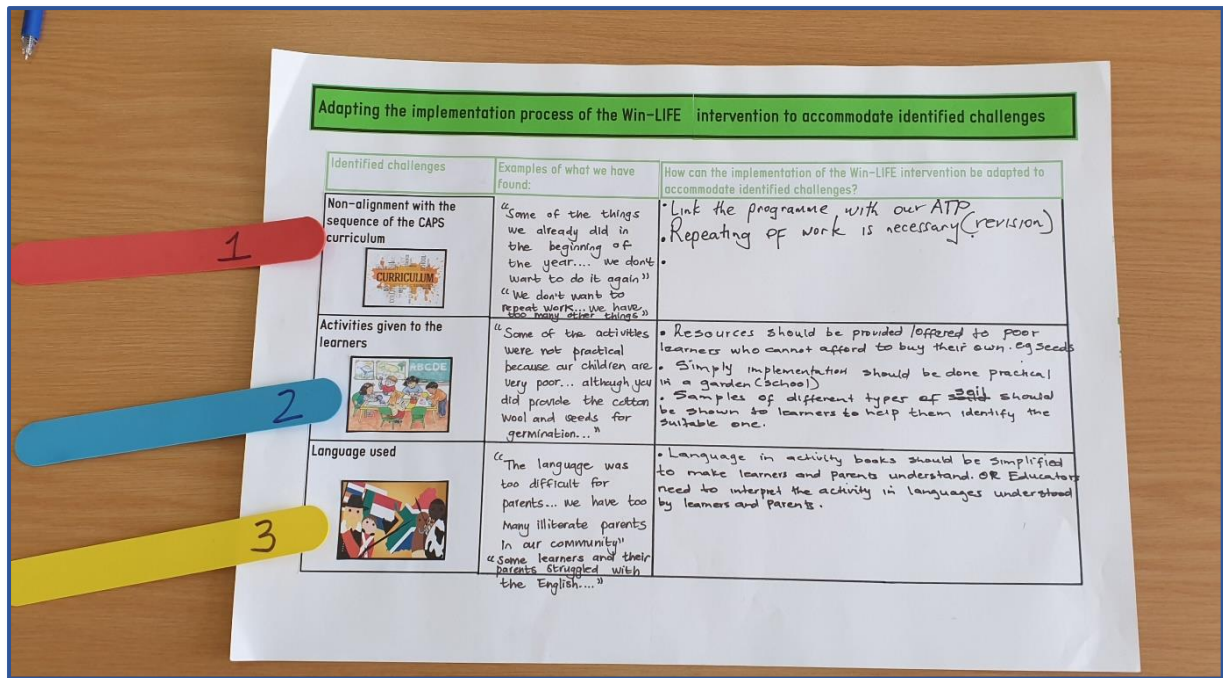
Photograph 7: Activity 3 – Completed poster on adapting the implementation process of the Win-LIFE intervention to accommodate identified challenges 1 to 3
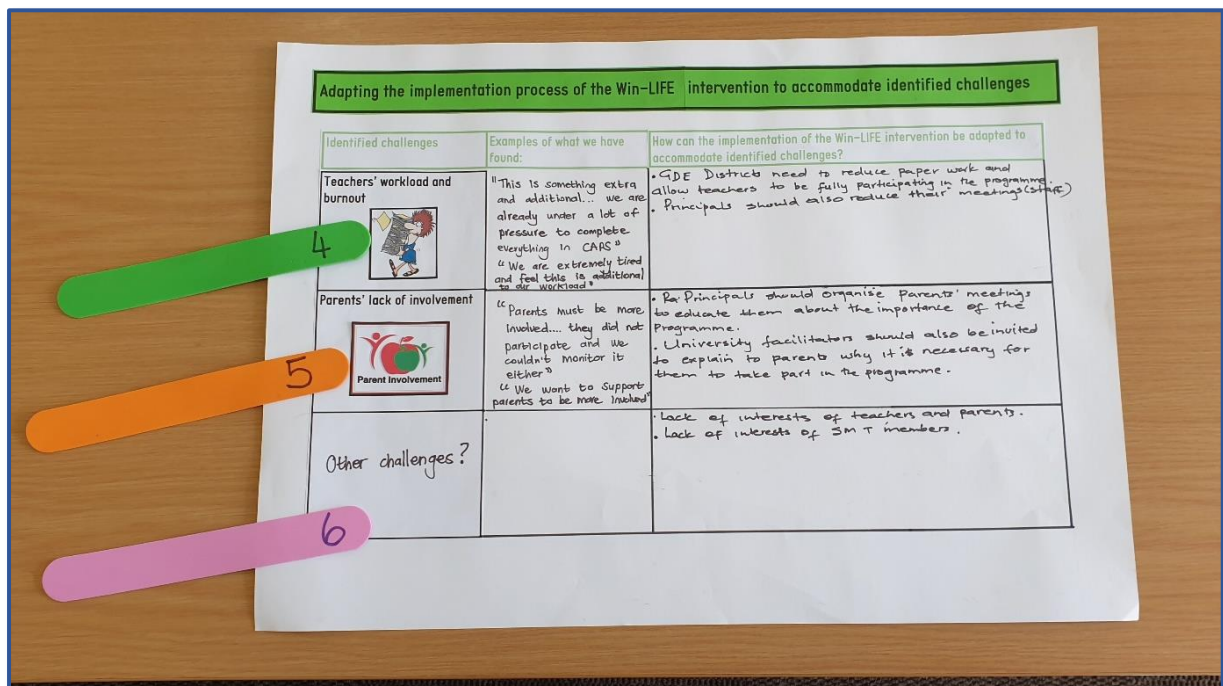
Photograph 8: Activity 3 – Completed poster on adapting the implementation process of the Win-LIFE intervention to accommodate identified challenges 4 to 6

Adapting the implementation process of the Win–LIFE intervention to accommodate identified challenges

Identified challenges	Examples of what we have found:	How can the implementation of the Win-LIFE intervention be adapted to accommodate identified challenges?
1 Non–alignment with the sequence of the CAPS curriculum	"Some of the things we already did in the beginning of the year.... we don't want to do it again" "We don't want to repeat work... we have too many other things"	• Link the programme with our ATP (revision) • Repeating of work is necessary
2 Activities given to the learners	"Some of the activities were not practical because our children are very poor... although you did provide the cotton wool and seeds for germination..."	• Resources should be provided / offered to poor learners who cannot afford to buy their own. eg seeds • Simply implementation should be done practical in a garden (school) • Samples of different types of soil should be shown to learners to help them identify the suitable one.
3 Language used	"The language was too difficult for parents... we have too many illiterate parents in our community" "Some learners and their parents struggled with the English...."	• Language in activity books should be simplified to make learners and parents understand. OR Educators need to interpret the activity in languages understood by learners and parents.

Adapting the implementation process of the Win–LIFE intervention to accommodate identified challenges

Identified challenges	Examples of what we have found:	How can the implementation of the Win-LIFE intervention be adapted to accommodate identified challenges?
4 Teachers' workload and burnout	"This is something extra and additional... we are already under a lot of pressure to complete everything in CAPS" "We are extremely tired and feel this is additional to our workload"	• GDE Districts need to reduce paper work and allow teachers to be fully participating in the programme. • Principals should also reduce their meetings (staff)
5 Parents' lack of involvement	"Parents must be more involved.... they did not participate and we couldn't monitor it either" "We want to support parents to be more involved"	• Re Principals should organise Parents' meetings to educate them about the importance of the Programme. • University facilitators should also be invited to explain to parents why it is necessary for them to take part in the programme.
6 Other challenges?		• Lack of interests of teachers and parents. • Lack of interests of SMT members.

Photograph 9: Activity 3 - Completed poster on adapting the implementation process of the Win-LIFE intervention to accommodate identified challenges 1 to 6

APPENDIX D – CODING OF VISUAL DOCUMENTATION (PHOTOGRAPHS)

COLOUR CODE OF FINAL THEMES AND RELATED SUB-THEMES	
Theme 1: Factors that should be considered when adapting the Win-LIFE intervention	Sub-theme 1.1: The role of leadership
	Sub-theme 1.2: Involvement of others in the school and community contexts
Theme 2: Support required when implementing the Win-LIFE intervention in future	Sub-theme 2.1: Improved communication
	Sub-theme 2.2: Improved collaboration by different role-players
Theme 3: Lessons learnt and recommendations to adapt the implementation of the Win-LIFE intervention	Sub-theme 3.1: Positive experiences related to the implementation of the Win-LIFE intervention
	Sub-theme 3.2: Future direction of the Win-LIFE intervention

Activity 1: Set of keys on positive experiences of the Win-LIFE

Sub-theme 3.1

Sub-theme 3.1

Activity 2: Adapting the implementation process of the Win-LIFE intervention

Sub-theme 1.2

Sub-theme 2.2

Sub-theme 1.1

Activity 3: Poster on adapting the implementation process of the Win-LIFE intervention to accommodate identified challenges 1 to 3

Activity 3: Poster on adapting the implementation process of the Win-LIFE intervention to accommodate identified challenges 4 to 6

APPENDIX E – CODING OF TRANSCRIPTION OF AUDIO RECORDING

COLOUR CODE OF FINAL THEMES AND RELATED SUB-THEMES	
Theme 1: Factors that should be considered when adapting the Win-LIFE intervention	Sub-theme 1.1: The role of leadership
	Sub-theme 1.2: Involvement of others in the school and community contexts
Theme 2: Support required when implementing the Win-LIFE intervention in future	Sub-theme 2.1: Improved communication
	Sub-theme 2.2: Improved collaboration by different role-players
Theme 3: Lessons learnt and recommendations to adapt the implementation of the Win-LIFE intervention	Sub-theme 3.1: Positive experiences related to the implementation of the Win-LIFE intervention
	Sub-theme 3.2: Future direction of the Win-LIFE intervention

EXCERPTS FROM TRANSCRIPTION OF FOCUS GROUP DISCUSSION

DATE	18 June 2019, 10h00 – 14h30
FACILITATOR	Almarié Jacobs
CO-FACILITATOR	Karien Botha
OBSERVER	Nicolaas Blom
PARTICIPANTS	Participant 1 (P1) Participant 2 (P2) Participant 3 (P3)

Activity 1 feedback:

Karien: So, what did you think was good about being involved with the project or the intervention? Things that stood out for you…

P1: Ja, firstly and foremost I would like to say it motivated us a lot, because it give us… the knowledge of life and living… when it comes to the environment and nutrition. And then secondly, it motivated us as a… particularly… it motivates us to further our studies. **(Sub theme 3.1)**

Almarié: Mmm…mmm

P1: Not to just relax. Mmm…

Karien: Can I ask you why? Why do you say it motivated you to further your studies?

P1: Because here right now I'm at the university (inaudible)… but when I'm at X there is no university, there is no tertiary institution there, so I feel honoured to be here.

Almarié: We feel honoured to have you (laughter).

P1: And then, number… the third one is that it also encouraged us to motivate learners to eat healthy food… mmm. **(Sub theme 3.1)**

Almarié: Mmm…mmm

P1: As we've indicated exposure to different environment because I meant different environment, I meant Pretoria not X. And then it also help us to encourage parents… to… get… healthy food. **(Sub theme 3.1)** That's all that we…

Almarié: Okay.

Karien: Okay, Mrs. X?

P2: Uh, what can I say? Once more, good morning (laughter). Uh, it gave us an exposure outside our teaching environment, you know that as teachers we focus in our environment only, but the project helped us to be exposed to professors from the university of Pretoria and then… we also gained knowledge from you… about… eh… the environment and healthy living. **(Sub theme 3.1)** So, it helped learners learn the importance of healthy food because most of the time our learners eat food of which is not healthy, they eat because they are hungry. And then, parents and learners, or I can say parents gained information about healthy food as you think, but now, most of the parents who participated in the programme, they are able to differentiate between unhealthy and healthy food, and they are trying to eat healthy food in their families. **(Sub theme 3.1)** It also enabled both parents and learners to express themselves… express themselves freely… to… when they interact with different people from outside their area and school environment, and I shall think we enjoyed your…. You being there… for the rest of the project…

P1: Mmm.

P2: Especially with the rest of the learners who were involved with the project. They were so excited to be part of it.

Almarié: Okay.

P3: Yes, I think it was really helpful because it helped us as educators, parents and learners. And another thing, it has helped a lot, I think those learners who have participated, they've gained more self-esteem. **(Sub theme 3.1)**

Almarié: Oh? Mmm.

P3: And they can now differentiate between that… a healthy diet, that if they eat like this, it is not right, and if they eat like this, it is right. Um… and it… they also gained more knowledge, not so say that as educators we did not give them knowledge, but if learners get knowledge maybe from other people, they take it seriously than when they gain from their educators. Yeah, I think that's all. **(Sub theme 3.1)**

Almarié: Okay, thank you so much. Is there anything you want to add, Mr. X, Mrs. X? Something you maybe thought about while we were talking?

P1: No, I should think that this project should continue not for now, but it must be a lifelong process.

P2: Eh, still on the project, this project, eh… those learners who were not part of the project, some of them were still in the lower grades…

Activity 2 feedback:

P1: We are done.

Karien: Okay, so can we ask that whoever is going to give us feedback, will just then tell us in terms of those three aspects what do you think was the reason, what can be done differently and how it can be done?

P1: Okay, ja, when it comes to teachers' participation, the possible reasons for outcome, is the teachers' workload… and then another point is the pressure from district officials…

Karien: Mmm. Can you maybe elaborate on that a bit? What, what pressure do you experience from the district officials?

P1: When it comes to ATP coverage, Annual Teaching Programme…

Almarié: Uh huh.

Karien: Ja?

P1: We are being pressurised. Mmm.

P3: And the SBA…

Karien:	What is SBA?
Nicolaas:	School Based
P2:	School Based Assessment… (everyone talks at once)
P1:	And then another factor when it comes to the possible reasons, is teachers not showing interest…
Almarié:	Ja?
P1:	Ja, and then another possible reason is that most teachers seemed to say it has to do with certain teachers, you don't involve us all, for instance, it only involves Natural Sciences and Technology teachers and Life Skills, so it must be spread… to all of us… **(Sub-theme 1.2)**
Karien:	So, do you say in the future you suggest that we include say, all Grade 4 teachers…
P1:	Mmm.
Karien:	… and not only those who teach Life Skills or Natural Sciences?
P1:	Ja, mmm.
Karien:	Okay.
P1:	How can this be adapted or done differently? As I've indicated it should involve all teachers, encourage all schools to fully participate… **(Sub-theme 1.2)**
P2:	The surrounding schools.
P1:	Ja, the surrounding schools, to fully participate…
Karien:	How do you think we can encourage schools to participate? What can we do to encourage them?
P1:	I should think as the University of Pretoria, you must have a link with the Department of Education so that this programme will be taken as part and parcel for our job descriptions… **(Sub-theme 1.2)**
Almarié:	Mmm?
P2:	Eh… another point, encouraging the surrounding schools to fully participate will help all the community… parents in the community… to learn more about eh… nutrition because if it was our school, which participated in this programme and other schools are not participating, the parents of learners in that particular school and the other school, will not be able to know more about healthy eating, healthy food, and nutrition… but if all the schools are fully participating I shall think they will be able to teach other members of the community and they will always be encouraged to… have vegetable gardens to grow themselves as community members, to have vegetable gardens, plant or grow

vegetables so that they can be able to feed their own children and sell in order to make money to… to help themselves with the necessary things in the house. But if it's one… one… one school, eh… it only helps a particular group of parents or community, and the rest of the community will remain in the dark when coming to the issue of nutrition. **(Sub-theme 1.2)**

Almarié: Mmm.

P2:   I should think the principals should be… should encourage teachers in their schools… not to discourage them to encourage them to… to take part in this project, to learn more about what the project has for them. **(Sub-theme 1.1)**

Nicolaas: You've mentioned, um, a bit earlier… teacher interest…

P1:   Mmm.

Nicolaas: What do you think as teachers in that context, how would you encourage… uh… the interest of teachers in a similar project. How do you think you can go about increasing interest among your peers in the school about, um, implementing a programme on health?

P1:   Ja, I should feel that it must be… this programme must be taken as something which is compulsory… **(Sub-theme 1.2)**

Karien: How do you think we can get the teachers' buy-in? To say, you know what… because sometimes when we have programmes, people will say, but it's the university's programme…

All three: Mmm.

Karien: What… what can we do so that teachers from schools, say this is… we, we developed it with the university but this is our programme, we want to do it. How do you think we can go about to get that buy-in from the teachers?

P1:   Ja, I should think that if you have a link with the GDE and convince them, so they are going to take it from the GDE side, not from your side. You convince the Department of Education, saying that this thing must be implemented across the board.

P3:   Another thing, maybe if we can involve all educators, I think maybe that can also help. And another thing, maybe the principal, if the principal can… encourage educators, I think even that can help. But if the principal is not taking part of the project, then… the educators they don't think that this thing is serious. They think that it is maybe made for other group of learners and educators and it is not meant for all the educators at school. **(Sub-theme 1.1)**

Karien: Okay, so what you are saying is that um… leadership is important?

P1:	Mmm.
P3:	Ja!
Karien:	It must come from the leader of the school…
P1:	Ja, ja.
Karien:	… to say all of you must implement this programme.
P3:	Yes.
P2:	Yes.
P1:	Even the leader of the school must get instruction from the Department of Education saying this is what… mmm… **(Sub-theme 1.1)**
Almarié:	Okay.
Nicolaas:	Can I ask something else, also just about the context? Um, in this school, did the teachers, um, during staff meetings, speak about this to each other, um, or… or were the teachers mostly on their own, um, when implementing it?
P3:	Um, previously when we were doing this, neh, we did not speak about it, maybe in the staff room or whatever, they just asked Ma'am X… visitors from UP came and a group of educators were the ones who were participating with those learners, but not the whole school was involved. Maybe they were… they were talking about it in the morning briefing that visitors from UP would be coming for a visit, you see. Then it means, not all the educators were participating. **(Sub-theme 2.1)**
Almarié:	Mmm.
Nicolaas:	Do you think that it would help if, um, teachers spoke in groups before… before implementing it, and spoke to each other beforehand, um, if everyone was involved? Like a type of a support group where they speak, um… say I'm going to do this, what are you going to do, how are you going to do this? Do you think something like that might help?
P1:	Ja, it would, because… it must not seem as if the programme is targeting certain teachers, it must target all of us.
P2:	And… I… uh… I think if… even if other teachers are not directly involved with the implementation of the programme in classes because they are not teaching Life Skills and… eh… NST… I should think in an assembly, they can teach this learners about nutrition… **(Sub-theme 1.2)**
Karien:	Okay! What a good idea!
Almarié:	Ja!
P2:	… if you are in assembly, you can mention… say something about nutrition… healthy… healthy living… healthy food…

Almarié:	Like a talk?
P2:	Ja. That you must eat breakfast before you come to school, and what type of breakfast… eh… learners must eat, or whatever. We know that they are not the same, but the things that they have for breakfast, should be the things that are going to add some value in their body. Even if you say brown bread and tea, then it's a breakfast. That brown bread has got something to add in their body unlike eating something… eating the Simbas, and then they end up vomiting and sick…
Almarié:	Ja…
P2:	Early in the morning…
Karien:	I want to ask something else about the teacher participation. Um, did some teachers feel okay, now we must do something extra, or did some teachers feel excluded… they didn't ask us, but we actually also wanted to do it… What was the situation in terms of the teachers?
P1:	It's dual, ma'am… some of the teachers they have taken it as if it is an extra work, and some teachers they felt excluded because the focus was on Life Skills and Natural Sciences… **(Sub-theme 1.2)**
P3:	And like… in… the principal in our meetings, morning briefings, if he can discuss this with us… and tell teachers that, the one who is going to have assembly… must include at least one part of healthy living as one of the topics that is going to tell children about… **(Sub-theme 1.2)**
Karien:	I agree. Okay, and by whom do you think that teacher participation…
P1:	Ja, I should think… the four people who are involved here, the facilitators as yourself, the educators, the parents, the principals, mmm…
Karien:	Okay.
Nicolaas:	You also mentioned the GDE…
P1:	Ja, the GDE, ja.
Nicolaas:	And also the people running the food…?
Karien:	Ja, the co-ordinators of the nutrition…
P1:	Co-ordinators, ja… And now we are getting to the implementation process and timeframe.
Almarié:	Ja?
P1:	Ja, most of the teachers were negative about the programme, and then the timeframe, it must not be during school hours. Maybe it should be… after school… **(Sub theme 3.2)**
Nicolaas:	Can I also ask something?
Karien:	Ja.

Nicolaas:	Um, in terms of the time that it took to implement this and um, you implemented this programme, how much of your time did it take to implement these activities in your classroom? Did it take a lot of time, did it take medium or did it take no time at all?
P1:	**Ja, it took a medium time. (Sub theme 3.2)**
Nicolaas:	Medium time?
P1:	**Ja, medium time because you are linking the content with this programme. (Sub theme 3.2)**
P2:	Because it's just an integration of the programme with the lesson that you are doing…
P3:	Then if it is the whole school again, it will be a problem again if we do it like that… because maybe some of the educators they don't teach that learning area, they won't be able to… But if they want to integrate it, they can.
Everyone:	Mmm.
P3:	If they want to, they will. But if they don't want to, they will tell you some stories. **Because maybe they can take 5 minutes of their time and use it for this project, before they start with their lessons. You see? (Sub theme 3.2)**
Almarié:	I see.
Karien:	Mmm.
P3:	I thought it will not work, eh eh. (laughter)
P2:	**Another reason… eish… in most schools, if you are co-ordinating this programme, it becomes your own baby. So, it means that whatever is happening, you have to make sure that… you're alone… you don't have a support system from the principal, even at the school, the Admin block, you are left with the university people, without decent bathrooms… They give you a classroom, the Admin block is locked and you become frustrated because you cannot take people to children's bathrooms, or else they say… bathroom inside the block, but you just operate in a classroom… Then everything, you have to see to it that people are catered… (Sub-theme 2.1)**
Almarié:	Ja…
Karien:	And how can we change… how can that be changed?
P2:	**The, the principal… I should think the principal must understand that the programme is taking place at his or her school. She must wait… stay with us. Only, only two hours… two hours is not something that can bite… you just stay for two hours… the programme is run, and thereafter you lock your school. (Sub-theme 2.2)** People are leaving then, because

the people who are there, they got their time to do things, but they came there, even if… even those who are facilitating… they got things to do, but they sacrifice their time for that two hours. And then after the programme, every person leaves. And then, it is not a scar… Then you get used to it…

Karien: Okay…

P2:   … and you enjoy. Like I… I enjoy the programme.

Nicolaas: Am I hearing correctly that you think that, um, there should be better… or if we want to adapt it, there should be better management strategies in terms of the facilities, and also in terms of the time and um, the people involved, like the principal?

P2:   Yes.

Nicolaas: Okay.

P2:   Because they must be part of the programme. He must not only be part of the programme when he can sit around the board table and enjoy the incentives of… **(Sub-theme 2.2)**

P1:   But I should think if you, you UP people can convince the Department of Education and the principal, you won't have a problem when implementing the programme… They must get a directive from the Department of Education, so that this thing is taken as part and parcel of the curriculum. **(Sub-theme 2.2)**

Karien: It's very interesting in literature they indicate that one of the success factors for any health promotion programme, here in South African and overseas, is the school principal…

Al three: Mmm.

Karien: Is leadership… it starts with leadership, and that's one of the first things that determines the success of these programmes.

Nicolaas: Because I wanted to ask, do you think that there is anything that, in terms of the integration of the two… someone can do to reduce the time, um, in the curriculum… like if someone works according to the curriculum, pre-worked out lessons?

P1:   Ja, I think that you can reduce the time for the programme and try to integrate the programme with the curriculum, but only (inaudible)… then you can choose it… to cover for the curriculum…

Karien: In terms of the time frame, that we said 10 weeks, how do you think we can adapt that?

P1:   10 weeks time… I think… It must be done, I should think it must be done on regular basis, but per week maybe twice, maybe per month, two, four, six, eight…

Karien:	And then, for how long?
P2:	Depending on…
P1:	Ja, mar it would depend, depending on the… for the duration of the year.
P2:	… to cover the 10 weeks, to implement it in 10 weeks, to cover the 10 weeks…
Karien:	Over the year?
P2:	Yes.
P3:	I don't think that it will be right maybe for those months…, just like March, April, May, June… and then August, September… and then end November, neh? Those are the busy times for educators, ja… But it can be squeezed maybe between the other months, but besides this months. Because in March, educators are busy with their submission for… finalisation of exams, marking, ja, everything. June, even in June, September, November. **(Sub theme 3.2)**
Karien:	So, what months do you suggest or what times of the year do you suggest?
P3:	I think maybe…
P1:	April, May
P3:	Ja, I think between this months. April, May, July, August… **(Sub theme 3.2)**
Almarié:	Would this be for a programme in the afternoon, or what do you think… during classes?
Karien:	No…
Almarié:	Integrated? It's not…
Karien:	The teachers must tell us what do they think. After school, during school, once…
P1:	During school time because as we are saying that it must be taken as part and parcel of the curriculum. **(Sub theme 3.2)**
Almarié:	Okay, so it must be during school hours.
P1:	Ja, during school hours.
Almarié:	That's now what I was wondering, when we spoke about this specific timing that you indicated, April, May, July, August…would you suggest that it's better to also see children in the afternoon during those times only?
P2:	Yes…
Almarié:	Not just for the training?

P2:	Yes, the implementation… the integration will be during school hours and then afternoon they go for, for your session, for that one hour… **(Sub theme 3.2)**
Almarié:	For the extra session? Okay…
Karien:	Okay, so what you are saying is that teachers must do integration, but there must be a supplementary session in the afternoon?
P1:	Ja…
P2:	Yes, for learners… it would be done by the university to know which days would the extra session be implemented to learners or with learners.
P1:	And then it is possible also to talk with the bus drivers or transport drivers to say that during this day and that day, can you please wait for other learners because they are doing a certain programme.
P2:	Most of the time, don't choose learners who are travelling by buses or… you choose learners who are going to walk.
Karien:	And in terms of the support and training? What do you think are some of the reasons that it didn't work and what can we do differently?
P1:	Support and training… principal must support educators and other teachers must also be involved. University of Pretoria must carry on with this programme to be… **(Sub-theme 2.2)**
P3:	… continuous…
P1:	… a lifelong process… **(Sub-theme 2.2)**
Karien:	Okay, so, in terms of what can be done differently you are saying that principals must be more supportive, is that what you are saying?
All three:	Yes.
Karien:	Okay, and what can the university do differently in terms of support and training?
P1:	I think the university must be fully behind you when it comes to encouraging the educators.
Karien:	Okay, but how can we encourage them?
P1:	The how part is that you must involve the GDE.
Karien:	What do you think, except now for the GDE, will encourage teachers to be more involved?
P3:	The only person maybe who can help… we can talk to them, but… the principal has more voice than us. He must become part of the programme, fully participating, like we are sitting here. **(Sub-theme 1.1)**
Almarié:	So, you suggest we start with the principal?

All three:	Yes.
Almarié:	To encourage him… and then from the principal it flows to the staff members…
All three:	Yes, yes.
Karien:	Okay. Is there anything else you want to add… or think we missed or something you still want to say?
P1:	Ja, when it comes to that saying to say by whom must this be done, it's the principal and the UP, and educators…
Karien:	Okay, so, collaboration?
P2:	Yes.
Karien:	Between those three parties, the principal, the educators and the facilitators from the university.
P3:	Ja, because even educators they must support each other, if they don't support each other, then it is a problem again. Because maybe just like Ma'am X was saying, maybe she's running the programme alone… you won't make it if you run the programme alone. You must get the full support of other people… **(Sub-theme 2.2)**
Almarié:	Ja… So, so peer support?
P3:	Ja.
P1:	Ja, peer support, ja.
P2:	I should think if teachers are committed, they must show their commitment… to this programme, so that they can help one another. **(Sub-theme 2.2)** Like for example, if I'm not present on that particular day, and I'm running this alone, I don't have support system… it means that on that particular day will come to school and the programme, the extra programme will not run. And you will be travelling from here to Bronkhorstspruit for nothing, but if I got support system, okay ma'am X is not in today, I will take over, I will facilitate the programme

Activity 3 feedback:

Karien:	Can we ask you if you give the feedback, that you also start with what was the number one challenge and tell us how it can be accommodated, just that we have on the audio recording…
P2:	Eh, non-alignment with sequence of the CAPS curriculum (reads examples of what we have found). We should think, if the programme is linked with our ATP, Annual Teaching Plan, eh, it would be better, because it will form part of our ATP, if it is linked with that. And then, repeating of work is necessary. Like, if the programme is implemented during the second term,

let's say in April, it will serve as revision for work done in Term 1, because the mid-year exam will include Term 1 work of which the programme is linked to Term 1 work, so if we do that with our curriculum, in a way, children will be reminded of what they have done in Term 1 in order to use when they write mid-year exam. **(Sub theme 3.2)**

Karien: Okay. Sorry, can I just ask you, is that the number 1 challenge, that you see as the number 1 challenge, the alignment?

P2:   Yes.

Karien: Okay.

P2:   And then, I should think for that, eh, we thought that for this two points they are necessary and they are important. Number 2, activities given to the learners… (reads examples of what we have found). We said that resources should be provided or offered to poor learners who cannot afford to buy their own, for example, seeds. Eh, the university can provide seeds for those, eh, specific learners… **(Sub theme 3.2)**

Karien: Like we did with those 30 learners?

P2:   Yes. And then, simply implementation should be done practical in a garden, **(Sub theme 3.2)** if we have a school garden then the implement… if the germination of seeds or whatever, if it is the planting of seeds, learners can be able to do it practically in a garden, and they will always, eh, observe and see whether the plant is germinating and they will be part of the watering of the plant and looking after the plant. If it is done like that, and then more, they will be interested in doing that. Eh, you mentioned the soil… we said that samples of different types of soil should be shown to learners to help them identify the suitable one. If they want to plant their seeds at home, they know in which soil, on which soil should they plant their seeds. Even in the small packets they show, this is […] soil, this is […] soil or what, and then they will be able to identify the soil at their home if they want to plant the seeds.

Karien: Okay.

P2:   Eh, the third one… language used (reads examples of what we have found). We said language in activity books should be simplified to make learners and parents understand or educators need to interpret the activity in language understood by learners and parents. **(Sub-theme 3.2)**

Karien: Aah, that's a good idea that we haven't thought of. So, you are like… it's written in English, but then you explain it in isiZulu…

P2:   Yes, isiZulu or Sepedi, because most of the time when we teach, sometimes we code switch to make them understand what is what, yes.

Almarié: Is your school a isiZulu school? Is that your medium of instruction?

P2: Medium of instruction is English, but sometimes they don't understand the term, the word, then we have to code switch, it means that in Zulu you say this, and then they understand, okay, ma'am was asked us to do this and this because you, you clarify the word in their own language.

Almarié: Ja. Do most of them speak Zulu… or Sepedi… or is it like…?

P2: Sepedi and isiZulu. But there are those learners who don't understand altogether. They struggle to understand English, and then the reason we sometimes code switch is because of them. To bring them to where we are.

Karien: Ja, we realised that when we worked with the parents as well, um, luckily we had a isiZulu student who worked with the parents, and a lot of the parents also wrote on the posters in isiZulu, and then she just told us what's written there and we could have edited it, but that was for us also, when we went after school, we really thought, we could really use someone while we explained it to the learners, because we realised there were a lot of learners that struggled with the English. So, that was also for us that we identified as a challenge that we should have incorporated someone who's able to speak isiZulu and explain some of the things, um, to the learners.

P2: Yes, if, during the programme there is an interpreter who will be able to help either parents or learners with the explanation that they mean this and this, they will be willing to participate and then… **(Sub-theme 3.2)**

Karien: Do you think a translated workbook will help where there's English and isiZulu or don't you think that will…

P2: Eh, I don't know… I know that it costs a lot of money but the translation… if the word is written in English, then you will learn English, so it will take a lot of time and… because you need to have a translator who will translate what you have written in English to isiZulu. But if there is a person who will interpret to them during the programme, I should think it will be much better.

P3: Ja, because I think if they read too, they will start reading in English, and then they will want to go and read isiZulu and then it becomes confused…

P2: … but if there is a teacher, a teacher will just tell them that they want you to do this, this in isiZulu…and then they will understand, and then you continue with what you want them to do… with understanding.

Karien: Okay.

P2: And then, challenges, teachers' workload and burnout (reads examples of what we have found). Eh, we think that this is above our head. GDE District need to reduce paper work and allow teachers to be fully participating in the programme. **(Sub-theme 2.2)** Because there is a workload… a lot of paper work we need to do from, from GDE. Now, if the paper work can be reduced, I should think each and every teacher, or all teachers in the school will be willing to participate in the programme. And another thing… principals should also reduce their meetings, their staff meetings. You'll find that every

P2:	And then, parents' lack of involvement (reads examples of what we have found). Eh, we think principal, principal should organise parents' meetings to educate them about the importance of the programme. University facilitators should also be invited to explain to parents why it is necessary for them to take part in the programme. Is where we end our… **(Sub-theme 1.1)**
P2:	And then other challenges, eh, is because eh, teachers, teachers and parents lack of interest. Lack of interest of teachers and parents to this programme. And then, like, lack of knowledge. If you don't have knowledge about something, you become reluctant to take part. Like if the principals… they organise a meeting and they educate, they will have knowledge about this and they will be willing to be taking part. And lack of interest by SMT members… School Management Team…
P1:	Management team…
P2:	So, you'll find that only one SMT member is interested and the rest are not. They say that you as SMT cannot participate in what teachers are doing… So, they also need to be educated that if a programme comes to school, it's not meant for teachers only, it is meant for each and every person in the school, including the principal and his SMT members. **(Sub-theme 1.1)**
Karien:	Why do you think there is a lack of interest?
P2:	Lack of interest is because the principal, the leaders, the managers… if the manager is not interested in something… if something is done like this programme at school, he doesn't come and sit and listen to what is being said. It means that other members of… other SMT members won't be able to become interested in the project because the principal himself or herself she doesn't show any interest. But if the principal becomes part of that, they will be eager to come and join and see what is happening.
P1:	And then another thing is that the SMT members, they regard themselves as superior than educators. They cannot do something that is done by educators because of their superiority complex. **(Sub-theme2.1)**
P2:	Yes, it seems they have created a barrier line… there is a communication breakdown. They are on one side, where the rest of the teachers are on the other side, there is no way they meet and be one part of the school. But if with a programme like this, the SMT is also invited to participate and be part of the programme, I should think teachers then will be able to come and be interested in the programme. **(Sub-theme 2.1)**

APPENDIX F – CODING OF FIELD NOTES

COLOUR CODE OF FINAL THEMES AND RELATED SUB-THEMES	
Theme 1: Factors that should be considered when adapting the Win-LIFE intervention	Sub-theme 1.1: The role of leadership
	Sub-theme 1.2: Involvement of others in the school and community contexts
Theme 2: Support required when implementing the Win-LIFE intervention in future	Sub-theme 2.1: Improved communication
	Sub-theme 2.2: Improved collaboration by different role-players
Theme 3: Lessons learnt and recommendations to adapt the implementation of the Win-LIFE intervention	Sub-theme 3.1: Positive experiences related to the implementation of the Win-LIFE intervention
	Sub-theme 3.2: Future direction of the Win-LIFE intervention

FIELD NOTES: ADAPTING THE IMPLEMENTATION OF THE WIN-LIFE INTERVENTION

DATE	18 June 2019 (Focus group discussion)
FACILITATOR	Almarié Jacobs
CO-FACILITATOR	Karien Botha
OBSERVERS	Nicolaas Blom; Prof. Ronél Ferreira
LENGTH OF SESSION	10h30 – 14h30
PARTICIPANTS	Participant 1 Participant 2 Participant 3
PLACE	UP Groenkloof

- ❖ It was noticeable that they felt pride in being part of the programme. **(Sub theme 3.1)** When we thanked them for offering their time during the school holidays, they even stated that it was an honour to be part of it and that they thoroughly enjoyed visiting a tertiary institution.
- ❖ The participants seemed eager and enthusiastic about the impeding discussion and activities, **(Sub theme 3.1)** which increased my own confidence in facilitating the focus group discussion.

Activity 1

- ❖ After the introduction, we moved on to the first PRA-based activity. The participants were asked to complete a set of colourful cardboard keys to state what they found positive about being involved in the implementation of the Win-LIFE intervention. Each participant received a set of four keys to complete.
- ❖ I was impressed by their enthusiasm and how they immediately started with the activity.
- ❖ After completion of the activity, each participant reported back to the group (Hereafter I will refer to them as P1, P2 and P3).
- ❖ P1 stated that the intervention motivated them to enhance their own nutritional practices and to eat healthier. In addition, through exposure to the University, he felt motivated to further his own education. He enjoyed the exposure to a different environment and felt that it was a good opportunity to encourage parents to instil a healthier lifestyle in their children. **(Sub theme 3.1)** He was also of the opinion that this project should be continued as a lifelong project, and that they would like to receive a certificate for implementing the intervention.
- ❖ P2 reported that the exposure to professionals from the university was an honour to the teachers as well as the learners. She states that the intervention was valuable as it helped the learners and the parents learn about a healthy lifestyle. In addition, it enabled the learners to express themselves freely. It was very interesting to me to hear how she reported that even learners who were not part of the project became motivated and had a desire to be included. The general feeling is that the learners are interested, and the teachers regard that as a good sign. **(Sub theme 3.1)**
- ❖ P3 stated that the intervention was regarded as very helpful to their school. She reported that the learners gained self-esteem and knowledge.

Activity 2

❖ For the second activity, we handed them a poster to complete. The poster depicted what was negotiated between UP and the school regarding teachers' participation, the implementation process and timeframe, as well as support and training. The outcomes were also depicted. The participants then had to complete a column stating how the outcome can be adapted or done differently and a column stating by whom this must be done.

❖ During their discussion and completion of this activity, the participants addressed each other in isiZulu.

❖ I found the participants' feedback after this activity very insightful.

❖ The male participant took the lead and reported back on the group's behalf.

❖ They were of the opinion that the programme worked, but that the teachers were not as interested as was hoped for. They felt that other learning areas should have been involved too. In addition, they suggested that other schools in the community should have been involved too, as parents from other schools were excluded from gaining important information. They felt that "we must grow the whole community."

❖ Karien asked how the interest of other teachers can be increased and P1 replied that the programme should be compulsory and that the principal should be involved and encourage the teachers.

❖ Karien then asked how we can get buy-in from the principals and teachers. The response was that the GDE should get involved and make it compulsory for all teachers to participate, otherwise it will not be taken seriously. In addition, the leadership of the principal is vitally important.

❖ Another suggestion was that other learners should also be taught about nutrition during assemblies where topics such as the importance of eating breakfast should be discussed with the whole school.

❖ They stated that while some teachers felt that the intervention was extra work, others felt excluded. They felt that all teachers should be included, but that there should be a designated coordinator of the project and the nutrition programme at school.

❖ Regarding the implementation process and time frame, the participants were of the opinion that it should not happen during school hours, as there is enough work to be covered in the curriculum. Although the implementation of the Win-LIFE intervention did not take very long as it was integrated into the learning area, they

felt that some of the content was repeated as it had already been covered earlier in the school year.

- ❖ They felt that the principal should be involved and stay involved so that others could see it is important and that "it is not forever". **(Sub-theme 1.1)**
- ❖ On the question of how we can adapt the timeframe of 10 weeks in future, the participants suggested that it takes place twice a week from March to September. It should not take place in certain months as the curriculum and extramural activities take up too much time. **(Sub theme 3.2)**
- ❖ Apart from integration into the learning areas, they suggested extra sessions after school, although transport might pose a problem for some learners.
- ❖ Regarding support and training they felt that there was sufficient training, but that the principal should participate to enhance its credibility. They suggested that there should be collaboration between the principal, UP and the educators and that a support system at school would promote the teachers' commitment to the programme. **(Sub-theme 2.2)**

Activity 3

- ❖ In the third activity, identified challenges from previous studies were displayed on a poster, and the participants were asked to suggest how the implementation of the Win-LIFE intervention can be adapted to accommodate the identified challenges. The identified challenges were:
  1. Non-alignment with the sequence of the CAPS curriculum
  2. Activities given to the learners
  3. Language used
  4. Teachers' workload and burnout
  5. Parents' lack of involvement.
- ❖ During this activity, Participant 2, who was also the co-ordinator of the programme at their school, took the lead and reported back as well.
- ❖ The participants were asked to rate the challenges according to what they felt was the most challenging aspect from 1 to 6. They had to place a number next to the challenges on the posters according to how they rated it.
- ❖ The participants' suggestions in terms of adapting the intervention were as follows:
  1. Non-alignment with the sequence of the CAPS curriculum:
     - ➢ The programme should be linked with the Annual Teaching Plan (ATP).

➢ Repeating of information in the third term is seen as revision.

2. Activities given to the learners:

➢ Resources should be provided to poor learners by the university.

➢ Implementation of activities should be done practically, for example, outside in the garden.

3. Language used:

➢ The language used in the activity books should be simplified.

➢ Educators need to interpret activities in a language understood by learners and parents.

➢ Consider having an interpreter present during the presentation of the supplementary sessions. (To implement this, I wonder if the school could source parents or other members of the community who would be willing to offer their services for free, as renumeration for such services could be problematic in a resource-constrained community.)

4. Teachers' workload and burnout:

➢ The GDE needs to reduce paper work.

➢ Principals need to reduce staff meetings.

5. Parents' lack of involvement:

➢ The principal should organise parents' meetings to educate them about the importance of the programme.

➢ The university facilitators should attend this meeting to explain the relevance of the programme to the parents.

6. Other challenges (identified by the participants)

➢ Teachers and parents' lack of interest in the programme. The principal should educate and inform teachers and parents of the importance and meaning of the programme.

➢ Lack of interest by the School Management Team. They should also become involved. If the principal becomes more involved, the SMT will follow. The SMT members regard themselves as superior to the educators.

➢ The participants rated the challenges in the exact same order as it was presented on the poster. Karien did check with them to ensure they understood the instruction, but they insisted that this was how they wanted to rate it. I was concerned that they perhaps did not understand the instruction well, but they seemed to want to keep it in that order.

SUPERVISOR'S FIELD NOTES:
ADAPTING THE IMPLEMENTATION OF THE WIN-LIFE INTERVENTION

Activity 1:

What was good about being involved in the project/intervention? (see keys)

Participant 1:

- ❖ Motivated us a lot. Gave us knowledge of life and living.
- ❖ Motivated us to further our studies – at university.
- ❖ Encourage us to motivate learners to eat healthy food.
- ❖ Exposure to different environments.
- ❖ Encourage parents to get healthy food.
- ❖ We also learned about collaboration and communication; how important this is. **(Sub-theme 2.1)**

Participant 2:

- ❖ Exposure outside our teaching environment – the project helped us to being exposed… we gained knowledge from you.
- ❖ Helped learners with knowledge of healthy food… they eat because they are hungry.
- ❖ Parents gain knowledge… able to distinguish…
- ❖ Enabled learners and parents to express themselves freely.
- ❖ We enjoyed you being there.

Participant 3:

- ❖ Helped us to educate.
- ❖ Gained self-esteem.
- ❖ Differentiate between a healthy and unhealthy diet.
- ❖ Gained knowledge – take it more seriously.

Participant 1:

- ❖ Project must continue… a lifelong process.
- ❖ As participants, we should receive certificates.
- ❖ Books, we want to see the books of the students, something for us.
- ❖ Learners were motivated, they want to be part of it. Other, younger learners also wanted to be involved. **(Sub-theme 1.2)**
  - ➢ Participants spoke in IsiZulu during the discussions with each other.
  - ➢ Male participant wrote and took the lead.

Activity 2:

1.   Teacher participation:

- ❖ Workload of teachers

- ❖ Pressure from District (School-based assessment)

- ❖ Teachers interest – increase interest? Make it compulsory.

- ❖ Most teachers feel that not all are involved, not only certain teachers.

- ❖ Involve all teachers.

- ❖ Encourage all other schools to participate and GDE must say it is part of job description.

- ❖ More schools – will change more lives. **(Sub-theme 1.2)**

- ❖ Principals should encourage teachers, not discourage them.

- ❖ Teachers' buy-in: convince GDE to implement programme across the board. **(Sub-theme 1.2)**

- ❖ All educators must be involved.

- ❖ Leadership.

- ❖ GDE must instruct even the leader.

- ❖ Only mentioned in the mornings – UP will visit.

- ❖ Assembly to the rest of the school… talk to everyone.

- ❖ Extra work / excluded?

- ❖ If the principal can discuss and tell teachers to the one who is doing assembly must tell everyone.

- ❖ Focus on awareness of learners.

- ❖ School nutrition coordinators must be more involved.

- ❖ Facilitators, parents, teachers, principals, GDE, coordinates of SNP.

2.   Implementation process

- ❖ Most teachers were negative.

- ❖ Must not be during school hours, after school – teachers.

- ❖ District meetings (must form part of that), then teachers will implement / do it.

- ❖ How much time? Medium time – linking programme with lesson.

- ❖ Whole school: if they want to integrate it, they will. Integrate with all subjects.

- ❖ Co-ordinator, they are on their own. They close the school… Principal involvement – should stay with us.

- ❖ Management strategies: principal must be part of the programme… in everything.

- ❖ Principal's participation.
- ❖ Timeframe: April, May, July, August
- ❖ During school time for us to implement.
- ❖ Integration and supplementary session.

3. Support and training
- ❖ Other teachers must be involved.
- ❖ Continuous learning, must be more participating.
- ❖ How to encourage teachers? Principal = fully participating and discuss everything.
- ❖ Collaboration, peer support, commitment

Activity 3:

1. Non-alignment
- ❖ If linked with ATP, Annual Teaching Plan
- ❖ Repetition is necessary, we see it as revision

2. Activities
- ❖ Resources should be provided for example seeds…
- ❖ Implementation should be done practically. In the garden, they will observe, and be part of watering of the plants. Outside = practical.
- ❖ Samples must be shown to learners.

3. Language
- ❖ Language should be simplified.
- ❖ Code switching, translate.
- ❖ Interpreter in class.

4. Teachers' workload and burnout
- ❖ GDE need to reduce paper work.
- ❖ Principals should reduce staff meetings.

5. Parents' involvement
- ❖ Principals should inform parents about programme.
- ❖ Facilitators from UP should also explain (be invited) the importance of the programme.

6. Other challenges
- ❖ Lack of interest: parents and teachers.
- ❖ Lack of knowledge as well.

- ❖ SMT involvement: the School Management Team should be more involved.
- ❖ Leadership! Lack of interest… he doesn't come and sit and listen, then other SMT members won't be interested.
- ❖ SMT regard themselves as superior.
- ❖ Barrier/communication breakdown between SMT and teachers.
- ❖ Acknowledgement of teachers is very important. **(Sub-theme 2.1)**

APPENDIX G – CODING OF REFLECTIVE JOURNAL

COLOUR CODE OF FINAL THEMES AND RELATED SUB-THEMES	
Theme 1: Factors that should be considered when adapting the Win-LIFE intervention	Sub-theme 1.1: The role of leadership
	Sub-theme 1.2: Involvement of others in the school and community contexts
Theme 2: Support required when implementing the Win-LIFE intervention in future	Sub-theme 2.1: Improved communication
	Sub-theme 2.2: Improved collaboration by different role-players
Theme 3: Lessons learnt and recommendations to adapt the implementation of the Win-LIFE intervention	Sub-theme 3.1: Positive experiences related to the implementation of the Win-LIFE intervention
	Sub-theme 3.2: Future direction of the Win-LIFE intervention

EXCERPTS OF REFLECTIVE JOURNAL

June 2019

In preparation for the focus group discussion, I prepared the posters that we were going to use during the PRA-based activities. I ensured that it was neat and easy to understand and allowed enough space for the participants to write their responses on. In addition, I revised the identified challenges and made sure that I had a good understanding of the process and findings of the studies relating to the Win-LIFE health promotion intervention.

Although we arranged with the participants that the focus group discussion would start at 10h30, they arrived at 10h00. We were still busy setting up the venue, but they didn't seem to mind and enjoyed the provided refreshments while they waited. When my supervisor and I were finished, we sat with them and had a conversation. I thought it was actually an effective way of establishing rapport with them. Niekie (my co-

supervisor) also joined us. I had the feeling that we were off to a very good start to the discussion.

Unfortunately, only three participants arrived, but it was clear to me that they wanted to be there and that they were enthusiastic to share their perceptions. They participated right from the beginning and eagerly shared their experiences. I was humbled by how honoured they were to be at a tertiary institution. I was happy with the data that we were able to generate during the focus group discussion, although I was hoping for a bit more information on their perceptions of the provided training. They seemed to talk more about the support they needed from their colleagues and principal, than the actual training that was given by the university facilitators. **(Sub-theme 2.2)** I assumed that they regarded the training as sufficient and did not feel that they needed additional training.

The participants appeared to enjoy the activities and to impart their knowledge and perceptions. All three participated confidently, although Participant 1 and Participant 2 mainly conducted the feedback activities. Participant 2 is also the co-ordinator of the health promotion intervention at their school, and the other two participants seemed to have a great deal of respect for her.

During the first activity, where the participants were asked to complete a set of colourful keys with positive experiences of the programme, they had a lengthy discussion in isiZulu. They completed two sets of four keys. Participant 1 did a set on his own and the other two participants completed their set together. It seemed that their overall experience of the implementation of the programme was more positive than negative. The concept that the programmes was found to be motivational to the learners and parents, were repeated. **(Sub theme 3.1)** It was very interesting to me that they mentioned how the programme allowed the learners to express themselves freely, almost as if it was a novelty for the learners.

In the second activity where the participants had to review the outcomes of the negotiations with the school regarding teachers' participation, the implementation process and time frame, and support and training, the participants took quite a while to discuss with each other how the possible reasons for the outcomes could be adapted. They conversed mostly in their own language, so I wasn't able to follow their discussion, but their feedback was clear and they answered all our questions. I was

quite astonished about their report of the lack of support by their principal and management team. It seems that the coordinating teacher were left to organise everything by herself and that the management team did not show any interest at all. The participating teachers implemented the programme, but never had support sessions or conversations with each other to discuss the actual implementation and progress of the programme. The participants in our discussion seemed to be apprehensive about this.

In the third activity, Participant 2, took the lead and conducted the feedback. However, the other participants also engaged in the conversation, answered our questions and made comments on the topics of discussion. The participants agreed with the identified challenges and made valuable suggestions about adapting the intervention to accommodate those challenges, which I recorded in my field notes. In addition, the participants indicated that another significant challenge for them was lack of interest by the parents, other teachers and SMT members. **(Sub-theme 1.2)**

I felt satisfied with the amount of information that we were able to gather from this focus group discussion. The participants were enthusiastic about participating and confident in sharing their perceptions. I got the impression that they enjoyed the discussion.

Directly after the focus group discussion, I reviewed my field notes and added some thoughts and observations.