Assessment of learners’ exposure to health education and promotion at school in the Limpopo Province of South Africa

Background: School participation and educational attainment among adolescents have been rising rapidly in the developing world. Thus, to attain Millennium Development Goal 6 (Combat HIV and/or AIDS, malaria and other diseases), it is crucial to seize the opportunity to educate and encourage teenagers about healthy choices and proper social behaviours that will continue into adulthood.

Aim: This study aimed to assess the exposure of rural secondary school learners to health education and promotion at schools in the Limpopo Province of South Africa.

Setting: This study was carried out at 10 secondary schools in Vhumbedzi educational circuit.

Methodology: The study adopted a cross-sectional quantitative approach. Data were collected from 338 randomly selected learners from 10 secondary schools that make up a rural Vhumbedzi circuit in the Limpopo province. A self-administered questionnaire was used to collect data.

Results: The findings showed that, 102 (66.07%) male and 121 (67.60%) female learners reported that they were taught about physical changes that occur during adolescence. In the same vein, most of the participants (n = 128, 84.39%) and (n = 152, 85.39%) males and females respectively claimed to have been taught about sexually transmitted diseases.

Conclusion: In this study the secondary schools in the Limpopo Province of South Africa are making efforts to uphold and expose their learners to health education and promotion at school.

Introduction

Since the 1950s, schools have been a focal setting for health promotion and health education with the aim of teaching young people about health and its determinants, so as to empower them to develop the skills to resist unhealthy lifestyles.1 During the 1990s, the World Health Organization, working jointly with the various organisations in each country, developed the health promoting schools initiatives, which involve a multi-factorial approach that covers teaching health knowledge and skills in the classroom, in order to change social and physical environment of the school, promote healthy development of school-going children and the communities in which they live and learn.1 The school health promotion initiatives were developed based on a medical model that seeks to prevent certain diseases or health problems and to address all the major public health problems that most adolescents are battling with in the 21st centuries, namely; drug and alcohol abuse, smoking, unhealthy eating, lack of physical activity, obesity, unwanted pregnancy, sexual transmitted infections and human immunodeficiency virus/acquired immunodeficiency syndrome (HIV and/or AIDS) as well as injuries among the adolescent population.2,3

Promoting the health and safety of adolescents as well as combating HIV and/or AIDS, malaria and other diseases – Millennium Development Goal (MDG) 6 – is of great importance for the future well-being of all nations. Adolescence represents a special period in the life cycle whereby an individual is no longer a child and not yet an adult. During this phase of life, young people tend to develop attitudes and most engage in health practices that affect their present safety and well-being, which may also influence their future either positively or negatively.4,5 Because school participation and educational attainment among adolescents have been rising rapidly in the developing world, it is therefore crucial to educate teenagers about healthy choices and proper social behaviours that will continue into their adulthood. In addition, efficacious transition of
adolescents to adulthood, whether they are transitioning to
marriage and parenthood, to household management, work,
or to law abiding citizens, basically depends on the
combination of good education and good health.9

However, educating and promoting adolescent well-being
cannot be achieved by only one sector of the society. It takes
the collective efforts of a broad range of societal sectors and
institutions including; parents and families, health care
providers, schools and tertiary institutions, community
organisations and agencies that serve youth, faith-based
organisations and adolescents themselves. Together, these
bodies have a role to play in ensuring a nurturing structure
and environment, as well as opportunities for growth that
support and sustain the healthy development of young
people.12,13,14

The question that comes to mind is ‘why should a country
care about school health education and promotion?’ A
country should care because the adolescents today are the
leaders tomorrow. Thus, the health and well-being of our
nation’s adolescents and youth are not matters of luck,
chance, or random event. It must be a planned, well-designed,
well-resourced, sustained, monitored, and evaluated
program that should be incorporated into the nation’s
schools. Moreover, a study of this nature is uncommon in
South Africa. Whereas, if South Africa wants to achieve MDG
6, which aims to combat HIV and/or AIDs, malaria, and
other diseases, a study of this nature cannot be undermined
in this era. It is against this background that this study was
undertaken.

Purpose of the study
The aim of this article is to assess the learners’ exposure to
health education and promotion at schools in the Limpopo
Province of South Africa.

Methodology

Study design
Based on the purpose of the study, a quantitative cross-
sectional descriptive survey design was adopted and this
design is deemed suitable by the researchers because it
describes and interprets phenomena that are in existence.15

The study setting
The study was conducted at Vhumbedzi educational circuit
situated in the east of Sibasa in the Vhembe District and
north of Kruger National Park. Vhumbedzi circuit and
secondary school learners were the phase one population of
the study.

Population and sample
The target population for this study was 10 secondary schools
in the Vhumbedzi educational circuit with a total population
of 5019 learners involved in the study.

Sample selection and procedure
Based on the sampling frame of 5019, sample size of n = 370
was calculated using Slovin’s formula. A two-stage stratified
sample selection process was used using grades and gender
as strata within each of the 10 participating schools. Learners
were selected randomly within each stratum based on
population, which ensured proportional representativeness
of grade and gender in the final sample (Table 1).

Data collection instrument
A self-administered questionnaire, adapted from the 2011
high school Youth Risk Behaviour Survey (YRBS) of the
Centres for Disease Control and Prevention16 was used as an
instrument in this study. The questionnaire was in English
and required approximately 50–60 min to complete. Caution
was taken to ensure that it was user-friendly and
understandable.

Instrument validity and reliability
To ensure validity and reliability, the instrument was adapted
from the YRBS questionnaire of the Centres for Disease
Control and Prevention16 to suit the local conditions. A wide
range of literature was also consulted on the variables of
interest. Also, the instrument was pre-tested on some
volunteer learners in a school similar to the target population.
Pre-testing results were used to rephrase and modify some
aspects of the questionnaire thus making it suitable and
comprehensible to the participants.

Data collection process
The study was conducted over a 3-week period between
October and November 2012. All 10 schools were visited by
the research team to identify the learners who were to
participate in the study. Dates for data collection were pre-
arranged by circuit office and school authorities; and
within each participating school, a special class was
organised where the research team briefed the participants
and assisted in facilitating the administration of the
instrument and addressing issues arising thereof. The
administration of the questionnaires lasted approximately
60 minutes.

Data analysis
The Statistical Package for the Social Sciences (SPSS) version
21.0 software was used to analyse the data. Descriptive
statistics were also used to summarise the data.

Ethical considerations
An ethical clearance certificate (SHS/12/PH/03/0812) was
obtained from the Research and Innovation Directorate of the
University of Venda for the study. Further permissions were
also acquired from the Department of Health – Limpopo
Province, the Vhumbedzi circuit office, and each school
administration. In addition, the participants and their
Parents signed an informed consent assuring anonymity, confidentiality, and voluntary participation before the administration of the questionnaire.

Results

Demographic profile of the participants

Though self-administered questionnaires were distributed to 370 learners proportionally according to grades, added together the response rate was 89% (n = 331). Thus, about 151 (45.6%) of the respondents were males whereas 54.4% (n = 180) of the respondents were females (Tables 2 and 3).

Health education and promotion at school

Of the respondents, 102 (66.07%) male and 121 (67.60%) female learners reported that they were taught physical changes that occur during adolescence (Table 1). In the same vein, most of the participants 128 (84.39%) and 152 (85.39%) male and female respectively claimed to have been taught about sexually transmitted diseases. Similarly, the majority of the learners 139 (92.05%) male and 162 (90.50%) female were taught about alcohol and drug abuse. Meanwhile, 144 (94.74%), and 169 (94.95%) male and female respondents were taught about HIV and/or AIDS. In addition, 115 (76.16%) males and 115 (63.89%) females attested to have been taught about the danger of physical fights and violence.

Discussion

The findings of this study revealed that most of the learners had been taught various topics related to health education and promotion with 102 (66.07%) male and 121 (67.60%) female learners reporting being taught physical changes that occur during adolescence. In line with this, most of the respondents (n = 128, 84.39%) and (n = 152, 85.39%) male and female respectively claimed to have been taught about sexually transmitted diseases. Similarly, the majority of the learners (n = 139, 92.05%) male and (n = 162, 90.50%) female were taught about alcohol and drug abuse. Meanwhile, 144 (94.74%), 169 (94.95%) male and female respondents were taught about HIV and/or AIDS. Also, 115 (76.16%) males and 115 (63.89%) females attested to have been taught about the danger of physical fights and violence. It is not surprising that learners were exposed to these topics, because the South Africa
government has sworn to ‘Put Children First’ giving their needs the highest priority. In order to uphold the rights of children and adolescents and make provision for them to attain their full potential in all facets of their lives, the Health, Education, and Social Development sectors were entrusted with a vital role in developing the National School Health Policy and Implementation Guidelines. This policy was developed and communicated to all schools. According to the policy, it was mandatory for all high schools to incorporate important health factors impacting on the development of children and youth of school-going age including issues relating to sexuality, HIV and/or AIDS and reproductive health, trauma and violence, substance abuse, and mental health problems. Such factors should be addressed through health promotion and health education activities and need to be incorporated into the life orientation area of the curriculum.

Furthermore, 123 (80.39%) male and 135 (76.28%) female learners declared that they had been taught about nutrition. Of the respondents, 133 (88.08%) male and 163 (91.06%) female learners affirmed that they knew about the dangers associated with smoking. Because most of the respondents had learnt about risks associated with improper nutrition and smoking etcetera; it is most likely that they will abstain from such acts, hence specific diseases and public health problems accompanying drug and alcohol abuse, smoking, unhealthy eating etcetera, can be minimised in the society. However, some students were unsure of whether or not they had been taught about particular issues; suggesting that they may have been taught about the subjects but could not recall this.

### Recommendations

In this study, a minor proportion of the participants claimed that they were not taught some of the topics; therefore it is very important to ensure that no student or learner is left out when it comes to exposure to health education and promotion, because knowledge is power and all the learners need to be empowered to make informed decisions. Also, more studies are needed in this area especially in other educational circuits of Limpopo Province.
Limitations of the study

The fact that this study was conducted in one educational circuit limits the generalisation of the study findings to this circuit only.

Conclusion

This study shows that secondary/high schools in the Limpopo Province of South Africa are making efforts to uphold and expose their learners to health education and promotion at school.

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Competing interests

The authors declare that they have no financial or personal relationships which may have inappropriately influenced them in writing this article.

Authors’ contributions

O.H.T. and T.G.T. equally contributed to the research and writing of this article.

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