

# The role of principals in school health promotion in South Africa: a qualitative study

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## Abstract

**Purpose** – School principals are presumed to be pillars of school health promotion implementation. Their understanding of their role could enhance school health promotion. This study aims to investigate how principals understood their role in school health promotion.

**Design/methodology/approach** – In this study, semi-structured interviews were conducted with six school principals who participated and completed the first cycle of the Continuous Professional Teacher Development programme that was offered by the South African Council of Educators. Snowball sampling was used to sample participants.

**Findings** – The findings of this study showed that principals did not differentiate between concepts of health-promoting schools and school health promotion, the meaning was the same for them. They focused on any health improvement within the schools, regardless of its conceptual nature. The second finding pertains to the role of the principal as a manager, while the third was on expedition of collaborations and partnerships.

**Research limitations/implications** – This research was limited to school principals who completed the Continuous Professional Teacher Development programme. It, therefore, does not include perceptions of other principals.

**Originality/value** – The study findings suggest that despite inability of schools in poor communities to implement effective school health programmes, the principals of the sampled schools were aware of their roles. This is positive, as the efforts to enhance health promotion initiatives would focus on developing and empowering principals to improve their performance.

**Keywords** School health promotion, Managerial roles, Managerial tasks, Partnerships with parents, Intersectoral collaborations

**Paper type** Research paper

## Introduction

A school is the second-most influential environment in a child's life ([American Academy of Pediatrics, 2008](#)). A healthy school environment is crucial for effective teaching and learning. According to [Cohen \(2010\)](#), such an environment contributes to the development of children as skilled and productive members of the community. Although the core business of schools is focused on educational outcomes, it is believed that health and education are intertwined, as poor health inhibits learning. School health promotion is an internationally recognised approach that connects health and education in a planned, integrated and holistic way and has the potential to support improvements in both health and education ([Stewart-Brown, 2006](#)). School health promotion is defined as any activity that occurs from within a school that is undertaken to improve and/or protect the health of the whole school community ([WHO, 2000](#)). It is about providing a better foundation to build a rich health knowledge base and healthy living skills ([St Leger and Young, 2009](#)) through health education, as well as development of learning spaces that are a part of the everyday life of the school ([Carlsson, 2016](#)).

Schools, especially principals, are expected to play an important role in providing healthy environments for learners and teachers. To this end, the Department of Basic Education



policy on the South African Standard for Principalship (South Africa, 2016) indicates the role of principals as, amongst others, creating a safe, secure and healthy learning environment. Principals are responsible for building and sustaining high motivation and supporting their staff in developing the skills required to successfully change and coordinate processes and activities and encouraging them to sustain new practices and activities (Dadaczynski and Paulus, 2015). They have a significant influence on deciding whether to make schools healthy organisations. The key role of the school principal is to promote the interests of all learners and staff members. The school principal is responsible for ensuring that the school and the people, assets and all other resources are organised and managed to provide an effective, efficient, safe and nurturing environment (South Africa, 2016). Dadaczynski and Paulus (2015, p. 254) further claim that there is a “slowly emerging evidence that indicates that principals as ‘gatekeepers’ to school innovations have significant influence on whether or not a school will become and remain a healthy organization”. However, these authors argue that, despite the progress made in terms of school health promotion in recent years, principals and their role have barely been investigated in theory and practice. According to St. Leger (1998), school health promotion will only be successful if the school principals can understand, interpret and shape it to meet the needs of their respective school communities.

There is a lack of documented evidence of principals’ understanding of their role in school health promotion in South Africa. An international study by Roberts *et al.* (2016) focused on the principals’ role in health promotion; it explored specific aspects such as active living and healthy eating. A national study by Kwatubana (2017) was dedicated to the principals’ role in developing social capital. Another study by Kwatubana and Nhlapo (2020) investigated the principals’ role in changing the mental models of teachers involved in school health promotion. This study was premised on the notion that principals are regarded as change agents leading the school community to adapt and accept changes that may be initiated from outside the organisation. As much as these studies provide relevant information on principals and school health promotion, the role of principals has not been extensively investigated. No study could be found that examined the roles of principals in school health promotion in general, not only on specific programmes and or component/s. The question that comes to mind is: do principals in South Africa understand their roles in school health promotion? It is important to investigate how principals understand their roles in school health promotion because of the strategic position they hold that can enable them to be change agents. It is believed that developing and sustaining teacher commitment to health promotion in schools requires role conception (Jourdan *et al.*, 2016, p. 117). Understanding of a role may improve practice if what they know is enacted. The researchers feel that the principal as a leader should have a better understanding his or her role to guide the school community towards turning their schools to health-promoting ones. It is conceivable that principals who lack understanding of their role would be unable to initiate and support health promotion initiatives and activities. However, before roles can be enacted, they must be conceived and understood. This notion brings us to the next question of this study: how do principals understand school health promotion?

### Background and rationale

Literature reveals that a focus on school health promotion (an umbrella term for all health activities) improves knowledge, competencies and the health status of the school in its entirety (Sinnott, 2005). When health promotion is neglected, learners are at a higher risk of academic failure, which can have ripple effects, affecting the performance and effectiveness of the whole school (Kwatubana, 2014). The school health promotion initiative is new in South Africa, a draft on guidelines for schools was only published in 2000 (Department of Health *et al.*, 2000). Consequently, a school health-promoting strategy was adopted to ensure the

development of healthy school policies, supportive learning environments, strong community links, personal skills development and the provision of appropriate education support services (UWC, 2006). This concept is not only particularly important for promotion of health and well-being but also for the achievement of educational goals (Department of Basic Education, 2010). The understanding of school health promotion is fast gaining impetus in keeping with the global trends in advancing strategies that sustain healthy environments. The aim of school health promotion is to assist the whole school population to achieve healthy lifestyles by developing supportive environments that are conducive to health promotion and effective learning. This is particularly important in South Africa, a country with 19.7 million children of the total population of 57.7 million people under 18 most attending schools (Statistics South Africa, 2018). This is a country with the highest prevalence of HIV in the world, contributing to a total number of 2.7 million orphans in 2018 (Statistics South Africa, 2018). Two-thirds of children live in the poorest 40% of households (Hall, 2019). In such a context, a school becomes an effective entity to improve the health of the population (Shasha *et al.*, 2011).

Principals as heads of schools usually perform three interchangeable functions of being managers, leaders and administrators. As school managers, they focus on managing and controlling human, physical and financial resources. The leadership role is associated with driving the vision of the institution, focusing on organisational development and school improvement (Kowalski, 2010, p. 23) and exercise influence (Christie, 2010). As administrators, principals deal with day-to-day operational matters and continuously shift between leadership and management functions (Kowalski, 2010, p. 23). In addition, the policy on the South African Standards for Principalship (Department of Basic Education, 2016) is clear on the responsibility of the principal. The Integrated School Health Policy (Department of Health and Department of Basic Education, 2012) states that the implementation of this policy is the responsibility of the School-Based Support Team under the guidance of the school principal. The principal's guidance is expected in performance of tasks, including mobilising the community, ensuring that all components of the Integrated School Health Policy package are provided to all learners and building partnerships with external providers and other community organisations (Department of Health and Department of Basic Education, 2012). In that case, principals are at the forefront of promoting healthy school environments. However, this mandate can be interpreted differently by principals. As principals have to act on this policy imperative, their understanding of their role is imperative. However, globally, researchers agree that policy enactment is complex, as it depends on how actors interpret it (Braun *et al.*, 2010). How these leaders interpret and make sense of what "providing guidance" means will influence their understanding of their role in the implementation of the policy.

The creation of a favourable environment for school health promotion has always been determined by: the support of principals and teachers and staff's general attitude towards their role in health promotion (Barnekow *et al.*, 2006). Moreover, according to St. Leger (1998), the successful implementation of health promotion in schools is largely dependent on teachers' understanding of the building blocks of health promoting schools in general and principals in particular. Adamowitch *et al.* (2014) reported that school principals were mostly the "driving force" in initiating school health promotion and in deciding (together with the later implementer) for concrete health-promoting activities. Research that documents the role of principals in school health promotion is scarce. In particular, the literature has been relatively silent on how principals perceive their role in health policy implementation in relation to curriculum-based programmes and promotion of healthy school environments.

## Research methodology

A qualitative research design was employed in this study. The qualitative research is appropriate for this study, as it was important to understand the meanings the participants attach to their roles and how they experience everyday life realities (Niewenhuis, 2016) of enacting the roles. Snowball sampling: a process whereby the sample is selected using networks (De Vos *et al.*, 2011), was used to sample participants. This sampling method was suitable for this research because information on principals who completed Continuing Professional Teacher Development (CPTD) that was offered by the South African Council of Educators was not easily available. We targeted principals who were participating in CPTD activities and had completed a cycle. CPTD is a practice-based, part-time programme aimed at providing management and leadership support through a variety of interactive programmes to improve practice (South Africa, 2012). The CPTD emphasises nine key areas of whole school improvement, including basic functionality; leadership, management and communication; governance and relationships; quality of teaching and learning and educator development; curriculum provision and resources; learner achievement; school safety, security and discipline; school infrastructure; and parents and community. These key areas do not focus specially on school health promotion, but workshops sporadically address some thereof. The acquired skills and information gained could also be beneficial to school health activities. For instance, stakeholder involvement, safety, security and discipline and support of a positive teaching and learning environment are part of school health promotion. The criterion that guided our sampling process was not just to get principals who were willing to participate, but those who had attended the CPTD workshops. This was important for this study, as we assumed that principals might have acquired more information about the role they were supposed to play.

We approached a principal whom we knew, first asking for those that attended CPTD workshops. We approached the five who we were referred to, but only two completed CPTD. When these two accepted our request for them to participate in the study, we then asked for referrals, and we were directed to other members of the population (Creswell, 2014). We explained the purpose of the research to the principals who met the criterion and asked them to participate. This process continued until data saturation was reached. The sample consisted of six primary school principals from historically disadvantaged communities: four males and two females.

Data were collected by means of semi-structured individual interviews with school principals at a time convenient for the participants. A detailed interview protocol was used, and each session lasted for 1 h. The interview questions were open-ended and intended to elicit data on how principals understood their role in school health promotion. They were based on two aspects: the principals' understanding of school health promotion and their perception of their roles in school health promotion. In the interview schedule, the questions on the first aspect intended to elicit data on the thoughts of participants on what school health promotion entails, what its pillars are and its significance. The guiding questions included: what does school health promotion entail? What are the most important activities that you embark on as a school to ensure health promotion? How important are the health promotion activities for the school? In the second aspect, based on their understanding of what school health promotion entails, principals had to elaborate on their role on each point they had raised. As these were guiding questions, probing questions were posed for clarity and elaboration. The first aspect was included based on the belief that if they do not understand what health promotion is about, they will not understand their roles in this area.

The data gathered from the participants in this study were carefully analysed using thematic analysis. Data were analysed by means of coding, categorising and thematising, as described by De Vos *et al.* (2011). As these authors suggest, the steps were not followed rigidly but as guidelines to reduce the data into manageable set of themes that allowed us to write the final narrative. McMillan and Schumacher (2001) describe qualitative data analysis as an

inductive process of organising data into categories and identifying patterns. After each interview, we analysed the data before commencing with the next interview. Two authors independently reviewed selected transcripts and employed open coding strategies (Strauss and Corbin, 1998) to inductively identify emerging codes (Creswell, 2007).

## Results

### *Understanding school health promotion*

Most of the participants seemed to understand what school health promotion was about. They mentioned its importance and its goal. Others focused on the important aspects such as: policies, involvement of teachers and learners, collaborations and partnerships. Participants said: “[school health promotion] is about promoting the health of everyone in the school—teachers, learners, support staff and anyone who works in the school” (participant 6); “my understanding is that a healthy school is a place where everyone and everything is safe” (participant 2); “health promotion prioritises the health of everybody in the school community, there must be policies and plans that guide the implementation of programmes” (participant 3); “it is about creating a conducive environment for teaching and learning and for learners to grow (participant 1); a school where all stakeholders promote the health of staff, parents and the wider community” (participant 4).

A participant indicated an important aspect that may ensure continuity of the initiatives: “offers opportunities for and requires commitments to the provision of a safe and healthy environment” (participant 5).

It became clear that most participants considered a clean school environment, school nutrition, physical activity and health education as important. These were regarded as valuable building blocks of a healthy school. Participants said the following in this regard: “school nutrition is important, our learners come from poor backgrounds, in order for them to learn they have to get nutrition (participant 3); learners have to be taught about healthy living and healthy eating” (participant 5); “learners have to be taught to keep the environment clean, playgrounds, toilets and their classrooms; a school that takes the learners’ health seriously, they make [sic] sure that the environment is clean so that learners do not get diseases from unhealthy places in the school, like the rubbish dump or sewer spillage” (participant 12); “it is good that learners are involved in physical activities through Life Orientation, this keeps them physically fit and alert” (participant 3).

### **Focus on collaboration with other interest groups**

Participants indicated the importance of collaborations with government departments and the crucial role that they should play in this regard. They mentioned three government departments and elaborated on their role in ensuring that these collaborations are strengthened. “. . . we are happy to work in collaboration with various departments. The nurses from the Health Department visit our school to teach our learners about health aspect and provide vaccination. My role is to ensure that they are supported in order for them to do their work effectively. I assign a teacher that ensures that they have a private space to work on, they are not disturbed and they get all the assistance they need” (participant 2); “we involve social workers when there are learners that are in need of social services, I have to liaise with the social workers and facilitate meetings with the learners. Social workers help with counselling for learners who experience hardships. Teachers make me aware of such learners and my role is to organise the counselling sessions” (participant 4); “we work closely with the South African Police Service, our local police help when we experience burglaries and when we have learners that are using drugs. I invite police to talk to learners about crime, drug and substance abuse, child abuse, they assist us in this regard as they provide learners with relevant information” (participant 6).

Participants also noted the importance of involvement of community members, but furthermore mentioned the challenges they were faced with in strengthening these partnerships. They indicated that: “community members are involved, they help us with food gardens, volunteering as food handlers in the school feeding programme, cleaning of classrooms. We struggle to get parents who are committed, they want to be paid so they prefer to be involved in feeding scheme where they get a stipend. I do not know what to do to ensure that the community helps us in the initiatives” (participant 1); “we have partnerships with local non-governmental organisations including local Church leaders that help us, we welcome their assistance as sometimes as a school we get overwhelmed with social problems” (participant 5).

This table depicts that there is no difference of opinion in the participants’ understanding of school health promotion. For instance, regarding the focus on school health promotion, a clean, conducive environment contributes to a person’s health and in the same breadth, paying attention to a person’s health will include a clean environment. Participants are in agreement pertaining to certain aspects that must be in place to ensure sustainability of programmes, a focus on programmes and the importance of the school health promotion.

### Roles in the creation of a healthy school environment and implementation of programmes

Most participants were quick to mention that they had taken the lead in creating a healthy school environment. “. . . in this school, everybody—learners, educators and parents—know that the school surroundings must be kept spotlessly clean despite the dilapidated school facilities. My role is to provide resources, support the initiatives by organising manpower. The Department of Labour helps us with cleaners when we approach their offices. But sometimes I become so busy that attending to that becomes a mission” (participant 4); “I make sure that there is a committee responsible for clean surroundings, this committee make plans at the beginning of each year. They report to me if they encounter problems or they need resources” (participant 2); “we do have processes in places for the cleaning of toilets but I must confess we are not winning. There are two things that need to be done, keep toilets clean and make sure that they are not vandalised. We do not seem to be doing well in both. Relying on learners for this important task is not working even if there are teachers responsible for it. I am aware that we need assistance but at the moment I have not approached anyone because of time” (participant 1); “we have a duty rooster to make sure that teachers monitor that the learners pick up papers after break so that we keep the environment clean” (participant 4).

Interview question 1: What does school health promotion entail?

The focus of SHP	Everybody’s health in the school community; conducive environment
Factors that ensure continuity of SHP	Commitment; availability of policies and plans; collaboration with external stakeholders
SHP programmes	Nutrition; curriculum-based activities; keeping clean environment; physical activity

Interview question 2: What are the important activities that you embark on as a school to ensure health promotion

Activities	Nutrition scheme; physical activity; keeping clean environment; and providing health education
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Interview question 3: How important are SHP activities for the school?

Significance	Nutrition linked to learning; unclean surroundings are associated diseases; and when there is a lack of physical activity learners become physically unfit and lack alertness
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**Table 1.**  
Below summarises the responses of the participants regarding their understanding of school health promotion

Regarding the nutrition programme and health education, participants indicated their role as that of providing leadership and support. "I make sure that there are structures including a teacher that oversees the feeding scheme, food handlers are hired and trained, there is a dedicated area for cooking and dishing up" (participant 6); "the Life Orientation teachers are responsible for teaching learners about health issues, my role is to monitor the curriculum and make sure that learners also do physical activity. I get involved in sporting activities, and the choir. I support with resources" (participant 4).

Participants indicated different reasons for not taking up certain activities themselves so that they can lead by example. "I like sport but I cannot have a team as I would not have time to focus on the training sessions and competitions" (participant 1); "I teach Life Orientation in grade 7, my idea was to be involved with learners so that I can better advise staff members on matters I experienced" (participant 5); "If I would be personally involved and not just manage and provide leadership teachers will never understand that being responsible for tasks is actually their role and not mine" (participant 2).

### **Workshops and information sharing**

Principals confirmed that they sporadically organised workshops and motivated their staff members to attend those that were conducted by the department. They acknowledged the importance of acquiring information and skills, as they indicated that school health promotion is a new initiative. For instance: "...there are workshops here and there that are about safety and security and on health issues, the wellness coordinator attends" (participant 5); "we once attended a workshop on bullying, and after that workshop, I also invited parents and trained them on things like cyberbullying and the importance of checking what is happening on their children's cellphone" (participant 2); "there are trainings about life skills, HIV/AIDS and sexually transmitted diseases, teachers attend these meeting, they are important, empowering and informative. It is my responsibility to make sure that our school is represented, we cannot be left behind and also we need competent teachers to assist with health promotion" (participant 3).

Principals said that, after attending workshops, they always created platforms for various committee coordinators to give feedback to the rest of the staff: "... my role is to ensure that, when there are workshops on health issues, coordinators or committee members of that committee attend the workshop and then come back to give feedback to staff" (participant 4). "In most cases, I request a written report from teachers who attended workshops, this is for record keeping, in that way we always have documents to refer to" (participant 6); "I also share the information after a workshop, this is a norm in my school, after attending a workshop on bullying, I gave feedback to staff members and parents. After that, we were able to include measures of dealing with bullying in our safety policy" (participant 1).

The participants indicated the importance of roles that principals have to play in strengthening collaborations that are formed at national level and partnerships with local communities. The role in the implementation of programmes was indicated as threefold, involving: setting up structures to sustain the school health activities and providing resources, providing leadership and support and developing as well as empowering of staff members. The responses of participants revealed a multifaceted role that includes interpersonal, information and decisional functions. For the interpersonal role, principals had to stand as figureheads of their institutions in collaborations with external stakeholders as the first liaison officers, in marketing the vision and in providing guidance within schools. For the information role, they had to be monitors, the disseminators of information by creating platforms for information sharing and acquisition as well as being spokespersons. For the decisional role, principals needed to be role model leaders, the source of information allocators and the negotiators.

## Discussion

This study intended to investigate the perceptions of principals regarding their understanding of their role in school health promotion. It was important to also determine their understanding of school health promotion. Six principals who had attended and completed the first cycle of CPTD participated. The limitation of this study pertains to the number of participants involved; however, rich data were gathered from these participants. There are more health-promoting activities that were reported by participants than those mentioned in this paper, but the data presented here focused on getting an overall picture of the views of the principals regarding their understanding of what health promotion entails and their role in it. All three authors are in the field of education with extensive experience in teaching and leadership and management of schools, the findings, therefore, should be understood from a school management perspective. The findings revealed that the principals in this research had an idea of what school health promotion entails but also added elements of a health-promoting school in their definition. They focused on different roles that included, mostly, performance of managerial tasks and facilitations of collaborations and partnerships to safeguard effective implementation of school health promotion.

The first finding about the principals understanding of school health promotion revealed that they were aware of its importance in creating conducive environments by providing nutrition and physical activity and teaching and learning about health. This perception of school health promotion is in line with the definitions by WHO (2000), St Leger and Young (2009) and Carlsson (2016). Principals also understood school health promotion as focusing on policies and programmes, collaborations and partnerships and involvement of teachers and learners in the implementation of programmes. This understanding also conforms to the definition of a health-promoting school, which emphasises four distinct but interrelated principles: fostering health and learning, engaging all school partners, providing a healthy environment and implementing healthy policies and practices (International Union of Health Promotion and Education, 2009; World Health Organization, 2016). Perhaps, it can be agreed that the principals did not differentiate between the elements of health-promoting schools from those of school health promotion. Health-promoting schools and school health promotion seem to be the same for them. The principals focus on any health improvement

Role	Activity
Organising	Organising resources; establishing health committees and structures to support health programmes; organising manpower to support the initiatives of school health promotion
Leading/delegating	Role modelling by teaching a subject, assigning teachers who will work with police, nurses, social workers and other community-based organisations
Monitoring	Monitoring of curriculum delivery (health education)
Liaising role	Liaising with police, social workers, nurses and other community-based organisations
Supportive role	Providing resources and support teachers to do their work effectively
Collaborative role	Forming and strengthening partnerships
Facilitating information sharing	Training parents after workshop attendance, sharing information after workshop
Professional development of teachers	Motivating teachers to attend workshops
Enforcing rules and regulations	Making sure that the school is represented in workshops
Controlling role	Requesting written reports from teachers who attended workshops for record keeping and future reference

**Table 2.**  
Summarises roles



within the schools, regardless of its conceptual nature. Indeed, schools in South Africa concentrate on all the aspects that principals have mentioned. This could mean that the principals interpret and adapt the concept of school health promotion, depending on what best meets the needs of their school (Marshall *et al.*, 2000). This notion may not be applicable to South Africa only, but to other countries that would opt to combine the two concepts and implement them as a unit.

The second finding revealed that the principals perceived their role as being aligned more with management. This is not surprising, as the focus of the CPTD training was on improving their managerial skills. Perhaps, what the global community can learn from this finding is that principals execute their role based on what they know. The focus of their management was on four tasks: planning, organising, delegating and monitoring/controlling. With regards to planning, the principals cited setting up plans by developing policies and having cleaning rosters. The planning was reinforced by setting up structures to ensure effective implementation, including setting up committees, having teachers that lead some programmes, providing space for health workers and a conducive environment to work in. Planning has always been regarded as an essential management function in schools (Beach and Lindahl, 2007). It aligns more with proactiveness and speaks towards the principal as an instigator of change. Participants also elaborated on their role of making available finances and organising manpower, thus allocating human resources to support programmes. Certain tasks were delegated to teachers. Principals seemed to understand what responsibilities to delegate to allow themselves time to plan, to collaborate with others and to monitor the performance of their employees. Delegating tasks enable principals to accomplish more than if they attempted to handle every task personally. Moreover, delegation allows principals to focus their energies on the most crucial high priority tasks (Lunenburg, 2010).

Furthermore, in ensuring effectiveness, they focused on teacher training as a means to develop and empower teachers. Perhaps, there was a realisation that without “the know-how” and acquiring of skills, it would be difficult to embark on this important task. This is important for informed decision-making. Principals may have decided to motivate the teachers to attend trainings for them to be able to overcome obstacles in implementing the school health-promotion projects. Education managers, especially principals, play an important role in influencing the effectiveness of the professional development of teachers (Du Plessis, Gillies and Carroll, 2014). A study by Jourdan (2011) revealed that the training of primary school teachers had a significant impact on the implementation of a school health education project. They then facilitated the sharing of information and knowledge gained from the workshops. Knowledge exchange has been deemed important in schools as a means of supporting comprehensive school health (CSH) by creating awareness, informing action and acting as an overall catalyst for change, helping to implement and embed policy and practices within the school culture (Gleddie and Hobin, 2011). This notion can also apply in school health promotion. Thus, principals appeared to understand the role of managing the processes of school health promotion. However, it seems that the principals relied more on management than providing leadership (the latter focusing on coping with change and charting the way forward). Some scholars believe that management is a prerequisite to leadership (Lunenburg and Arby, 2006). It could be that the principals in this research share the same belief that management is the priority and that leadership can follow when the school health-related activities are up and running. Choosing the best practice has always been debatable, but the widely accepted managerial tasks mentioned above seemed to have settled in the minds and actions of principals in this study. The management practices of the principals give an impression of being traditional and administrative as opposed to being innovative. The management of the day-to-day operation of the school health promotion activities is essential, but perhaps the leadership would have made the system to work better. In school health promotion, a principal is not only expected to manage the implementation of

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programmes but to also provide leadership, as a facilitator and a visionary to stimulate creativity and innovation.

The third finding is based on the role of principals in networking and nurturing existing intersectoral collaborations, develop partnerships and networks in their communities. The intersectoral collaborations mentioned in this research are a result of the [World Health Organisation's \(1997\)](#) call for the achievement of health outcomes that are more effective, efficient or sustainable. Principals seemed to be aware of their role in these collaborations. Moreover, their utterances gave an impression that they understood their role in strengthening and supporting the intersectoral collaborations that are formed at national level to benefit the school community. Provision of support is the duty of the school administration, it is a very important function; otherwise, the school will get lost ([Gugglberger and Dür, 2011](#)). The participants mentioned their role as providing support for the provision of health services by the departments, setting up structures and liaising with the departments to access resources for the schools. In a study by [Gugglberger and Dür \(2011\)](#), the principals played a key role in establishing relationships and fostering interactions between schools and the government sectors. These collaborations are important in facilitating exchanges of health-related knowledge, experiences and resources ([Keshavarz et al., 2010](#)). Moreover, the principal's role is that of ensuring that collaborations with the professionals providing services are as strong as those at provincial and national levels, for them to benefit the poorest learner ([Kwatubana, 2019](#)). The data also revealed that the principals valued partnerships with community organisations. Collaborations are key in ensuring sustainability of health promotion in school. It is health promoting for schools to work in collaboration with parents and the local community to enhance students' health and well-being ([Weare, 2010](#)). Collaborations between schools and their communities in developing countries are crucial for acquisition of resources ([Kwatubana, 2019](#)). The principals tried to advocate for the change inside and outside of the school by involving parents, community members and organisations. This is consistent with [Taylor et al.'s \(2012\)](#) statement that engaging parents is a key component of school-based health promotion effort.

Additionally, the health-promoting school framework views that links with parents and the community as one important facet of school health promotion. Principals mentioned how important these collaborations were and how the schools benefitted from them. The findings of this study lend support to the view that forging strong partnerships between home and school is an important facet of effective health promotion. Home and school are the two major realms for promoting lifestyles among students ([Clelland et al., 2013](#)). Without the support of the parents and community members, schools have little chance of success in terms of behaviour change and long-term lifestyle changes. Principals also noted the challenges they were faced with in strengthening these partnerships including their inability to facilitate ([Inchley et al., 2007](#)). Engaging parents in school activities in South Africa has never been easy. For instance, [Kwatubana and Makhalemele \(2015\)](#) lament the involvement of parents in only certain activities and not in the whole process of implementation. These authors also raise concern on the lack of empowerment and information, as these factors would contribute to their full participation.

## Conclusion

This paper contributes to the understanding of roles of principals in school health promotion and discussion of how such roles are enacted. It can be understood that perceptions on roles in school health promotion might differ as they are linked to context. Our results have important implications for informing practice in school health promotion. This research highlights the importance that principals in this study attach to their role of management. In particular, they provide evidence on how principals can maintain health-promotion strategies by embedding

management practices into their actions to sustain interventions. It is assumed that as all the participants completed the CPTD training, the programme might have equipped them as they were learning about various themes in leadership and management. However, as the themes for training were general and not focusing specifically on matters pertaining to school health promotion, there is an opportunity for training that focuses on how these managerial roles can be played effectively to reinforce school health programmes. Currently, in a period where rapid changes are occurring, much is needed to empower and enhance the management practice of school principals (Msila, 2011). The same can be said about management of school health-promotion initiatives.

It was established that principals play an important role of facilitating, strengthening and sustaining collaborations and partnerships. Collaborations and partnerships are a cornerstone of school health promotion. It is believed that schools, especially those that are located in poor communities, often find themselves in difficult positions of being held accountable for initiating partnerships with communities without clear guidance and direction in establishing, maintaining and evaluating such partnerships (Sanders and Harvey, 2002). There is a need to learn how to encourage, support, improve and sustain, the implementation, effectiveness and interaction of national and local collaborative partnerships.

The principals' role in enabling teachers by motivating them to attend workshops and exchange information can be regarded as capacity-building intended to sustain the change. Workshops are vital for staff development. There is a need for investing in staff development as a way of improving their performance. Workshops that are referred to in this research are often organised by education districts. Teachers have to actually attend in venues allocated for such. As much as these workshops serve their purpose, other means of staff development can be looked at. We are of the opinion that use of a variety of workshops would benefit the staff members more.

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