

**AN EXPLORATION OF HEALTH-RELATED LIFESTYLE BEHAVIOURS OF  
FOUNDATION PHASE LEARNERS: A SOCIOECOLOGICAL PERSPECTIVE**

by

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## DECLARATION

**Student number:** 063 - 3448 2

I Mmapeu Margaret Manyaka, declare that **“An exploration of Health-related Lifestyle behaviours of Foundation Phase Learners: A Socioecological Perspective”** is my own work, all sourced used and quoted have been acknowledged through complete references.

Signed: 

M. M. Manyaka

## **DEDICATION**

I dedicate this thesis to the following:

### **My husband Mabotha Solomon Manyaka**

For your prayers, sacrifices, love, and support. You are my rock on this earth. You always believed in me and challenged me to climb mountains I thought were unsurmountable. Thank you.

### **My children and children-in-love**

Lebogang, Tshepo, Mothushi, Ayanda, Thato and Ray for cheering me on and understood when I was not available at times when you needed me most. Your love kept me going.

My late mother and father

Monnagwana Joel and Mapula Johanna Tjiane

You believed in education and sacrificed your dreams to get all your children through school. My mother, who always said education is a solution to poverty. You were a real inspiration to all of us

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## ABSTRACT

Young children's health-related lifestyle behaviours are a growing concern worldwide. Various studies have confirmed that lifestyle behaviours among children in low- to middle-income countries are on the increase, resulting in health risk factors such as overweight, obesity and malnutrition. Factors that impact young children's lifestyle behaviours include dietary choices and high inactivity levels. This study explored low- to middle-income Foundation Phase learners' lifestyle behaviours and the factors influencing such behaviours from a socioecological perspective. A qualitative case study approach was used to gather information from two purposively selected schools in a low- to middle-income community in South Africa. Qualitative data were collected through document analysis, non-participant observations, and semi-structured interviews. Data were mined from parents, educators, a senior education specialist, school management team, school-based support team, school feeding committee and tuckshop owners. The collected data from all the sources were transcribed verbatim and analysed qualitatively using codes and themes. The analysis yielded four themes: the physical aspect of health comprising learners' nutrition and physical activities; the mental and social well-being of learners; factors affecting learners' lifestyle behaviours at different levels; and stakeholders' views on support needed in order to influence learners' lifestyle behaviours. The findings confirmed earlier studies that learners from low- to middle-income families consume food with low nutritional value. Furthermore, learners' overall physical activity levels were found to be low, failing to meet the recommended 60 minutes of physical activity per day. Moreover, learners with emotional challenges were not accorded the support they needed. Finally, the environment in which children are raised seems to have a great influence on children's health-related lifestyle behaviours.

Several implications emerged to create a platform where affected and interested stakeholders can design and implement collective strategies to address barriers impacting learners' lifestyle behaviours. More research is needed to determine or measure the level at which the identified health-related challenges impact learners in all areas of development. This will inform families, schools and the education system on areas that need to be targeted when designing interventions in schools in low- to middle-income areas. It is also important to include learners' voices in studies such as this one in order to understand learners' feelings, attitudes, and levels of knowledge on healthy and unhealthy living.

In conclusion, the thesis argues that understanding learners' health-related lifestyle behaviours can contribute to the design of appropriate interventions aimed at positively influencing learners' health-related lifestyle behaviours. The thesis hopes to offer the schools in Tshwane South District a framework for establishing a health-promoting school. In this way, the study can contribute to a whole school approach to health education and health promotion literature in South Africa and offer useful tips for a healthy lifestyle, with the ultimate aim of improving learners' quality of life.

**Key words:** Foundation phase, lifestyle behaviour, low to middle income, socio-ecological, learner

## KAKARETŠO

Maitshwaro a mekgwa ya go phela ye e amanago le bana ba bannyane ke taba ye e oketšegago lefaseng ka bophara. Dinyakišišo tše di fapanego di netefaditše gore maitshwaro a mekgwa ya go phela ya bana ba dinageng tša ditseno tša fase go iša go tša magareng a oketšega, a bakago mabaka a kotsi a bjalo ka go ba le mmele o montši, go nona, phepompe bophelong. Mabaka ao a amago le maitshwaro a mekgwa wa go phela wa bana ba bannyane a akaretša kgetho ya dijo le maemo a godimo a go se be mafolofolo. Nyakišišo e hlahlobile maitshwaro a mekgwa ya bophelo ya baithuti ba Kgato ya Fase ba ditseno tša fase go iša go tša magareng le mabaka ao a huetšago maitshwaro a bjalo go tšwa go kakanyo ya leagotikologo. Mekgwa wa tshekatsheko ya maemo wa go šomiša dipalopalo o ile wa šomišwa go kgoboketša tshedimošo go tšwa dikolong tše pedi tše di kgethilwego ka maikemišetšo setšhabeng sa batho bao ba hwetšago ditseno tša fase go iša go tša magareng ka Afrika Borwa. Datha ya go šomiša dipalopalo e ile kgoboketšwa ka tshekatsheko ya dingwalwa, ditebeledišišo tša bao ba sa kgathego tema, le dipoledišano tša go se latele lenaneo la dipotšišo. Datha e ile ya tšewa go tšwa go batswadi, barutiši, setsebisegolo sa thuto, sehlopha sa basepediši ba sekolo, sehlopha sa thekgo ya sekolo, komiti ya phepo ya sekolo le beng ba dithekešopo. Datha ye e kgobokeditšwego go tšwa methopong ka moka e ile ya ngwalollwa ka lentšu ka lentšu gomme ya sekasekwa ka tšhomišo ya dipalopalo ka go šomiša dikhoutu le dihlogotaba. Tshekatsheko e hlagišitše dihlogotaba tše nne: karolo ya mmele ya maphelo ye e akaretšago phepo ya baithuti le ditiro tša mmele; bophelo bjo kaone monaganong le setšhabeng bja baithuti; mabaka ao a amago mekgwa ya bophelo ya baithuti maamong ao a fapanego; le maikutlo a baamegi mabapi le thekgo ye e hlokegago ya go hlohleletša maitshwaro a baithuti. Dipihlelelo di netefaditše pejana tša gore baithuti bao ba tšwago malapeng ditseno tša fase go iša go tša magareng ba ja dijo tše di nago le boleng bja fase bja phepo. Go feta moo, maemo a boitšhidullo bja mmele ka kakaretšo a baithuti a ile a hwetšwa a le fase, a sa kgone go fihlelela metsotso ye 60 ya boitšhidullo bja mmele ka letšatši. Ka godimo ga moo, baithuti bao ba nago le ditlhohlo tša maikutlo ga ba ka ba fiwa thekgo yeo ba e hlokago. Mafelelong, tikologo yeo bana ba godišitšwego go yona e bonagala e na le tlhohleletšo ye kgolo maitshwarong a mekgwa ya bophelo yeo e amanago le maphelo a bana.

Ditlamorago tše mmalwa di hlagile go hlola dibaka moo bao ba amegago le bao ba nago le kgahlego ba ka hlamago le go phethagatša maano a mohlakanelwa a go rarolla ditšhitišo tše di amanago le maitshwaro a mekgwa ya bophelo ya baithuti. Go hlokagala dinyakišišo tše dingwe go humana le go lekanya seemo seo ditlhohlo tše di amanago le maphelo di huetšago ka gona baithuti dikarolong ka moka tša tlhabollo. Se se tla tsebiša malapa, dikolo le mokgwatshepedišo wa thuto ka ga mafapha ao a swanetšego go nepišwa ge go hlangwa ditsenogare dikolong tše di lego mafelong ao a nago le ditseno tša fase go iša go tša magareng. Go bohlokwa gape go akaretša mantšu a baithuti dithutong tše bjalo ka ye go kwešiša maikutlo a baithuti, maitshwaro a bona, le maemo a tsebo ka ga maphelo le go se phele gabotse.

Mafelelong, thesisi ye e hlagiša gore go kwešiša maitshwaro a mekgwa wa bophelo wo o amanago le maphelo a baithuti go ka thuša go hlama ditsenogare tša maleba tše di lebantšwego mo go huetšeng maitshwaro a mekgwa ya bophelo ya maphelo

a baithuti. Thesisi e holofela go fa dikolo tša Selete sa Borwa sa Tshwane tlhako ya go hloma sekolo sa tšwetšopele ya maphelo. Ka tsela ye, nyakišišo e ka tsenya letsogo go mokgwa wa sekolo ka moka wa thuto ya maphelo le go tšwetšopele dingwalweng tša tšwetšopele ya maphelo ka Afrika Borwa le go fana ka maele a bohlokwa a maphelo, ka maikemišetšo a pele a go kaonafatša boleng bja maphelo a baithuti.

**Mantšu a bohlokwa:** Kgato ya fase, maitshwaro a mekgwa ya go phela, ditseno tša fase go iša go tša magareng, leagotikologo, moithuti

## OKUCASHUNIWE

Izindlela zokuphila eziphathele nempilo yezingane ezincane ziyinkinga ekhulayo emhlabeni wonke. Ucwangingo oluhlukahlukene luye lwaqinisekisa ukuthi indlela yokuphila yezingane emazweni anemali engenayo ephansi kuya emaphakathi iyakhula, okuholela ezicini eziyingozi empilweni njengokukhuluphala, ukukhuluphala ngokweqile, kanye nokungondleki. Izici ezithinta indlela yokuphila yezingane ezincane zihlanganisa ukukhethwa kokudla kanye namazinga aphezulu okungasebenzi. Lolu cwangingo luhlale indlela yokuphila yabafundi beSigaba esiyiSisekelo abahola kancane kuya kwabaphakathi kanye nezici ezithonya ukuziphatha okunjalo ngokombono wenhlalohle yabantu. Kusetshenziswe indlela yocwangingo esetshenziselwa ukukhiqiza ngokujulile ukuze kuqoqwe ulwazi ezikoleni ezimbili ezikhethwe ngenhloso emphakathini oholakancane kuya kophakathi eNingizimu Afrika. Uhlobo lweminingwane oluchaza ucezu lolwazi lwaqoqwa ngokuhlaziywa kwemibhalo, ukubhekwa kwabangebona ababambiqhaza, kanye nezingxoxo ezihleliwe. Imininingwane yaqoqwa kubazali, kothisha, kochwepheshe bezemfundo ephakeme, ithimba labaphathi besikole, ithimba labasekeli basesikoleni, ikomiti lokuphakela izingane ezikoleni kanye nabanikazi besitolo sasesikoleni. Imininingwane eqoqwe kusuka kuyo yonke imithombo yabhalwa ngegama nezwi futhi yahlaziywa ngendlela efanele kusetshenziswa amakhodi nezindikimba. Ukuhlaziya kuveze izindikimba ezine: isici somzimba sezempilo esihlanganisa ukondleka kwabafundi kanye nemisebenzi yomzimba; inhlalakahle ngokwengqondo nenhlalo yabafundi; izici ezithinta indlela yokuphila yabafundi emazingeni ahlukeneyo; kanye nemibono yababambe iqhaza ekusekelweni okudingekayo ukuze kube nomthelela endleleni abafundi abaziphatha ngayo. Okutholakele kuqinisekise ucwangingo lwangaphambili lokuthi abafundi abavela emindenini eholakancane ukuya emaphakathi badla ukudla okunomsoco ophansi. Ukwengeza, amazinga okuzivocavoca umzimba wonke wabafundi atholakale ephansi, ehluleka ukuhlangabezana nemizuzu engama-60 ephakanyiswayo yokuzivocavoca ngosuku. Ngaphezu kwalokho, abafundi abaneziselele ezingokozwelo abazange banikezwe ukusekelwa ababekudinga. Okokugcina, indawo lapho izingane ezikhuliswa khona ibonakala inethonya elikhulu ekuziphatheni kwezingane okuhlobene nempilo yokuphila.

Kube nemithelela eminingana eyavela ukuze kwakhiwe inkundla lapho ababambiqhaza abathintekayo nabanentshisekelo bengakha futhi basebenzise amasu ahlangele okubhekana nezithiyo ezithinta indlela yokuphila yabafundi. Kudingeka ucwangingo olwengeziwe ukuze kutholwe noma kulinganiswe izinga lapho izinselele ezihlonziwe ezihlobene nempilo zithinta abafundi kuyo yonke imikhakha yentuthuko. Lokhu kuzokwazisa imindenini, izikole kanye nohlelo lwezemfundo ngezindawo okumele ziqondiswe lapho kwakhiwa izinhlelo zokungenelela ezikoleni ezisezindaweni zabahola kancane ukuya kwabahola maphakathi. Kubalulekile futhi ukufaka amazwi abafundi ezifundweni ezifana nalesi ukuze kuqondwe imizwa yabafundi, indlela ababheka ngayo izinto, kanye namazinga olwazi ngokuphila okunempilo nokungenampilo.

Sekuphethwa, lombhalo wobuhlakani uthi ukuqonda indlela abafundi abaziphatha ngayo ehlobene nempilo kungaba nomthelela ekwakhiweni kwezindlela zokungenelela ezifanele okuhloswe ngazo ukuba nomthelela omuhle ekuziphatheni okuhlobene nempilo yabafundi. Lo mbhalo wobuhlakani unethemba

lokunikeza izikole eziseSifundazweni SaseNyakatho eTshwane uhlaka lokusungula isikole esithuthukisa impilo. Ngale ndlela, ucwaningo lungaba neqhaza endleleni yesikole sonke emfundweni yezempilo nezincwadi zokukhuthaza ezempilo eNingizimu Afrika futhi lunikeze amacebo awusizo endlela yokuphila enempilo, ngenhloso yokugcina yokuthuthukisa izinga lempilo yabafundi.

**Amagama asemqoka:** Isigaba esiyisisekelo, Indlela yokuphila, imali engenayo ephansi kuya emaphakath, Inhlalakahle yabantu, umfundi

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## ACRONYMS AND ABBREVIATIONS

AGM	Annual General Meeting
ATP	Annual teaching plans
BMR	Bureau of Market Research
DBE	Department of Basic Education
DSAC	Department of Sports, Arts and Culture
FET	Further Education and Training
FBDG-SA	Food- Based Dietary Guidelines for South Africa
FP	Foundation Phase
FRC	Find Raising Committee
FSC	Feeding Scheme Committee
HAKSA	Healthy Active Kids South Africa
HICs	High-Income Countries
HPS	Health-Promoting School
ISHP	Integrated School Health Policy
ISS	Inclusion and Special School
KFC	Kentucky Fried Chicken
KZN	KwaZulu Natal
LMICs	Low to Middle-Income Countries
NCD	Non-communicable diseases
NGO	Non-Governmental Organisation
NSNP	National School Nutrition Programme
PA	Physical Activity
PE	Physical Education
SA	South Africa
SBST	School Based Support Team
SES	Senior Education Specialist
SGB	Schools' Governing Body
SMT	School Management Team
TOB	Tuckshop Owner
UNESCO	The United Nations Educational, Scientific and Cultural Organization
WHO	World Health Organization

## CHAPTER 1: INTRODUCTION AND BACKGROUND

### 1.1 INTRODUCTION

Young children's health-related lifestyle behaviours are a growing concern worldwide, especially in schools situated in low-income communities where the battle lies between under- and over-nutrition. The Healthy Active Kids South Africa (HAKSA) non-governmental organisation identified barriers to physical activity in low-income South African (SA) schools, including inter alia; crime, lack of resources and space (Draper et al., 2019). Unhealthy lifestyle behaviours such as poor dietary intake and increased levels of physical inactivity expose young children to non-communicable diseases (NCDs) health-risk factors.

Other studies reveal that NCDs that manifest in adulthood can be tracked from childhood lifestyle behaviours (Motlagh et al., 2017). It is also believed that children faced with adverse poverty tend to display higher rates of severe chronic diseases, and these conditions exacerbate the rate of physical and mental health problems in adulthood (Samodien et al., 2021). This being the case, researchers are concerned about children from developing countries as these children are faced with swift lifestyle habit changes (Motlagh et al., 2017). In addition, childhood obesity and overweight also pose a threat to the physical and wellbeing of children leading to diseases such as heart disease, hypertension as well as Type 2 diabetes. Obesity and overweight are further associated with lower educational accomplishment and psychosocial challenges (Klingberg et al., 2019). On the other hand, Michael et al. (2015) stated that educational outcomes such as sensory perception, cognitive development, commitment to schooling, absenteeism, and school dropout are linked to children's health challenges such as asthma, poor vision and poor health-related behaviours which include poor dietary intake and physical inactivity. Notably, Ke and Ford-Jones (2015) also supported the notion of a link between unhealthy lifestyle behaviour and performance, stating that lack of nutrition in children's diet negatively affects their cognitive abilities.

Despite the looming threats of NCDs and various interventions both at school and in communities, children's negative lifestyle behaviours are reported to be on the rise. For instance, the level of overweight among 5- to 17-year-old children is forecast to rise from 13.9% in 2010 to 15.8% in 2025 (Lobstein & Jackson-Leach, 2016). On the

other hand, Yawson et al. (2016) reported a rise in the number of children suffering from cancer and other NCDs in developing countries among the low socioeconomic population and less-educated individuals. The authors reasoned that the rise in NCDs among children in developing countries is attributed to high-risk lifestyles, modifications in nutrition and inactivity among children. Similarly, rising levels of obesity among children were reported in SA. Pienaar (2015) confirmed that obesity levels among SA 6-9-year-old children rose by 4% from 12.5% to 16.7% between 2010 and 2013. Pienaar (2015) further highlighted the importance of awareness creation on the potential risk of changes in diet and physical activity (PA) among concerned parents. More important, was the author's recommendation for health-promotion interventions to be culturally appropriate for each group (Pienaar, 2015). Finally, the HAKSA concurred with Pienaar's assertion regarding rising obesity levels in SA. The HAKSA report points to a rise in overweight/ obesity levels for children between the ages of 8 to 10 years especially amongst girls in SA (Draper et al., 2019). Based on these findings regarding young children's rising health risks, it was, therefore, important to investigate how the environment that the learners find themselves in impacts their lifestyle behaviour. Thus, the current study aimed to explore low-to-middle-income FP learners' lifestyle behaviours and factors influencing such behaviours in order to design culturally appropriate health-promotion interventions for learners in similar environments, thus contributing to the body of knowledge.

## **1.2 BACKGROUND OF THE STUDY**

This study was undertaken as a response to both the international and national calls for low-to-middle-income countries (LMICs) to urgently address rising NCDs risk factors. As an example, at the global level, the World Health Organization (2018) urged its LMIC member countries to address the rising levels of NCDs as a matter of urgency. At the same time, at the national level, researchers such as Gyasi, Phillips, and Meeks (2020) urged LMICs particularly in Sub-Saharan countries to design interventions that prioritise the reduction of NCDs such as cardiovascular diseases, cancers, respiratory diseases, and diabetes at the policy level and through the implementation of evidence-based research. Researchers further advocate for local problems to be resolved within the local setting (Gyasi, Phillips, and Meeks, 2020) which implies that LMICs should come with solutions for their own health-related challenges. Similarly, the HAKSA report (Draper et al., 2019) suggested that more national studies be undertaken to

assist the HAKSA researchers in monitoring indicators such as time spent on screens, sugar-sweetened beverages and fast food which were not sufficiently explored according to the HAKSA 2018 report. The findings of this study served to confirm whether some of these indicators identified by HAKSA were evident in this study's population or not. Of significance is the fact that the current study goes beyond nutrition alone and includes other aspects of health as recommended by the WHO (1986) in its definition of health, namely, learners' physical activities as well the mental and social health aspect. This approach, therefore, afforded the current research a holistic reflection of low-to-middle learners' health-related lifestyle behaviours.

Lifestyle behaviour in this context is defined as an individual's perceptions of how one conducts their life which is directly associated with one's behavioural actions, attitudes, interests, and patterns of thinking (Vijayan, Panchu & Bahuleyan, 2018). Though the authors believed that an individual has a choice to modify their living style, they also acknowledged that in recent years, people's lifestyles have been destabilised by external factors such as stress and misconceptions regarding body types and lifestyle-related diseases. Weinstein and Rosen (2003), on the other hand, define lifestyle as choices, activities, behaviours, and patterns that are within a person's control. Such choices have consequences for the individual's wellbeing including exposure to NCDs risk factors. Based on the literature reviewed, overweight and obesity among young and adolescent children are caused by energy-related behaviours, such as poor nutrition, sleep patterns, PA, and sedentary behaviour. These behaviours lead to an imbalance of energy between the level of calorie intake and energy spent (World Health Organization, 2017). It is therefore critical for adults in the children's life to provide healthy meals, model healthy living and educate their children about healthy living. This should be done when children are at a ripe age for their attitudes and behaviours to be shaped towards healthy lifestyle behaviours. The study aimed to identify and analyse FP learners' lifestyle behaviours that can be targeted for health-promotion and health-education initiatives to positively influence their health-related lifestyle behaviours.

This study took place in Olievenhoutbosch township schools. Olievenhoutbosch is a township found in the South of Pretoria in the City of Tshwane Municipality in Gauteng, SA. Olievenhoutbosch township was originally an informal settlement and later turned into a formal township. The number of people living in Olievenhoutbosch is estimated

at 70 863 of which 98.03% are black Africans (Statistics South Africa (StatsSA), 2012). There are also coloureds, Indians and white people living in Olievenhoutbosch. The coloured population is estimated at 23.5%, Indians at 11.6% while whites make up 6.7% of the Olievenhoutbosch population (StatsSA, 2012). The majority of families in Olievenhoutbosch, like most blacks in SA, are worst affected by escalating poverty levels. These families comprise almost half of the SA population that according to StatsSA (2012) live below the poverty line. Figure 1.1. is a representation of the Olievenhoutbosch area. The choice of the study area therefore responded to calls by researchers such as Gyasi, Phillips, and Meeks (2020) for LMICs Sub-Saharan countries to resolved own challenges within own settings. Though this study focussed on foundation phase learners, the communities where these learners reside influence how its residents lead their lives. The families where learners from the participating schools are born and raised in Olievenhoutbosch population which as earlier stated, struggles with escalating levels of poverty. The area where this study took place is therefore made of low to middle income families which make up the category of low to middle income communities of South Africa. It is therefore appropriate to refer learners from this study's participating schools as learners from low to middle income families and/or communities.



Figure 1.1: A map showing Olievenhoutbosch township in Centurion, Pretoria

Source : <https://www.google.com/search?q=the+map+of+Olievenhoutbosch&rlz>

### **1.2.1 Rationale for the Study**

The researcher's interest in children's lifestyle behaviours came from observing a rise in children's overweight and obesity levels in the surrounding communities and primary schools. It has also become common for young children to suffer from juvenile diabetes and respiratory diseases. What concerned the researcher the most was some parents' attitudes towards their children's lifestyle specifically when it comes to food consumption and a sedentary lifestyle. These parents seem to allow their children to choose their preferred menus for breakfast, lunch, and dinner and, in most instances, children would choose to eat unhealthy food. This trend also prevails when it comes to children's screen time where children are allowed to spend most of their free time watching TV or in some form of screen activity like online gaming. These trends seem to run through both low-to-middle-income families though the middle-income earning parents seem more accommodating as they can afford the fast food demanded by their children and supply them with electronic gadgets.

One other area of concern for the researcher was the impact of food costs on poorer families particularly for families in townships. Despite their economic status, these families seem to be able to purchase everything they need including vegetables and fruits compared to their counterparts in rural areas. Having grown up in a rural area, the researcher's experience is that some families in rural areas are able to save money through subsistence farming where they grow their own gardens and harvest fruit from their own trees. This practice assists rural communities to spend less money on food. All these factors led to a desire to know more about children's lifestyle behaviours in township schools and read more about existing evidence on whether these lifestyle behaviours can be modified.

At the school level, the findings from this study offer educators an opportunity to adapt current health-related interventions such as physical education (PE) activities. The findings from this study can also be used in designing or enhancing the schools' health-related guidelines and policies such as tuckshop guidelines and sport, art, and recreation policies. At the national level, findings from this study add to the body of knowledge regarding low-to-middle-income learners' lifestyle behaviours.

### **1.3 PRELIMINARY LITERATURE REVIEW**

The preliminary literature review of this study focused on various aspects. Firstly, the focus was on the legal framework in relation to young children's health and recommended interventions. Secondly, the literature review briefly focused on young children's health status and associated health-related lifestyle behaviours. Finally, factors that determine children's health outcomes were also examined. Additional literature was also undertaken to investigate relevant theories for this study as well as the methodology that was adopted for the study.

There are various international instruments supporting health education and promotion in schools. Such instruments include treaties and charters such as the 1986 Ottawa Charter for Health Promotion, the Jakarta Declaration on leading health promotion into the 21st century, the 2000 Dakar World Charter, and the UNESCO International Charter of Physical Education and Sport. A brief overview of some of these charters follows.

#### **1.3.1 The Ottawa Charter**

The 1986 Ottawa Charter for health promotion views health as a process of empowering individuals to take control over their health and work towards improving their health status in order to attain complete physical, mental, and social wellbeing (World Health Organization, 1986). The Ottawa Charter, therefore, encompasses an individual's health in totality. Emanating from the 1986 Ottawa Charter is the Health-Promoting School (HPS) model. The HPS's objectives include, among other things, efforts to provide a healthy environment in school, facilitate health-education programmes, and get school children to participate in school/community ventures and outreaches. Other areas of interest embraced in the HPS model are nutrition and safety as well as PE and programmes for counselling, social support, and mental health promotion (World Health Organization, 2021). The HPS objectives, therefore, strive to implement the Ottawa principles of addressing health issues from the physical, emotional, and mental perspective using the school to reach learners and the school community.

Though the SA Department of Health and the Department of Basic Education jointly launched the HPS in 2011, the adoption and implementation of the HPS model in SA

schools are still on a voluntary basis. The decision not to enforce the HPS model for all SA schools led to only a few schools implementing the HPS model: as such, its effectiveness cannot fully be tested.

### **1.3.2 The Jakarta Declaration**

The Jakarta Declaration on leading health promotion into the 21st century emphasises how health-promotion strategies can change lifestyles and positively impact the social, economic, and environmental conditions that determine health (World Health Organization, 1997). The Jakarta Declaration highlights the influence that health outcomes have on the environment that people live in. Only a few studies (Klingberg, van Sluijs & Draper, 2020) conducted in SA have focused on the impact that environmental factors have on children's lifestyle behaviours in the early childhood phase. As such, it is still not clear if the Jakarta Declaration ideals would have the same effect in SA schools despite harsh realities faced by households where these learners come from.

### **1.3.3 UNESCO International Charter of Physical Education and Sport**

Lastly, the UNESCO International Charter of Physical Education and Sport (UNESCO, 1978) emphasises an individual's right to access PE and sport. According to the Charter, PE and sport are vital for an individual's personal development. Despite the good intentions spelled out in the Charter, the primary concern becomes whether utterances like these on PE and sport can be applied in schools found in previously disadvantaged communities like Olievenhoutbosch where the study took place.

### **1.3.4 South African Policies**

At the national level, the SA government took a stand to prioritise children as the future of the nation. The SA government demonstrated its commitment by becoming a signatory to the UN Convention on the Rights of the Child. Article 24 of the convention states that children have "the right to the best health care possible, safe water to drink, nutritious food, a clean environment so that they will stay healthy" (UNICEF, 2020). In response, the SA government included these rights in Section 28 of the Constitution of South Africa, 1996 which states that children have a right to family or parental care, basic nutrition, shelter, health care, and the right to basic education (The Constitution of South Africa, 1996). Health education and promotion, therefore, uphold the provision

of Section 28 of the SA Constitution as it contributes to the quest for children to reach their full potential. At the same time, in early childhood, parents, caregivers, teachers and the community at large are expected to take the responsibility of ensuring that children enjoy the ideals of government as contained in the SA Constitution.

The SA government further sets school policies that support the teaching of health education in schools. Such policies include the Integrated School Health Policy (ISHP) that guides the implementation of health-education programmes in schools. The ISHP identifies the school years of a child as an ideal opportunity to introduce health-education programmes that are aimed at addressing various health and socioeconomic factors affecting children in SA Department of Health (DoH) and Department of Basic Education (DBE), 2012). When these children become enlightened in health matters, they will be able to take health literacy beyond formal institutions to the society at large. The reality is that these policies cannot operate in isolation of the challenges faced by previously disadvantaged communities. To this end, SA has established policies aimed at addressing gaps created during the past regime.

One such policy is the Norms and Standards for Funding whose aim is to address funding of public schools in terms of the SA Schools Act of 1996 (South Africa, 2009). A no-fee policy has been established wherein schools are ranked based on poverty levels in the surrounding communities. For funding purposes, SA schools are classified under five categories namely, Quintile 1 to 5 schools. Quintiles 1, 2 and 3 schools are poorer schools and learners attending these schools do not pay schools fees as the government allocates a higher subsidy amount per learner. On the other hand, Quintile 4 and 5 schools are found in communities that are high-income earners and such schools receive the least subsidy amount per learner from the government (Mestry & Ndhlovu, 2014). Despite financial support from the government, all schools must fund and manage their sports and cultural activities. One of the aims of this study was to shed light on the impact of such government policies on Quintile 1 to 3 schools where the schools are obliged to fund and manage their sports and cultural activities.

There is also a need to pay attention to the kind of food that SA low-to-middle-income households are exposed to. It should be noted that there is a rise in the fast-food business in SA townships which lead communities to rely on informal business like

spaza shops. Learners who attend Quintile 1, 2 and 3 schools usually come from households that purchase food items from these spaza shops. These spaza shops are convenient and accessible to township dwellers as these families find themselves in situations where they cannot afford to travel to towns and city malls to purchase goods.

Linked to young and adolescent children's lifestyle behaviours is the desire for SA researchers to report on PA and nutrition for this group. As indicated in the introduction section of this study, such information is collated in the HAKSA report. In their latest report, the authors appealed for more national research on young and adolescent children's nutrition amongst other aspects (Draper et al., 2019). The findings from this study contributed data towards the kind of food preferred and consumed by low-income FP learners both at home and at school. The literature review is provided in Chapter 2 of this study.

#### **1.4 THEORETICAL FRAMEWORK**

An investigation of the lens through which the researcher views this study was influenced by the definition of health as outlined in the 1986 Ottawa Charter cited in the preliminary literature review section of this study. In agreement with the definition of health as contained in the 1986 Ottawa Charter (World Health Organization, 1986), the researcher believes that health education and health-promotion initiatives should focus on the physical, emotional, and social aspects of the learner's development. On the other hand, the physical, emotional, and social wellbeing of an individual is closely linked to the environment in which the individual exists.

Based on the role that the environment plays in the individual's state of health, the researcher explored various theories and models that view a child in totality. To this end, this study adopted Bronfenbrenner's socioecological model as well as Weisner's ecocultural theory. Bronfenbrenner's socioecological model served to comprehend learners' lifestyle behaviours within their environment of development. Guy-Evans (2020) described Bronfenbrenner's socioecological theory as a set of nested structures that are arranged in order of how much each impacts the child. In support, Paquette and Ryan (1992) explained that at the core of Bronfenbrenner's model is the belief that a child's development is influenced by systems of relationships in their environment. The model places the child at the centre of these systems which seem to signify that the child's development is the focal point, and these systems support the child's

journey towards realising their full potential. Initially, there were only four systems associated with Bronfenbrenner's socioecological model: the microsystem, mesosystem, exosystem and macrosystem (Swick and Williams, 2006). In later years, a fifth system was added, namely, the chronosystem (Guy-Evans, 2020). In this study, the researcher used only the first four systems from Bronfenbrenner's model as described by Swick and Williams (2006) as these systems proved to be relevant to the study population.

The fact that Bronfenbrenner placed cultural values at the macro-level raised both concerns and criticism in research. For example, Vélez-Agosto et al. (2017) argued that culture forms an integral part of a child's life. The authors defined culture as universal ideas and observations that are common amongst groups of people which influence how these groups interpret and find meaning amongst themselves and the environment that they live in. The researcher aligned with the views of Vélez-Agosto et al. (2017) on the role that culture plays in one's life and also adopted Thomas Weisner's ecocultural theory to complement Bronfenbrenner's socioecological theory. According to Weisner (2002), the community offer developmental paths within their cultural space. In this study, it was found that the community culture within the learners' environment had an impact on every aspect of their health-related lifestyle behaviour which confirmed the need to consider culture as an integral part of development from micro-level through to macro-level. The ecocultural approach was also useful during one-on-one interviews with parents where the researcher's questions could then be less confrontational. For instance, parents were asked to share family routines rather than being confronted with questions that needed direct answers as to the kind of food the family had or how often their children engaged in physical activities. Such an approach was adopted from Weisner's concept of cultural pathways which are said to consist of family everyday routines such as bedtime, cooking, playing, and watching TV, soccer practice and the like (Weisner, 2002). From the researcher's observation, parents were able to provide answers in a relaxed environment which made it easier to use follow-up probes where necessary. In the end, the researcher was able to get responses that answered the research questions. The said theoretical frameworks are further explained in Chapter 2 of this study.

## 1.5 PROBLEM STATEMENT

It has been indicated in the introduction (Section 1.1) of this chapter that various studies raised concerns on the rising levels of overweight and obesity among young children. However, recent studies have indicated limited evidence of high-quality childhood obesity prevention interventions in African countries (Klingberg et al., 2019).

SA like other developing countries is experiencing a rise in childhood overweight and obesity levels (Otitoola, Oldewage-Theron & Egal, 2021; Symington et al., 2016). South Africa and other LMICs such as Brazil have been reported to face a double burden of under- and over-malnutrition (Modjadji & Madiba, 2019). This implies that there is a need for SA to design customised interventions focused on both under-and over-malnutrition in young children. The current situation seems to suggest that policies on health promotion and other prevention measures are not prioritised. The HAKSA report (Draper et al., 2019) also highlighted the gap that exists between policy and implementation especially with regard to the promotion of healthy nutrition and PA in schools. The researcher's experience from township schools where she used to work seems to align with the HAKSA report. In many instances, authorities such as school management teams and school governing bodies did not manage the kind of food and snacks that young children access in tuckshops and around the school. When it comes to PE activities, educators also seemed to pay less attention to learners' physical activities as part of the Life Skills curriculum. This seems to emanate from educators' attitudes towards sports and the fact that PE activities do not count towards learners' end year achievement records.

Parents or caregivers are critical in managing young children's nutrition, play activities and emotional wellbeing. It seems that most parents in low-income families are either compelled to provide their children with any kind of food due to affordability or for some reason do not consider children's need for nutritious food when preparing food for their families. Other observations include lack of supervision of children's activity levels where children can spend time indoors watching TV and having access to gadgets that keep them inactive for most of the day.

It was, therefore, important to investigate these problems so that parents and educators engage in health-promotion initiatives with the support of school management to modify learners health-related behaviours.

## **1.6 RESEARCH QUESTIONS**

### **1.6.1 Main Research Question**

The main research question was “*What are the lifestyle behaviours and environmental factors associated with low-to- middle income learners in the Foundation Phase?*” The main research question was further broken down into sub-questions that follow:

### **1.6.2 Research Sub-Questions**

- Which health-related lifestyle behaviours are exhibited amongst Foundation Phase learners in low-to-middle-income areas?
- What are the micro-factors that affect and influence these learners’ health-related lifestyle behaviours?
- What is the nature and effect of microsystem and cultural pathways interactions on learners’ health-related lifestyle behaviours?
- To what extent do exosystemic factors and decisions at the macro-level affect the Foundation Phase learner’s health-related lifestyle behaviours?
- What are stakeholders’ views on support needed to positively influence Foundation Phase learners’ health-related lifestyle behaviours?

## **1.7 AIM AND OBJECTIVES**

Given the research question, the aim and objectives of the study are discussed in this section.

### **1.7.1 Research Aim**

The aim of the study was to explore Foundation Phase learners’ lifestyle behaviours and environmental factors influencing such behaviours

### **1.7.2 Objectives**

The objectives of this study were to:

- identify Foundation Phase learners’ health-related lifestyle behaviours
- analyse micro-factors affecting learners’ lifestyle behaviours
- investigate the role and effect of microsystem and cultural pathways interactions on learners’ lifestyle behaviours

- explore the extent to which exosystemic factors and decisions and macro-level affect learners' lifestyle behaviours
- explore the kind of support required by stakeholders to positively influence Foundation Phase learners' lifestyle behaviours.

## **1.8 RESEARCH METHODOLOGY**

This section present a synopsis of research methodology which is detailed in chapter 3.

Cohen, Manion and Morrison (2018) viewed research as an art involving compromises between what the researcher purposes to do and what is possible within the confines of the research. The authors further explained that educational research is multifaceted and needs to be thought through. Added to this, researchers differentiate between methods and methodology. For instance, Hemin (2002) explained that a method is a procedure employed to assemble data while methodology is a process of understanding structures used in the process of research. In addition, Elshafie (2013) defined methodology as an approach that has an influence on the choice of methods. The methodology followed in this study is further explained below.

### **1.8.1 Research Paradigm**

Cohen, Manion and Morrison (2018) described a paradigm as the way in which the researcher understands the world, while Elshafie (2013) explained that research paradigms have ontological and epistemological norms that influence the methods and methodology to be used. Likewise, the ontological assumption in this study is based on the belief that there are multiple realities in one phenomenon while the epistemological assumption is that knowledge can only be obtained from engagement with others. This study adopted an interpretivist paradigm because the researcher desired to understand the phenomenon in discussion with participants. According to Henning, Rensburg and van Smit (2004), an interpretive researcher examines knowledge from various angles so as to have a clear understanding of the phenomenon under study. The FP learners' lifestyle behaviours were viewed from different angles which aligns with the interpretivist paradigm which subsequently led to the choice of the socioecological and ecocultural theoretical framework. The chosen theoretical frameworks served to increase the range of participants that the researcher

could interact with. Therefore, in this study, exploring the beliefs, attitudes and behaviours of learners' parents and teachers, together with the environment in which the learners live, was essential to understanding learners' lifestyle behaviours.

### **1.8.2 Research Approach**

Social scientists employ either quantitative, qualitative, or mixed methods in their inquiries. Maree and Pieterse (2016) defined quantitative research as a process "that is systematic and objective" (Maree & Pieterse 2016, p. 162). The process is said to use numerical statistics from a designated number of people to generalise findings that are believed to apply in the universe. On the other hand, Castleberry and Nolen (2018) described a quantitative study as a process that concerns itself with regularity, intensity, or intervals of a behaviour while qualitative research methods permit the researcher to explore attitudes, values, and intentions behind certain behaviours. The chosen approach in this study was the qualitative method. Jeanfreau and Jack (2010) posited that qualitative methods are relevant for situations where the researcher does not have much knowledge about the subject as they offer an opportunity to explore meanings and concepts in their natural setting. All the cited authors' definitions of qualitative study aligned with the objectives and chosen theoretical frameworks of this study. The main research question in this study could only be answered through a close and intensive interaction with participants in their setting. Similarly, part of the research question namely, factors that influence learners' lifestyle behaviours was best answered within the natural setting where the researcher was able to observe the environment and explore what was observed in greater depth than the quantitative method would permit. The qualitative research approach also allowed an understanding of motives and beliefs that influenced learners' lifestyle behaviours. Linked to the theoretical frameworks chosen, both Bronfenbrenner and Weisner's theories needed engagement with the learners' immediate environment which is made up of human role players. It was through the qualitative method that the researcher was able to answer questions pertaining to learners' various developmental spheres as espoused in Bronfenbrenner's systems and Weisner's developmental pathways.

### 1.8.3 Research Design

Yin (2018) defined a research design as a plan for starting at one place and getting to another. According to Yin, the starting point might be the research question that needs to be answered and the destination could be the conclusion that the researcher arrives at. The qualitative method has a variety of designs among which are action research, autobiography, case study, ethnography, documentary analysis, grounded theory, and ethnomethodology. In this study, a case study design was employed. According to Yin (2018), a case study is an investigative method that explores a phenomenon within its actual context. The author cautioned, however, that in a case study, the boundaries between the chosen phenomenon and the content may not be apparent (Yin, 2018). The question of whether a case study is a research design or not is still a point of debate; for instance, researchers, such as Van Wynsberghe and Khan (2007), challenge the classification of a case study as a research design as they maintained that a research design should stipulate a rigid plan that prescribes how the researcher should collect, analyse and interpret data. Despite the ongoing debates, authors such as Zaidah (2007) and Yin (2018) found a case study to be beneficial in qualitative studies. Because a case study allows the researcher to meticulously examine data within a specific context, it is applicable in situations where behaviours cannot be manipulated, and the methods of data collection are varied (Yin, 2018; Zaidah, 2007). In light of the above, the context in this study is township primary schools in Gauteng Province of SA. The researcher in this study elected to use a variety of data collection methods such as document reviews, observations, individual face-to-face and focus-group semi-structured interviews. This meant that the participants' behaviours were not manipulated.

In using a case study design, one can either employ a single case study or multiple case studies. In differentiating between a single case study and multiple case studies, Baxter and Jack (2008) explained that a single case study focuses on one unique or extreme case while a multiple case study comprises of more than one case. When employing a multiple case study design, the authors asserted that the researcher is enabled to determine similarities and differences. The authors also described a single case with embedded units. In this instance, according to the authors, the researcher may be interested in looking at the same issue through various sub-units (Baxter and Jack, 2008). In this study, the researcher was looking into FP learners' lifestyle

behaviours and environmental factors affecting such behaviours from two schools within one district. The two schools in this study served as two units that responded to the same research questions. The researcher, therefore, aligns with Baxter and Jack's (2008) description of a broader case study with sub-units and consequently classified the research design in this study as a single case study. Baxter and Jack (2008) found the use of sub-units advantageous in that the cross-analysis between the units provides better clarity of the case.

#### **1.8.4 Population and Sampling**

This section deals with the population and selection of participants.

##### **1.8.4.1 Population**

Saumure and Given (2012) explained that a population in research methods includes every individual who fits specific criteria determined by the researcher. In addition, Morgan (2012) further identified two fundamental principles that lead to sampling. Firstly, the researcher has to describe the complete set of possible information sources which would be the population; secondly, the researcher must choose a representative sample from the identified population. In this study, the targeted population comprised teachers, parents, tuckshop owners, senior education specialists and committee members of various committees in Quintile 1 to 3 schools with a Foundation Phase offering. The researcher had to choose from a broad population at more than 100 schools. The researcher's selection criteria were narrowed to functional schools that were easily accessible. Such schools needed to be in the same vicinity for ease of commuting between the two schools.

### 1.8.4.2 Sample

A sample is defined as a subdivision of a population (Daniel, 2014; Mills, Durepos & Wiebe, 2012). It is also stated that sampling in a qualitative study should aim at drawing a sample that is representative of the targeted population (Marshall, 1996). The sample in this study was comprised of a total of 51 participants including those who participated in committees. The participants are described in Table 1.1.

*Table 1.1: Sample selection*

Participant	Sample	Reason for selection
Educators	6	<p>To provide information on:</p> <ul style="list-style-type: none"> <li>• Learners' PA levels including classroom activities, extramural activities, and break-time activities.</li> <li>• Learners' nutrition from home and the school feeding scheme offerings as well as from school tuck-shops and vendors around the school.</li> <li>• Attitudes, beliefs, and opinions on lifestyle behaviours: Because FP educators serve as role models to children in their early years, their attitudes, beliefs, and opinions were important considerations. Teachers' perceptions of parents or caregivers' practices and attitudes towards their children's health were also sought to triangulate data gathered from parents and/or caregivers.</li> <li>• Classroom interventions: Here the aim was to understand the implementation of the Life Skills subject in the Foundation Phase which focused on successes and barriers that the FP educators experienced in implementing the curriculum requirements</li> </ul>
Parents	6	<p>Provide understanding on:</p> <ul style="list-style-type: none"> <li>• Families and parent's way of living, belief systems, culture, and attitudes towards health-related issues</li> <li>• Families' daily routines including children's informal and formal play activities and wellbeing</li> <li>• Community environment and its impact on learners' lifestyle behaviours</li> </ul>
Senior Education Specialist (SES)	1	<p>The role of the SES was to provide information on health-related policies and implementation from the government's point of view. The SES also shed light on the kind of support that the government provided to educators on health-related activities and assisted in</p>

Participant	Sample	Reason for selection
		sharing challenges experienced at the district level. She shared her experiences and understanding of community life in Olievenhoutbosch
Tuckshop owner	1	Provide information on: <ul style="list-style-type: none"> <li>• The kind of food and snacks sold at the school tuckshop</li> <li>• Learners' food preferences based on sales</li> <li>• Owner's attitude and inputs on learners' lifestyle behaviour</li> </ul>
School A Fundraising Committee (FRC)	1	To provide information on the origin, purpose and functioning of the committee, the kind of food and snacks sold at the school tuckshop and learners' food preferences based on sales
School Management Team (SMT)	2	To provide information on school policies and implementation of these policies, school's relationship with parents, support received from the DBE on matters affecting learners' health-related matters
School Based Support Team (SBST)	2	To provide information on the committee's roles and responsibilities and share their experience regarding learners' emotional wellbeing
School Feeding Scheme Committee (FSC)	2	To provide information on: <ul style="list-style-type: none"> <li>• The National School Nutrition Programme (NSNP)</li> <li>• Learners response to the NSNP menu</li> <li>• Link between the committee, tuckshop owners and street vendors</li> <li>• The kind of support received from the government</li> </ul>

#### 1.8.4.3 Sampling criteria

Sampling is defined as a process of choosing authentic data sources from a larger set of possibilities (Saumure & Given, 2012). Case study research frequently uses purposive sampling which leads to the selection of information-rich cases (Etikan, Musa & Alkassim, 2016; Mills et al., 2012). In support, Yin (2018) stated that qualitative researchers are likely to use purposive sampling based on the need to select information-rich participants. In comparison, he regarded convenience sampling as the selection of data units based on availability but concluded that it was not a usually preferred sampling method, because it could lead to bias. Purposive sampling is defined as a deliberate selection of participants who possess specific characteristics or qualities relevant to the study (Saldin, 2010). It is further explained that the researcher's selection can initially focus on participants that fit a general criterion of the study in question but as the study progresses a need might arise for the researcher

to be more specific in the selection criteria (Jeanfreau and Jack, 2010). The researcher in this study purposively selected primary schools that had a Foundation Phase offering in previously disadvantaged settings or within communities comprising of low-to middle-income families. Furthermore, the researcher aimed to use cases from which a lot of information could be learned about the phenomenon being investigated (Mills et al., 2012). On the other hand, convenience sampling is defined as a kind of non-random sampling where participants are selected because they meet a particular practical criterion such as ease of access, geographical vicinity, time convenience or eagerness to participate in the study (Etikan et al., 2016). In the same way, convenience sampling was used in this study because of the researcher's need to seek schools in an area that was geographically accessible as well as an area where the researcher had a contact who could assist the researcher with access to relevant officials. In SA, the DBE assigns an SES to support and guide its schools in implementing the school curriculum. One of the SES's assigned to the Olievenhoutbosch area was contracted as a part-time marker at the institution where the researcher was employed as a lecturer. The SES assisted in two important areas, namely, the identification of functional schools in the targeted area of study and in linking the researcher to both the schools' district management and the SMT for permission to conduct the research.

### **1.8.5 Site Selection**

In their discussion of the characteristics of qualitative research, Savin-Baden and Major (2013) highlighted the location as a critical component of the research. The authors maintained that in understanding participants' settings, one can derive a deeper meaning of the phenomenon being researched based on the time and space in which the participants exist. The researcher in this study selected two Quintile 1 to 3 schools in Olievenhoutbosch as such schools are representative of low-to-middle income earners in SA.

## **1.8.6 Data Collection**

### **1.8.6.1 Document analysis**

Yin (2012) advocated the use of numerous sources of evidence in a case study. Likewise, in this study, various data collection tools enabled the researcher to define, analyse and interpret participants' actions, understanding, challenges and aspirations. First were the document reviews. Nieuwenhuis (2016) explained that when using documents for gathering data, one should focus on all kinds of written documents that may shed light on the phenomenon. In this study, the researcher reviewed documents such as the policy documents, disciplinary record books, NSNP menus and background information on the schools.

### **1.8.6.2 Observations**

Secondly, were the observations of the school environment, teacher interactions with learners and the general running of the schools. Yin (2016) supported observation as a data collection method based on the fact that what is seen and sensed cannot be filtered. Notably, Yin (2016) also stated that observations in a qualitative study do not necessarily need a formal observation tool but form part of the researcher's participant-observer role. In this study, this principle applied only to observations that took place during interviews with participants where the researcher took note of participants' body language, gestures, and feelings. When observing the school environment, the researcher used a self-designed observation tool to gather data on the factors that influence learners' lifestyle behaviours.

### **1.8.6.3 Interviews**

Thirdly, the individual face-to-face interviews with study participants included educators, learners' parents, tuckshop owners. Schensul (2008) declared that one almost always expects qualitative research to use face-to-face communication with study participants. Unlike other forms of data collection tools such as questionnaires and observations, interviews are likely to function as a means to explore participants' inner feelings and attitudes (Dilshad & Latif, 2013). Though feelings and attitudes were explored through individual face-to-face interviews in this study, participants' experience of learners' lifestyle behaviours was also critical. Factors that influence learners' lifestyle behaviours also needed to be addressed through these interviews.

The selection of participants was therefore based on participants' experiences and knowledge of the subjects of interest.

#### **1.8.6.4 Focus-group interviews**

Acocella (2012) described focus-group interviews as a “non-standard technique of information gathering” (p. 1126). The author further outlined that a focus group is characterised as a casual discussion among a group of people managed by a moderator. In this study, focus groups were mainly comprised of members of existing committees particularly those committees that were able to provide in-depth information about learners' lifestyle behaviours in line with their responsibilities. These were the SMT, SBST, FSC and the Fundraising Committee (FRC) in School A. All these committees were comprised of educators except for the fundraising committee where one member was a support staff member. The number of committee members that participated in the various focus groups ranged from two to 12. Committees that had lower representation included School A SBST and the FSC. Representation was low because of reduced school educator capacity caused by the absence of educators classified as high-risk groups during the period of the Covid-19 pandemic.

#### **1.8.7 Data Analysis**

Data analysis in qualitative research is a process where a researcher endeavour to make sense of the participants' definitions of the subjects, categories, and consistencies (Cohen, Manon and Morrison 2018). The authors further advised that there is no absolutely correct way to examine qualitative data, but data analysis is guided by the purpose of the research in question. Yin (2018) also affirmed the view of Cohen et al. (2018) regarding the fact that qualitative research has no set procedure to follow but hastened to say that these observations do not imply that qualitative research is undisciplined. Yin (2018) suggested a five-phased cycle in qualitative data analysis, namely, compiling, disassembling, reassembling, interpreting, and concluding. In this study, these phases were followed through the use of a qualitative data analysis software namely, ATLAS.ti. The researcher's choice of ATLAS.ti was influenced by various reviews of the software which included the fact that the software can be applied with dissimilar theoretical approaches and multiple data analysis processes (Friese, Soratto and Pires, 2018)

The first step in data analysis was to transcribe the recorded information. Transcription was done in a way that participants direct words were used verbatim, meaning that transcripts were not filtered. With the support of the qualitative analysis software, the following steps were undertaken in the overall data analysis process.

1. Launching the project: Here the researcher created a project on the atlas. The project was also accorded a name.
2. Preparation of data: This process involved sorting all data into different categories. All data was converted to PDF format as the only format that the ATLAS.ti can read.
3. Coding: Here the researcher labelled data according to ideas that seemed closely linked.
4. Categorisation of codes. This process of categorisation involved the grouping of codes into patterns.
5. Grouping: The purpose of code groups was to sift or filter codes that were created.
6. Thematising: The qualitative data analysis software used in the analysis of data for this study did not have the capability to thematise the data collected. It was therefore the responsibility of the researcher to create themes for the study manually.

In conclusion, the use of the ATLAS.ti enabled amongst others, varied forms of data presentation such as words clouds, tables and graphs that could easily be extracted from the system, ease of reference as well and provision of a reliable source of information storage was an added advantage.

### **Data triangulation**

According to Hussen (2009) data triangulation refers to the use of several data sources in the same study for authentication purposes. As indicated in section 1.8.6.1 of this chapter, the researcher employed a variety of tools to gather data. The sources of data included document reviews, observations, and semi structured interviews. These variety of sources enabled data triangulation during the process of data analysis and interpretation as all content that emerged within each theme was cross reference from different sources used. The researcher ensured that the purpose of each data source is clear at the onset of the study in order to manage the volume of data resulting from each data source. Reports from each data source were manually generated and loaded on the ATLAS.ti during the preparation phase captured in the section above.

The researcher can safely declare that the ATLAS.ti results represent finding from all sources used. This process, therefore, allowed data triangulation which according to Hussen (2009) contributed to the validity of the findings.

## **1.9 TRUSTWORTHINESS**

Shenton (2004) explained trustworthiness as a characteristic of research that presents a true picture of the phenomenon investigated. Lincoln and Guba (1986) identified the criteria for trustworthiness as credibility, transferability, confirmability, and dependability. In this study, the researcher adopted these trustworthiness criteria while employing Amankwaa (2018) and Shenton's (2004) views to explain some of the steps taken to ensure the trustworthiness of the study. The researcher was also intrigued by an element of trust and betrayal from Ramorola's (2010) dissertation and included trust and betrayal as one of the component of trustworthiness

### **1.9.1 Credibility**

According to Nieuwenhuis (2016), the credibility of a study should show congruence between the study and reality. Ways in which credibility can be achieved is through the selection of well-established methods in research design that are relevant to the research question. In this study, the researcher adopted a qualitative case study research design which is supported by literature for its ability to provide in-depth insight into a phenomenon. Bronfenbrenner's and Weisner's theories also enabled the researcher to provide answers to the research questions.

Patton (1999) ascribed credibility to the level of rigour in the data collection and the analysis of data. In this study, the researcher used various data collection methods namely, document reviews, observations, and interviews. These tools enabled the researcher to triangulate the findings during the data interpretation and analysis process. The use of a qualitative Microsoft analysis tool also added to the credibility of data collected as the participants' raw data was loaded onto the system which allowed ease of reference to participants' views. The Microsoft system, therefore, enhanced the reliability of the data used. Member checks were also conducted in order to enhance credibility.

### **1.9.2 Transferability**

According to Amankwaa (2018), transferability refers to the ability to transfer the findings of a study to different situations. Furthermore, Nieuwenhuis (2016) highlighted two areas of focus in order to enhance the transferability of a study:

- (i) the level at which the participants are distinctive to the study and
- (ii) the setting to which the findings apply.

In this study, the participants, and the context where the study took place were carefully matched to the phenomenon being studied. The findings are outlined in detail making it possible for the study to be repeated in similar settings. All records were kept electronically, and hard copies were filed and stored in a safe place so that they can be accessed on request when the need arises to transfer the findings to similar settings.

### **1.9.3 Confirmability**

According to Lincoln and Guba (1985), confirmability relates to the audit trail, triangulation, and flexibility. According to Nieuwenhuis (2016), this can be attained by reducing the researcher's bias. One way of reducing bias is through the creation of an audit trail. An audit trail is maintained by keeping all documents pertaining to every aspect of the research process (Given, 2012). In this study, records for every step of the study were safely stored. These records are in the form of written notes, recordings, and raw data. The raw data was also saved in the Microsoft data analysis programme. The use of various data collection tools allowed for triangulation of responses during the data analysis process. Based on the use of semi-structured interviews, the researcher designed open-ended questions which served as a guide during interviews. This approach allowed the researcher to ask follow-up questions and adapt the questioning to the level of the participants. As an example, most parents interviewed used African languages. Though the researcher expected Sepedi and Setswana speakers, one participant could only speak isiNdebele. Due to the flexibility of question types, the researcher was able to adapt questions to the language and level of the participant.

#### **1.9.4 Dependability**

According to Nieuwenhuis (2016), the researcher demonstrates dependability through the research design chosen and how it is applied. To this end, the researcher needs to keep a record of any changes to the research design during the data collection phase to allow readers to follow the researcher's reasons for the change (Nieuwenhuis, 2016). In this study, the researcher made every effort to describe each data collection technique in detail at the onset of the research project. The research design was not changed at any point in the research project.

#### **1.9.5 Trust and Betrayal**

According to Ramorola (2010), it is important for a qualitative researcher to develop a relationship of trust with participants to obtain reliable data from the participants. In support, Weber (1986) stated that when the participants agree to be interviewed it means they trust the researcher and have hope that the researcher will be faithful to the participant. Trust in this instance implies that the researcher will not falsify or alter what was shared (Weber, 1986). In this study, the researcher ensured that trust was built with participants through professional conduct from the onset until the completion of the project. The researcher achieved this through timely communication with participants through emails and telephone calls when setting appointments. The researcher also kept participants informed of the study's progress.

Weber (1986) links betrayal to the fact that the interviewer records and transcribes conversations with participants who responded orally in a spontaneous and tentative manner. According to Weber (1986), unlike oral responses, written responses afford the respondent time to reflect on what should be written as such interviewees are somehow betrayed as their oral responses are transcribed and recorded without proper reflection. The author, furthermore, explains that what the participants share is taken verbatim and that might reduce control, clarity, and intensity of meaning from the participants (Weber, 1986). In this study, the researcher minimised betrayal of participants' trust by member checking and seeking clarity where necessary. Participants were also provided with the researcher's details and links to the research report for the participants to verify if the contents and findings accurately reflected what they had shared.

## **1.10 ETHICAL CONSIDERATIONS**

Cohen, Manon, and Morrison explained ethical considerations to mean “that which is good or bad, right and wrong” (p. 111). They qualified their statement by explaining that ethical research is about what the researcher should do or not do. According to Israel (2011), ethical behaviour serves to protect people, communities and environments and contributes to the good of the world in general. They added that paying attention to ethics demonstrates that researchers care about the integrity of the research while building trust in the research initiative, resulting in people being willing to contribute honestly and openly to the research. Darley et al. 2013 added that ethical decisions run through all the research phases beginning with identifying a research topic, selecting methods for the study, and completing all aspects of data collection, data interpretation and data analysis. Cohen, Manon and Morrison (2018) highlighted various fields in qualitative research where ethics should be considered. Amongst the fields mentioned, the following are relevant to this study: informed consent, confidentiality, and anonymity, gaining access and control of data.

As an interactive process, this research involved human participants; as such, precautions were taken to ensure that correct ethical procedures were followed during data collection. Thereafter, the following process was followed in accordance with general protocols outlined in the following sections.

### **1.10.1 Participation Process**

- Voluntary participation – In compliance with the DBE’s requirements, the researcher wrote a letter of participation to participants informing them of the research and requesting their participation (see permission letter Annexure D). The questionnaires were also adapted to the DBE requirements as stipulated in the 2019 GDE Research Request Form (see sample questionnaires in Annexure F to L). The researcher also abided by the DBE requirements as contained in the Consolidated Department of Basic Education research protocol document (DBE, 2017).
- Informed Consent – All participants were provided with consent forms (see Annexure E) which were discussed and signed before any interviews were conducted. Added to this, participants were allowed to withdraw at any stage of the

study and this right was communicated to them before interviews and focus groups began.

- Explicit confidentiality – Names of participants were dealt with confidentially. Codes were used instead of actual names, and all data was safely stored. In addition, no participant was discriminated against in any form. The researcher also provided all participants with detailed information regarding the study. This included the purpose of the study, the duration of the study and what was expected of them.

## **1.10.2 Permissions**

### **1.10.2.1 University of South Africa**

First and foremost, permission was obtained from the Institution's Ethics Committee of the College of Education of Unisa, and an ethical clearance certificate was obtained (Annexure A).

### **1.10.2.2 National DBE**

The researcher ensured that permission was sought in accordance with the Unisa ethical requirements as well as the DBE research protocol. Various steps were taken once permission was obtained in order to guarantee that the participants are protected, treated fairly and respected:

Permission from the DBE commenced with the completion of the DBE research application form which was accompanied by the research proposal. The DBE research protocol dictates that:

- The application be accompanied by the research institution's ethical clearance form, in this case, from Unisa.
- Permission should be sought six (6) weeks before data collection.

### **1.10.2.3 Participating schools**

Written permission was obtained from all participating schools in accordance with the DBE's ethical requirements (Annexure C)

All the participants' consent for participation was also obtained as required by the DBE research protocol document (Annexure E).

Data collection commenced after all protocols were followed and approved in accordance with the DBE's code of ethics.

## **1.11 LIMITATIONS AND DELIMITATIONS**

### **1.11.1 Limitations**

Researchers explain that any study has possible flaws that are typically out of the researcher's control. Limitations are therefore imposed constraints that are out of the researcher's control (Simon, 2011; Theofanidis & Fountouki, 2018). Such weaknesses might be linked to such things as funding or any factor out of the researcher's control.

This study was conducted when SA was on adjusted alert Level 3 and 4 of the Covid-19 lockdown regulations. During this period, schools and other crowded spaces had to limit the number of people in an enclosed space while observing social distancing. In addition, schools were attended on a rotational basis due to large numbers of students per class while some educators with comorbidities were excused from work. The Covid-19 regulations became a limitation in this study on the following areas:

- Some committees were represented by a few members. This occurred, particularly in School A. The limited number of committee members reduced the strength of group dynamics with possible debates, clashes, and different perspectives (Morgan & Hoffman, 2018; Nieuwenhuis, 2016).
- According to Acocella (2012), the researcher is expected to include an observer whose responsibility would be to observe non-verbal behaviours and gather non-verbal messages. This expectation was not met in this study as both the researcher and the participants had to wear masks to avoid spreading or contracting the Covid-19 virus. Consequently, only part of the participants' faces was exposed which limited the extent to which one could observe facial expressions.

One other limitation arose from the fact that only two schools were selected to participate in the study. The results of the case study would have carried more weight had more schools and an increased number of people participated in the study. This was addressed by obtaining a deeper and thicker view of the answers to the five main questions of the study. This countered the limitation of the number of participants.

### **1.11.2 Delimitations**

Delimitations are explained as characteristics that restrict the scope and define the boundaries of the study (Simon, 2011). As opposed to the limitations explained in the above section, delimitations are within the control of the researcher. Delimitation occurs when the researcher adopts, for example, research questions, the theoretical framework, population, and devises the interview questions (Simon, 2011). In this study, the researcher delineated the population, sites and age groups required for the study which were aligned to the main research question to be answered. The theoretical framework and methodology were clarified before data collection began and that set the boundaries for the study.

### **1.12 CLARIFICATION OF TERMS**

- **Atchar:** Spelling variations include “atchar” “achar” and “achaar”. Atchar is a spicy relish made of vegetables or fruit and curry spices and is regarded as an Indian dish in SA. South Africans make atchar with unripe mangoes and chillies (Google’s English Dictionary, 2021).
- **Chips:** In the SA language “chips” refer to what is commonly known as French fries (Food Like Mama, 2020). In this study the word “chips” refers to French fries and Simba or “mazimba” refers to potato crisps. Simba is a known brand in SA and consumers tend to refer to all kinds of potato crisps as Simba chips (Wikipedia.org, 2021a).
- **Foundation Phase:** This is the first phase in the General Education and Training Band made up of Grades R, 1, 2 and 3 learners. It emphasises the development of primary skills, knowledge, and values as a foundation for further learning (Department of Education, 2003).
- **Lifestyle:** characteristics of people in a particular place at a particular time including daily tasks and behaviours such as occupations, activities, pleasure and eating habits. Lifestyle significantly impacts the physical and mental health of an individual (Farhud, 2015).
- **Low- to middle-income communities/families:** According to the Bureau of Market Research (BMR), South Africans earning below R31 500 per month can be classified between low-income and lower-middle class. Based on this classification, 53% of South African fall into these categories (BMR, 2016). The low-to-middle-

income communities and families make low-to-middle-income countries abbreviated as LMICs.

- Mealiepap referred to as “pap”: is a type of porridge made from maize meal. Mealiepap can be prepared in different forms depending on the ethnic group. The difference is in texture range from being made runny, soft, or stiff. The different ethnic groups that enjoy mealiepap as a staple food are Xhosas, Vendas, Zulus, or Sepedis. Pap is affordable and one can have it with sugar and milk for breakfast or meat and vegetables for lunch and supper (Seshoene, 2014).
- Non-communicable diseases (NCDs): These are chronic medical illnesses or diseases which are non-infectious. Examples of NCDs are stroke, heart attacks, diabetes, cancer, asthma, and depression (Bradshaw et al., 2011).
- Quintile 1 to 3 schools: South Africa’s schools are split into five categories called quintiles. These schools are ranked according to their poverty levels; for instance, the poorest schools fall under Category 1 while the least poor schools are categorised under Quintile 5. The SA government funds these schools in accordance with their ranking wherein the poorest schools receive the highest allocation of money per learner (Hall and Giese, 2009).
- Spaza shop: SA spaza shops are informal convenience businesses usually operating from home. These spaza shops not only provide everyday small household needs including food items to surrounding communities but also serve as a source of income for the owners (wikipedia.org, 2020).
- Sphatlo: It is a South African sandwich consisting of a quarter of a loaf of bread which is hollowed out and filled with a variety of ingredients such as chips, cheese, polony and atchar. The sandwich is also known as a kota (Huyghe, 2013).
- Township: townships or locations in SA terms are underdeveloped, racially segregated urban areas that were reserved for non-whites from the 19th century until after the apartheid era. These townships were built on the edge of towns and cities and were neglected as far as infrastructure and basic services were concerned (Wikipedia.org, 2021b).

## 1.13 CHAPTER DIVISION

The study comprises of five chapters. The chapters are demarcated as follows:

Chapters	Description
<b>Chapter 1</b>	This chapter introduced the study and gave a broad overview of learners' health-related lifestyle behaviours. The chapter also delineated the problem statement, the theoretical framework, research questions, the objectives of the study and how the study was designed and approached.
<b>Chapter 2</b>	<p>This chapter focuses on theories and models. The theories and models chapter are divided into two sections. These are explained:</p> <p><b>First Section. Literature review</b></p> <p>The literature review in this area provides an overview of health followed by the conceptualisation of lifestyle behaviours. Results from existing literature on lifestyle behaviour are reviewed from both international, regional, and national levels. The literature review chapter also includes previous findings on similar studies and also identifies gaps that need to be filled.</p> <p><b>Second Section. Theoretical framework</b> In this section, the researcher presents an overview and analysis of the chosen theoretical frameworks. The section also includes an explanation of the rationale behind using two frameworks namely, Bronfenbrenner's socioecological and Weisner's ecocultural theory.</p>
<b>Chapter 3</b>	The chapter provides a summary of the research methodology which is detailed under research design, sampling method and sampling of participants, instrumentation, and as well as data analysis technique and process. An account of the case study participants is included in the chapter focusing on each participating school's participants, their background, and their roles in the school community and their importance in the study. Trustworthiness of the research and ethical issues are also addressed in this chapter.
<b>Chapter 4</b>	This chapter presents and analyses the data gathered on site through document reviews, observations, and interviews.
<b>Chapter 5</b>	This chapter delivers key findings and evaluates the extent to which the objectives of the research have been met. Recommendations and conclusions are also incorporated in the chapter.

## **1.14 CHAPTER SUMMARY**

This chapter outlined the details of the study which include the background, the problem statement, and the theoretical frameworks on which the study is anchored. An overview of the methodology and data collection techniques was briefly elucidated. It was explained that each section of the methodology will be addressed in detail within the chapters indicated in chapter divisions.

Chapter 2 that follows is divided into two sections. The first section outlines findings from the literature reviewed on young children's lifestyle behaviours. The second section presents the theoretical frameworks adopted for this study and the rationale for choosing them.

## **CHAPTER 2: THEORIES AND MODELS OF HEALTH-RELATED LIFESTYLE BEHAVIOURS**

### **2.1 INTRODUCTION**

According to DeBarr (2004), theories are an integral part of health education. He interprets a theory to be structured around ideas, beliefs, and constructs while models are viewed as vehicles through which theories are implemented. This implies that theories are usually broad and not easy to apply in practice. One therefore needs the development of a model that can be used to apply such theories. Glanz and Bishop (2010) were in favour of adopting specific theories in health. They claimed that there is growing evidence in research that acknowledges that public health and health promotion initiatives that are based on social and behavioural theories are more effective than initiatives that do not have a theory base. This chapter presents theories and models in line with health-related lifestyle behaviours. The chapter is divided into two sections: the first section is focused on literature review and analysis while the next section discusses the adopted theoretical framework underpinning the study.

### **2.2 LITERATURE REVIEW**

The 1986 Ottawa Charter views health as a means for everyday living rather than a purpose of living (WHO, 1986). According to the Charter, the definition of health emphasises social wellbeing, personal assets and physical abilities. The implications are that health promotion should go beyond healthy lifestyles to complete wellbeing of an individual. In addition, Larson (1996) interpreted the WHO definition of health to include the mental wellbeing of a person. On the basis of these definitions and the apparent link between lifestyle and health, this study focused on literature from the physical, mental, and social wellbeing perspective. The main aim of this study was to identify low- to- middle-income learners' lifestyle behaviours so as to contribute towards customised approaches to health-related interventions. Researchers such as Salwa et al. (2019) maintained that knowledge of behavioural risk and defensive causes can positively impact the advancement of health-related intervention programmes while reducing future financial burdens on the public health. In contrast, some researchers believe that there are people that are more prone to weight gain that leads to obesity than others, regardless of efforts made (Albuquerque et al., 2017). Their argument is based on people who react differently while exposed to the same

environment with factors identified as contributors to weight gain. In this instance, some people tend to be obese while others remain at normal weight. They, therefore, concluded that there are people who are prone to obesity while others are not (Albuquerque et al., 2017). Interestingly, these authors acknowledge the role that lifestyle and genetics play in fuelling obesity without pointing out which of the two factors play a dominant role in weight gain (Albuquerque et al., 2017). This might mean that one would have to consider the role that each factor plays when analysing causes of obesity and other health-related challenges.

Researchers worldwide seem to acknowledge the importance of lifestyle towards healthy living. For instance, Farhud (2015) asserted that the WHO apportions 60% of individual health and quality of life to lifestyle and that, based on the lifestyles that people lead, masses of people worldwide are unhealthy. In support of this view are Kvintová et al. (2016) who identified determinants of health as both internal and external. According to the authors, internal determinants of health are hereditary while external determinants include lifestyle, quality of life and medical services. Kvintová et al. (2016) further explained that lifestyle behaviours contribute 50–60% towards a person's health while genetics contribute only 10 - 50%. Socio - economic environment on the other hand, is reported to account for 20–25% of an individual's health. The implication of these findings is that lifestyle behaviours play a major role in one's health outcomes. Lifestyle behaviours that seem to be of concern include, diet and Body Mass Index (BMI) which is linked to overweight and obesity, exercise, sleep, sexual behaviour, substance abuse, medication use, application of modern technologies, and recreation (Farhud, 2015). Since this study is focused on young children, the researcher limited the study to nutrition, PA levels as well as the mental and social wellbeing of the targeted population.

### **2.2.1 Lifestyle Behaviours**

In this discussion, literature on lifestyle behaviours was examined from a global, regional, and national perspective. For the purposes of this study, first world countries are referred to as developed countries while LMICs including SA are referred to as developing countries. The literature search on lifestyle behaviours focused on the physical aspect of health, namely, nutrition and PA, and the mental and social wellbeing of an individual.

In conceptualising lifestyle behaviours, Farhud (2015) wrote: “Lifestyle is referred to the characteristics of inhabitants of a region in special time and place. It includes day to day behaviours and functions of individuals in job, activities, fun and diet” (p. 1442). To Farhud (2015), lifestyle behaviours range from how people spend their time to the food they eat and how they relate to others. Similarly, Jones et al. (2017) defined lifestyle behaviours as activities that make up one’s daily life which include, but are not limited to, the work that one does, how one spends their leisure time, what one eats as well as the kind of connections one has with family, friends, neighbours, and strangers. Remarkably, the author included people’s beliefs, attitudes, and values as important in influencing people’s choices (Jones et al., 2017). It is important to also note that both Farhud’s (2015) and Jones et al.’s (2017) definitions include environmental factors such as relationships, the work that one does as well as aspects that might be linked to social beliefs. Defining lifestyle in this context aligns with theories and studies that advocate for health interventions that include environmental factors in their approaches. On the other hand, such definitions acknowledge the social and emotional aspect of health in line with WHO’s definition of healthy living quoted in the introductory section of this chapter.

### **2.2.2 Young Children’s Lifestyle Behaviours**

Research at international level seems to single out overweight and obesity as the most prevalent health-risk factor among children and adolescents. For example, Dumuid et al. (2018) identified obesity as one of the most predominant health risks among children. The researchers undertook an international cross-sectional study where they compared 9–11-year olds’ adiposity level in 12 countries. Among the 12 countries included were SA and Kenya. The area of focus was daily activities which were measured on a scale of light to moderate and vigorous PA, sedentary behaviour, and sleep using a 24-hour, 7-day accelerometry. The findings of the study were that overweight and mobility, referred to as adiposity in the study, differed across clusters, being highest among “sitters” that is, children who spent more time on the screen and less on PA, and lowest in “actives” classified as children who engaged in high PA levels, but had relatively low screentime. Most importantly, it was found that children from high-income countries reported high health-related quality of life (HRQoL). Notably, Kenya, SA and Brazil indicated a gap of knowledge on all-rounders who are classified as low-screen, healthy-eating and moderate PA children. It was therefore

suggested that this lifestyle behaviour is high in high-income countries (Dumuid et al., 2018). This statement implies that children from high-income countries experience high HRQoL compared to children from low-income countries such as Kenya and South Africa. The authors recommended that participating countries execute interventions that focus on both PA and inactive time.

Regarding factors leading to overweight and obesity, Burton et al. (2018) identified causes of obesity as behavioural, genetic, and environmental, including the complexity that results from the interaction of the identified factors. The authors' views on determinants of obesity compel researchers to view obesity and weight challenges among children beyond individual lifestyle behaviours. Viewing overweight and obesity challenges beyond individual lifestyle behaviour further encourages the development of interventions that consider specific environmental determinants that contribute towards children's lifestyle behaviours. One may wonder how obesity relates to lifestyle behaviours on a practical level. Katzmarzyk et al. (2015) conducted an interesting multinational study that focused on assessing the association between obesity and lifestyle behaviours. In this study, risk factors associated with obesity included sleep duration, PA, and television time along with healthy and unhealthy diet patterns. It is important to note that, according to the authors, healthy lifestyle behaviours are key in reducing obesity levels among children (Katzmarzyk et al., 2015). The authors added that childhood obesity can be reduced through prevention efforts that target the reduction of high energy food intake and increased PA. The findings of the study were that there was a correlation between lifestyle behaviours and obesity. It was also found that time spent on TV, sleeping and PA were the most important behavioural risks linked to obesity. It is, however, important to note that among the 12 countries that participated in the study, two were African countries, namely, Kenya and SA. Based on the fact that the study participants were predominantly from developed countries, the results still fairly represent the majority of developed countries.

Another interesting study that focused on how family relations impacted adolescents' health attitudes and weight was conducted in America. Though the current study focused on young children, Senguttuvan, Whiteman and Jensen's (2014) study seem relevant as it focused on the social aspect of health behaviours. Firstly, in their study Senguttuvan et al. (2014) asserted that adolescents aged between 16-19 years were the most sedentary among the US population. Secondly, the authors were of the view

that family relations had a role to play in adolescents' health behaviours. Such health behaviours included diet and exercise (Senguttuvan et al., 2014). They hastened, however, to point out that there were conflicting findings in a number of studies on the role that family relations play in lifestyle behaviours and attitudes. The fact that the study considered the family as a social setting that has an influence on lifestyle behaviour seems progressive. The emphasis on the social aspect of health and the concerns over adolescent children's sedentary lifestyle by Senguttuvan et al. (2014) points to a need for programme designers and caregivers to inculcate an active lifestyle during early childhood stages and to adopt a holistic approach to health.

Some researchers link adulthood diseases to diseases back to unhealthy lifestyle behaviours during childhood stages. For instance, Christiansen et al. (2013) reported that childhood obesity has been proven to persist up to adulthood stages leading to diseases such as hypertension, Type 2 diabetes, respiratory disease, sleep disorders and low self-esteem. Similarly, the WHO (2018) warned of childhood obesity that has negative repercussions during adulthood which include early death and disability caused by coronary heart disease, hypertension, diabetes, asthma, sleep disorders, liver disease and psychological problems such as low self-esteem. All these cited conditions are classified under NCDs. Africa, like other global regions, has raised concerns on the rising children's NCD-related health risks factors which are often coupled with rising mortality rates in developing countries. For instance, in Kenya, Wandia, Etyang, and Mbagaya (2014) identified childhood overweight and obesity as a public health challenge that has dire consequences for children's physical and psychological health. They conducted a study purposed to determine the occurrence of obesity among nursery school children in Eldoret Municipality, Kenya. The findings of the study were that the occurrence of obesity in developing countries was on the increase though, unlike in developed countries, developing countries often have an additional element of under-nutrition which is said to be continuous (Wandia et al., 2014). In addition, unlike other international findings that suggested that children from lower income families are more vulnerable to obesity, Studies in Africa, have differing views on whether obesity affects high-income families or poor income families. For instance, Wandia et al. (2014) felt that in comparison to developed countries, children coming from affluent families were more prone to overweight and obesity than their counterparts. The authors' stance is possibly inspired by their findings. In their study,

the authors found that factors that were associated with overweight and obesity were the kind of schools the children attended, whether a family owned a television set and/or computer and whether the child carried a packed lunch to school. They therefore concluded that high rates of obesity are linked to whether an individual is able to access and afford entertainment gadgets or not. The authors recommended an increase in PA and a reduction in television viewing as a solution in managing overweight and obesity among children. They also highlighted a need to increase the space and resources necessary for physical activities in schools in order to encourage a high level of play among school children. The study did not, however, address the kind of lifestyle behaviours that can be modified in public schools which might differ from private schools.

In South Africa, questions regarding which of the two groups between high-income families and low-income families is more vulnerable to obesity is also a bone of contention. For instance, Otang-Mbeng, Otunola and Afolayan (2017) not only reported on the prevalence of obesity ranging between 1% in Ethiopia to 27% in SA but also that the rising levels of obesity not only affected affluent families but also impacted rural people. They undertook a cross-sectional population-based survey in four rural areas wherein several lifestyle behaviours were included. The study was conducted in Nkonkobe Municipality of the Eastern Cape in SA. The findings of the study were that obesity was more prevalent among individuals who were inactive. They reported that 70% of participants were found to be inactive while 48.48% were overweight individuals who often ate fast food. The authors' assertion of the prevalence of overweight and obesity in rural areas might be influenced by the fact that the study was conducted in the Eastern Cape. According to Statistics SA (2018), the Eastern Cape together with Limpopo had the highest incidence of poverty with Eastern Cape standing at 54.2%. StatsSA (2017) reported that amongst all NCDs, arthritis tended to be the most prominent NCD that afflicted obese individuals in the study population. The HAKSA report (Draper et al., 2019) appears to support Otang-Mbeng et al.'s (2017) findings on consumption of unhealthy food as it graded SA children and youth low with regard to improvement on snacking and sugar-sweetened beverages, salt, and fast food. The report further concluded that, despite the poor economic situation in SA, the intake of fast food was on the rise. This seems to imply that children from low-income families are likely to have poorer dietary habits than high-income groups.

In agreement with international studies cited in this study, Pienaar (2015) also raised concerns on the rising levels of obesity among SA children. Pienaar (2015) found that obesity levels among SA 6-9-year-old children rose by 4% from 12.5% to 16.7% in three years. Interestingly, based on these findings, obesity levels seem higher among learners from higher socioeconomic families. The study also revealed that black learners from families where the socioeconomic situation was improving, became vulnerable to overweight and obesity (Pienaar & Kruger, 2014; Pienaar, 2015). Contrary to Otang-Mbeng, Otunola and Afolayan (2017) and Draper et al.'s (2019) findings, Pienaar's (2015) study seems to suggest that obesity is more of a problem in affluent families than poorer families. The same sentiment was shared by Wenhold, MacIntyre and Rheeder (2014) who raised concerns regarding rising levels of overweight and obesity among SA children. The authors singled out white children as a group that was most plagued by health-risk factors in SA. Notably, Wenhold et al. (2014) included nutrition as an area where obesity challenges could be addressed and further drew attention to the fact that the current SA NSNP focuses more on food insecurity for disadvantaged schools. Considering the historical disparities that exist among different race groups in SA, alluding to children from the white population as most plagued by obesity seems to suggest that it is affluent families who are more vulnerable to high levels of overweight and obesity levels than their counterparts. This, therefore, means that Pienaar and Kruger (2014), Pienaar (2015) and Wenhold et al. (2014) viewed overweight and obesity challenges to be more prominent in SA's high-income families. The debates on which socioeconomic group is more vulnerable to obesity suggests that more research on the relationship between young children lifestyle behaviours and socioeconomic status is required.

Based on these findings and differing stances on dietary habits of various groups in the SA economy, this study aimed to explore FP learners' lifestyle behaviours in low-to-middle income families in order to add a voice to SA health-related research. It should also be noted that most African researchers, like their international counterparts, place more emphasis on nutrition and physical aspects of health at the expense of other aspects such as the mental and social wellbeing of the child. Ghana seems to be an exceptional case as it includes the emotional, religious, and traditional aspect of health and lifestyle behaviours in some of its health studies. As an example, Badasu et al. (2018) published a research paper that solely focused on educational

status and beliefs regarding NCDs in Ghana. It is also important to note that some researchers in Africa seem to agree with international studies in linking childhood behaviours to health outcomes during adulthood. For instance, Hill et al. (2015) claimed that there were indications that behaviours, attitudes, and beliefs learned during childhood can be tracked in people's adult life. Such behaviours are said to often relate to dietary choices, smoking and PA activities. The discussion that follows focused on existing literature regarding young children's lifestyles from the physical, social, and emotional wellbeing perspective.

#### 2.2.2.1 The physical aspect

For the purpose of this discussion, the physical aspect of a human being refers to the lifestyle behaviours that affect the physique of a person. Overweight and obesity is a condition that has been discussed in this thesis where researchers at both global and national level have raised concerns over the rising levels of these conditions. To this end, the impact of healthy and unhealthy diet, PA versus sedentary lifestyle as factors leading to obesity are examined.

- Nutrition

The WHO (2019) states, "Consuming a healthy diet throughout a person's life helps prevent malnutrition in all its forms as well as a range of diet-related non-communicable diseases and conditions" (p. 7). The question then becomes 'what is a healthy diet?' The WHO (2019) lists fruits, vegetables, legumes, nuts, and whole grains as being part of a healthy diet for adults. The organisation views the same recommended food groups as equally needed by infants and young children but points to exceptional dietary aspects that need to be adhered to at infancy and childhood stages. These include breast-feeding, complementing breast milk with a variety of nutritious foods, and avoiding salts and sugars in children's food (WHO, 2019). The WHO (2019) further recognises unhealthy diet and physical inactivity as a prominent health risk globally. In addition, the organisation acknowledges environmental factors that impact an individual's food choices. These factors include socioeconomic factors, beliefs, cultural traditions and how these environmental factors interact with each other which is often recognised as complex (WHO, 2019). Notably, milk and milk products seem to be critical for young children's development. Duan et al.'s (2020) correlation study on the intake of dairy products and linear growth revealed a low consumption of dairy products

(39.2%) per day by children between the ages of four to six years of age. The study further reported less chance of stunting (at 28%) among children who took dairy products at least once per week.

Researchers noted with concern the rising level of non-nutritious food that are readily available around consumers living areas. This is reported to be a worldwide practice particularly in LMICs where snacks and food that have little to no nutrients are consumed at a higher rate (Pries et al., 2019). In South Africa, Magadze et al. (2017) undertook a study to assess types of food consumed by individuals in two selected rural communities in Limpopo Province in SA. The study employed a 24-hour food recall of households in the chosen study area and tracked the families' food consumption. The findings of the study were that respondents consumed food from the carbohydrate group the most followed by the consumption of beverages and sugary drinks. The study also revealed that there was a very low consumption of fruits, vegetables, and dairy food groups with protein consumption reported to be the lowest at 1.7 times in a 24-hour period. Though the findings were from rural communities as opposed to a semi-urban area where this study is focused, the findings are still significant as both the rural communities and the semi-urban community are classified as low- to middle-income earners. One other study that confirms SA dietary habits was conducted by Chakona and Shackleton (2018) where 554 women aged between 15 to 49 years were sampled and required to recall what their families had consumed in the previous 48 hours. The participants were sourced from three medium-sized towns located along an agro-ecological area. The findings of the study were that dietary patterns were similar across the three sites and the common food groups consumed by >50% of households were cereals, vegetables, mainly cabbage and onion. The authors also reported a high consumption of spices, beverages, condiments, oils and fats, sweets, meat, and to a lesser extent milk and milk products. Notably, though the areas where the two studies by Magadze et al. (2017) and Chakona and Shackleton (2018) differed, they both revealed that families consumed less dairy food groups which aligns with Duan et al.'s (2020) findings on children's dairy consumption. The implication of Magadze et al. (2017) and Chakona and Shackleton (2018) findings to the current study is a need for the researcher to explore what learners consume both at home and through the school feeding scheme.

The issue of food insecurity seem to be a global challenge. As an example, Zhou et al. (2019) postulated that food insecurity is a worldwide threat to humanity based on the number of people that are undernourished. They further highlighted that of the 842 million undernourished people in the world, 92% are found in Asia and Africa. This report supported Wandia et al.'s (2014) findings on Kenya's challenge towards managing overweight, obesity and malnutrition. This implies that developing countries have an added burden of malnutrition compared with developed countries where the focus is mostly on overweight and obesity as health-risk factors. Notably, Ke and Ford-Jones (2015) viewed food insecurity among children not to necessarily mean that children go hungry but that there are days that children go to bed hungry. The authors further associated food insecurity with iron deficiency. According to the authors, iron deficiency has negative consequences for child development which include poor performance in language, and delayed socioemotional, cognitive, motor, and neurophysiological development. In addition, hunger is associated with the development of chronic diseases and mental issues where children tend to develop weak bonds with parents (Ke and Ford-Jones, 2015). The authors also highlighted the fact that iron deficiency is not only a poor man's problem, but even high-income countries are concerned with iron deficiency traced in mothers during pregnancy and among their infant children.

Food insecurity is a growing concern in Sub-Saharan Africa. According to Drammeh, Hamid and Rohana (2019), "household food insecurity is the leading risk factor of malnutrition, claiming approximately 300,000 deaths each year" (p. 610). The authors undertook an assessment of research findings on the prevalence of household food insecurity and its determinants while exploring the connection between food insecurity and malnutrition among children under five years of age in Sub-Saharan Africa. The study revealed that there were various determinants of food insecurity in Sub-Saharan Africa ranging from education and household revenue (Ghana), income and the age of the family (Nigeria), ailments and where one resides (Ethiopia) as examples of critical factors in gauging access to food at national, household as well as on individual level (Drammeh et al., 2019). Though Drammeh et al.'s (2019) study focused on rural communities, some of the identified food insecurity determinants seem all encompassing for all low-income household. Interestingly, Nigeria and South Africa were cited as areas where it was found that female-led households were more affected

by food insecurity than male-headed families (Drammeh et al., 2019). Overall, the authors identified two main barriers to overcoming food insecurity, namely, the inability for households to prioritise nutritious food over other goods and services and that food relief strategies might not meet the needs of each household member. The authors further confirmed that insufficient consumption of nutritious food led to poor health. Since SA is part of Sub-Saharan Africa, it became important to review literature on SA's food insecurity status and factors that influence nutritional choices in households.

Unlike in Ke and Ford-Jones' (2015) study that pointed to food insecurity challenges in Canada, which is a developed country, many households in SA experience food insecurity, which poses a threat to child development. Based on the HAKSA 2018 report (Draper et al., 2019) whose information was compiled from latest and best available evidence gathered from SA research on children aged between 5 and 18, food insecurity is a serious threat in SA. The authors gathered evidence through a systemic review of research published in various journals. The HAKSA report downgraded food security to D- based on the impact of poverty on child nutrition. According to the report, poor child nutrition was a result of SA's economic situation, namely, high unemployment, high food inflation rate as well as extreme drought which the country experienced between 2015 and 2016. These circumstances led to most SA families to survive on ZAR30 or less per day.

In this research it was important to also review literature on the deterrents to healthy nutrition. In one international study, Ares et al. (2017) undertook research to identify reasons behind food choices and barriers to healthy eating among low- and middle-income groups in Uruguay. The study used 11 focus groups comprising of 76 participants. Six out of the eleven focus groups comprised of low-income participants while the remaining five consisted of middle-income participants. The discussions centred around regularly consumed products, factors influencing such food choices and barriers to healthy eating. The study findings were that socioeconomic status has an influence on food choices. In addition, low-income participants linked healthy food to the capacity and the level at which the food was enjoyed and its capacity to fill their hunger as important. Vegetables were therefore regarded as bad choices because they were not filling (Ares et al., 2017). On the other hand, middle-income food choices were found to be driven by availability of time to prepare food so, this group prioritised convenience over the nutritional status of food. The fact that low-income groups prefer

filling food implies that some type of vegetables like potatoes might be added to their food choices while others might not. Drewnowski et al.(2020) also linked consumption of healthy food to affordability. According to the authors, food prices often affected LMICs regardless of whether these families resided in rural or urban areas. Examples given included Bangladesh where it was reported that low-cost rice purchases led to incidence of malnourishment. Indonesia, on the other hand, was said to have been affected by a combination of high food prices and reduced income to a level that its children suffered from anaemia (Drewnowski et al., 2020). Regarding consumption of fruit and vegetables, Chapman et al. (2017) conducted an online survey among Australian adults in order to measure fruit and vegetable consumption, household expenditure as well as participants' perceptions on barriers to fruit and vegetable consumption. The findings were that 29% participants considered the cost of fruit as a barrier to meeting the daily recommended fruit intake while 14% also raised affordability as a challenge in meeting the recommended vegetable consumption ratios. The issue of cost was raised mostly by low-income groups while only a minority of participants cited affordability as a barrier to fruit and vegetable consumption. Chapman et al. (2017) also acknowledged that the youth and low-income earners consumed less fruit and vegetables as they could not afford the price attached to these items.

Sirasa et al. (2019) conducted a systematic review of interventions that targeted family and community factors that influence preschool-aged children eating behaviours. This study focused on LMICs. The findings of the study were that factors associated with children's healthy diets included availability of food at home, caregiver's/parents knowledge as well as family income (Sirasa et al., 2019). In the same vein, children's unhealthy food consumption was linked to family or caregivers' nutritional knowledge. On the other hand, children's micronutrient intake was clearly associated with household food availability, nutritional knowledge of family or caregivers and food availability within the surrounding environment. Caregivers or family nutritional knowledge seem to be a common factor in all areas associated with children (Sirasa et al., 2019). This implies that there is a need to design health-related interventions targeted at parents and caregivers. In the same vein, the authors concluded that their findings point to the significance of targeting nutritional knowledge of family or caregivers to facilitate healthy-eating behaviours in children. The researchers further

added the need to create a supportive family environment by ensuring that households had sufficient food particularly in LMICs, while considering family income when designing healthy-eating promotion interventions for preschool-aged children (Sirasa et al., 2019).

In South Africa, the choice of food at home is linked to affordability, culture, and family member preferences. Smit et al. (2017) argued that mothers' choices of unhealthy food had a negative impact on children's health but acknowledged that mother's choice of food was also a complex process. That being said, the authors still emphasised the role that mothers played in inculcating healthy lifestyle behaviours in their children as poor dietary habits were likely to persist into the children's adulthood stages. The authors undertook a study to determine factors that influenced mothers' food choices and to explore barriers to obtaining healthy food in all quintile types of primary schools in the Western Cape SA. The findings of the study were that some of the barriers faced by mothers in purchasing healthy food include low levels of nutritional knowledge, affordability, time constraints, mixed messages from social and supermarket layouts. There are notable similarities and differences between Smit et al. (2017) and Magadze et al.'s (2017) findings on the food choices. Both studies agreed that parent's eating habits influenced their family's diet and pointed to availability of money or affordability as a determinant of the kind of food purchased. Magadze et al. (2017) further revealed that respondents tended to eat any food that came their way just because it was available without considering the consequences. It was also found that respondents were driven by food taste in their choices and that respondents indicated that because of the work they engaged in, they preferred energy rich food and provided the same to their children. Smit et al.'s (2017) findings differed from Magadze et al.'s (2017) findings as social media messages and supermarket layout were included as factors (Smit, 2017). These factors were not included in Magadze et al.'s (2017) findings. This difference may be due to the differences in environmental settings. The findings from both Magadze et al. (2017) and Smit et al. (2017) are relevant to the current study in that the targeted population for this study is found in an environment that seem to bear similarities both studies' areas. In addition, the emphasis on parents as key in children's food choices confirmed the need to include parents as participants in this study.

- Physical activities

PA is regarded as crucial for healthy, growth and development in children (Mavilidi et al., 2020). According to these authors, children who partake in PA derive extensive benefits at both physiological and psychologically level. In this case, physiological benefits include increased fitness and bone health, reduced body weight and reduction of Type 2 diabetes and high blood pressure risk factors. Psychological benefits include reduced stress levels, anxiety and depression, improved self-confidence as well as self-esteem (Mavilidi et al., 2020). Similarly, Glapa et al. (2018) stated that PA brings joy to participants and recognise the importance of PA between ages of 6 and 12. PA is defined as movement of the body and skeletal muscles that requires energy outflow (Fletcher et al., 2018). According to the authors, PA activities encompass simple activities such as housekeeping, gardening, and walking to school or work. The authors further differentiate between PA and exercise where exercise is regarded as a planned and formal activity which is undertaken on a regular basis with the aim of improving one's fitness level. It is sadly estimated that most people in the United States spend 54% of their time sitting in front of computers (Fletcher et al., 2018).

Warburton and Bredin (2016) stated that frequent exercising plays a role in primary and secondary chronic illness. The authors estimated that regular exercise may effectively prevent 25 chronic conditions including cardiovascular disease and early death. Equally, (Borhani *et al.*, 2017) maintained that PA and movement are key to the prevention of obesity and its associated effects. According to the authors, the benefits of PA at childhood and adolescent stages assist in building and sustaining a healthy active lifestyle during adulthood. The authors recommended a minimum of either 30 minutes a day moderate exercise or one hour three times per week. Borhani et al. (2017) conducted a qualitative study in which 44 teenage girls and six teachers participated in interviews. The aim of the study was to explore experiences or opinions of teenage girls in the promotion of their PA levels based on Pender's Health Promotion Model. The findings of the study were that the participants perceived benefits of physical activities as enhancement of appearance and strength; improvement in the health of internal organs; stress resistance; improved self-confidence, joy, happiness, and peace; increases in memory power and concentration; socialisation; better sleeping patterns; and long life. Though not all the findings from this study are corroborated by research, some studies such as Mavilidi et al.'s (2020) quoted at the

beginning of this section, associate participation in PA activities with psychological and physical benefits. These include fitness and bone health, reduced body weight, reduced stress levels and depression, improved self-confidence as well as self-esteem. One other study by Malm, Jakobson and Isakson (2019) cited the benefits of physical activities among youth, adolescent, and the elderly to include lessening of mental illness, depression and anxiety and other stress related diseases. The findings from both Mavilidi et al.'s (2020) and Malm, Jakobson and Isakson (2019) are in sync with responses from the teenagers in Borhani et al's (2017) study as discussed in this section.

On the contrary, according to the authors, physical inactivity is a threat to health risk factors linked to cardiovascular diseases, obesity, and mortality (Borhani et al., 2017). The authors also reported what the participating teenagers viewed as barriers to PA. The identified barriers included teenagers' feelings of sports or exercises as time consuming, the notion that exercises can damage one's body and also lead to exhaustion, lack of self-confidence in executing the exercise, access to sports venues, high cost of equipment, security of sports spaces, lack of community support, amount of homework and availability of technology that leads to a sedentary lifestyle. Based on these findings, the current study looks into the factors that pose a threat to the study's population ability to meet the recommended PA levels.

Young children's PA is not limited to organised or formal activities but includes play. Research points to the multiple benefits that the child derives from play. Such benefits are said to be linked to the cognitive, physical, emotional, and social development of the child. Informal outdoor play is supported by researchers such as Sobko, Tse and Kaplan (2016) who wrote: "the systematic reviews conducted recently have pointed out that nature-related activities enhance general wellbeing and lead to increased PA, a healthier diet, improved sleep and reduced overall stress" (Sobko et al., 2016, 2). The implications here are that PA is as important to children as it is for adults. The inclusion of play in this study is motivated by the fact that the targeted participants are young children. Supporting the notion of play in early childhood are Yıldırım and Akamca (2017) who emphasised the need for children to participate in outdoor activities as these offer an opportunity for children to learn by doing while giving children an opportunity to convert theoretical knowledge into practice and retain it in long term memory so as to generate solutions to challenges met in everyday life.

According to the authors, children learn freely and have fun in healthy surroundings where they are able to experiment and discover new things while developing their motor skills. Outdoor play assists learners with semantic abilities, mental or intellectual abilities and other skills including interpretation, organisation, thought, recognition and making decisions, and motor skills including coordination, stamina, and balance become better as a result of interactions with nature (Yıldırım & Akamca, 2017). The authors defined outdoor play in a way that makes it important to have well-planned, well-thought-out, and organised outdoor activities. The implications are that children should be accorded opportunities to play freely outside the home and in the classroom environment. This study's targeted population was teachers of FP learners; as such, the discussions and research findings in this section are relevant and need to be included as part of the exploration.

Hatakeyama, Kamada and Kondo (2021) reported high levels of sedentary and prolonged sitting among young children worldwide. According to the authors, children spend 8 to 10 hours a day doing little PA. It was also reported that a sedentary lifestyle linked to screentime has the potential to continue into adulthood leading to cardiovascular diseases, diabetes, and other high-risk diseases. In their study, these authors used Japanese data where health, income, and neighbourhood classification were used as key words. The findings of the study were that a sedentary lifestyle was predominant among children who came from families with mothers who worked and fathers who were not working (Hatakeyama et al., 2021). The authors also pointed to shortage of resources as a contributor to sedentary lifestyle. Notably, SA studies have also raised lack of resources as one of the contributors to lower PA levels (Draper et al., 2019). The findings of this study alluded to the importance of exploring the availability and unavailability of resources and the possible association between unavailability of resources and learners

- PA levels in the current study targeted population

Klingberg et al. (2019) undertook a study to review existing data pertaining to the success of behavioural childhood obesity prevention interventions in African countries. The study focused on anthropometric and behavioural outcomes in children aged 2–18 years. Areas of interest in the study were PA, dietary behaviours as well as weight, BMI, body composition. The authors reviewed 17 articles that described 14

interventions in three countries namely, South Africa, Tunisia, and Uganda. The findings were that there were no changes in dietary behaviours while there were some positive effects on PA and anthropometric outcomes. Of importance were the researchers' findings on implementation barriers and facilitators. The barriers to implementation included insufficient resources in schools; educators' consideration of PE as less important; limited time to engage in PA by teachers or other stakeholders; buy-in; guidance or enthusiasm; teachers' fear of being criticised for their efforts in implementing an intervention; and other external factors such as uprisings (Klingberg et al., 2019). What brings some positive light to the study is the fact that there were two school-based studies in SA that recognised teacher's positive attitudes as key to the facilitation of health-related interventions. Additionally, one study on physical activities interventions reported positive teachers' comments on the improvements made on the school playground and sports equipment to stimulate free play. Klingberg et al. (2019) further reported on a South African Healthnutz intervention where teachers reportedly observed positive changes to the school environment, such as improved dynamics between teachers and learners, as a result of the intervention, although the authors found it challenging to motivate teachers to deliver the interventions in their school. These findings are important for this study as the targeted group are FP learners who depend on teachers for the success of any health-related intervention.

According to the 2018 HAKSA report (Draper et al., 2019), comparatively, between 2014 and 2018, SA saw an improvement in overall PA levels among young and adolescent children. It is, however, concerning that the rating on organised sport was downgraded in the same years. Even more concerning is the report that there was no data on children's active play. This implies that there is a need for more studies in the area of active play among SA children. There are, however, some national studies that looked at learners' PA levels. One such study conducted by van Biljon et al. (2018) was aimed at assessing PA levels among SA learners who were differentiated according to gender, ethnicity, age, and region. The findings indicated that 57% of participants had moderate PA levels while participants who failed to meet the recommended moderate to vigorous PA levels amounted to 31%. The study also revealed that males were more active than females and that black learners were more

active than white learners (Van Biljon et al., 2018). The authors recommended a targeted approach to PA interventions particularly in high-risk areas.

Sports coaches are considered as a way of enhancing formal sport activities in schools. According to Ettl Rodríguez (2018), there are various reasons linked to schools' inability to provide quality sports. Such reasons include budget limitations and academic demands where teachers do administration after school. Teachers also face pressures to focus on subjects that are tested (Ettl Rodríguez 2018). Though external or walk-in coaches seem to be a good solution for formal sports, it may not be easy for poorer school to retain trained coaches. Ettl Rodríguez (2018) also highlighted challenges such as small budgets, unavailability of sporting facilities and the risk of hiring unqualified coaches.

Space seems to play an important role in children's outdoor play activities. Ristianti, Dewi and Nurini (2020) conducted a study in Kampong Ngemplak Simongan Semarang in Central Java where the authors wanted to answer the question: "what are the characteristics of users, activities and spaces in the Ngemplak Simongan Children's Friendly Garden?". The findings were that a variety of physical activities such as running, playing football, jumping around, and playing in sand were carried out by the children. Running was done by all respondents who were male, followed by jumping activities and playing soccer. According to the authors, respondents were less interested in nature and socially related interaction implying that these children needed an open space as the activities they were interested in needed more space (Ristianti et al., 2020). The authors argued that public spaces should be available to support user activities from interaction, gathering and socialising freely. The implication for this study is that space plays an important role in FP learners' physical activities.

Further studies were also conducted to verify the impact of space PA. For instance, Chen et al. (2021) conducted a systematic review of studies that would shed light on the association between the built environment and children's PA levels. The authors used the following search terms to delineate their search: built environment, PA and target group which was 6-12-year-old children. The findings of this exploration were that limitations to PA among children were caused by play space and neighbourhood safety. The authors concluded that in order for children to engage in PA, the environment where they grew up should provide better access to safe space for formal

and informal play (Chen et al., 2021). Similarly, Nassar (2015) postulated that urban spaces determine PA and behaviour and, therefore, have the power to enable PA or inhibit such activities. The author added that when creating a design for a place, it is important to take into account human behaviours and the community social aspect (Nassar, 2015).

Some research highlights community safety and security as a limiting factor to children's play. For example, Boxberger and Reimers (2019) reviewed studies on parental correlates of outdoor play. The findings from the reviews were that mothers' background, employment status, education level, the value that parents attached to outdoor play, and perceived societal structure in the neighbourhood were associated with parental levels of enabling children outdoor play. There are also important points that were raised in this review including the observation that parents are regarded as gatekeepers mainly because they have the authority to restrict or allow their children's outdoor play. The authors further stated that parents generally tend to be reluctant to allow their children to play outside for various reasons (Boxberger & Reimers, 2019). This reluctance is linked to fear of children getting injured and general concern about leaving children to play without supervision. One important observation is the authors' observation that parents are more likely to allow boy children to play outside than girls and also that boys have more time to play during the day to play outside than girls (Boxberger & Reimers, 2019). Xu et al. (2020) also noted the difference in PA levels between girls and boys and added that this gap continues up to adulthood stages. In their study the authors also discovered that parents had a tendency to over protect girls as such do not encourage their girl children to engage in PA (Xu et al., 2020). This observation is an important area that needs to be included in the current study. Though Boxberger and Reimers' (2019) study only refers to parents fear of letting their children play outside without supervision without unpacking the sources of such fear, there are some findings that seem to explain the parents' fears. For instance, Rees-Punia, Hathaway and Gay (2018) reviewed a number of studies relating to physical activities including informal PA activities. The purpose of the review was to assess the relationship between PA levels and perceived crime-related safety. The findings from the study were that individuals who felt safe were 27% more likely to engage in PA (Rees-Punia et al., 2018).

Regarding PE in schools, Cvetković et al. (2018) raised concerns about the level of childhood obesity worldwide regardless of the fact that it can be inhibited. The authors undertook a quantitative study in order to compare the effects of recreational football and high-intensity interval training among two groups of 11 to 13 overweight and obese male children. At the end of the study period the experimental group was found to have improved in all muscular and cardiopulmonary fitness. On the contrary, the control group only showed minimal improvement in their fitness level. It is reported that the control group also showed an increase in body and fat mass. The authors concluded that the PE done at schools did not sufficiently contribute to the prevalence of overweight and obesity. It is, therefore, important for children to engage in additional recreational PA in order to reduce the scourge of overweight and obesity (Cvetković et al., 2018).

Researchers raise concerns on the declining PE provision in developing countries (Asiimwe, Babalola & Atuhaire, 2021). The authors view PE as an educational method where physical activities are used to help learners to acquire a good attitude towards PA and gain skills and knowledge that are key to their growth and well-being. Asiimwe et al. (2021) embarked on a study to assess challenges faced by schools in Kampala, Uganda with regard to the implementation of PE. The findings of the study were that, some of the impediments towards PE implementation at schools were lack of resources, limited trained personnel and school enrolment. The authors added that PE was not accorded the value it deserved (Asiimwe et al., 2021).

With regard to children, Sobko, Tse and Kaplan (2016) posited that health promotion aimed at young children is mainly focused on nutrition and PA. Laying emphasis on nutrition and physical activities may be limiting when one considers WHO's definition of health. It would be beneficial to view lifestyle behaviours from different aspects of human development in order to address the emotional and social wellbeing of an individual as well. In addition, it seems as if effort is still yet to be made towards analysing environmental factors that contribute to these health risk factors. The discussion focuses on the mental, emotional wellbeing as part of children health-related lifestyle behaviours.

#### 2.2.2.2 Mental health and social wellbeing in young children

The WHO (2005) viewed mental health as a fundamental component of a person's overall health. According to WHO, mental health is closely tied to physical health and behaviour. However, Galderisi et al. (2015) challenged WHO's definition of health as they found the state of "a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (Galderisi et al. 2015, 231) as unachievable. The authors redefined mental health as a vigorous internal stability that empowers the individual to use their abilities for what is good for the collective. Such an individual should possess basic mental and social skills and should be able to identify and express their emotions while empathising with others (Galderisi et al., 2015). The authors further described a mentally healthy person as someone who is happy, is satisfied and has interest in life. The psychological part of mental health includes liking own's character, relating well with others, and being responsible for and managing daily activities. According to the authors, social interactions form an integral part of mental health and contribute to resilience towards stressful situations. The implication of this definition in childhood development is that a child who is mentally healthy will be able to interact and socialise with peers.

Da Silva et al. (2019) engaged in a study in order to integrate factors related to dysfunctions in the socioemotional development of children in Africa. The authors used Bronfenbrenner's and Morris's concepts of child development to thematise studies carried out between April and August 2016. The findings of the study were that factors that affect children's socioemotional wellbeing at micro- and meso-levels include family hardships and limited care. Exo- and macrosystem factors included caregivers' social vulnerabilities as well as what the authors termed "fragilities" of public policies (da Silva et al., 2019). The authors explained policy and programme fragilities as inadequate policies and programmes that fail to meet children's needs such as health, education, and inadequate health services. According to da Silva et al. (2019) children who grow up in impoverished environments are likely to struggle with mental and social issues.

In support of da Silva et al.'s (2019) link between poverty and children mental and social issues are Kaiser et al. (2017) who stated that low socioeconomic status and poverty are associated with children's problematic behaviours. According to the

authors, low income, and poverty impact parenting style in that such parents struggle to be consistent and supportive towards their children. These parents also tend to be uninvolved in their children's affairs which consequently leads to children's behavioural problems (Kaiser et al., 2017).

In addition, Pedersen et al. (2019) reported that children and youth in LMICs are at risk of mental illness because of the challenging environments they live in. Risk factors emanating from such environments include public violence and poverty which are often exacerbated by lack of psychological treatment. Pedersen et al. (2019) undertook a systematic review of literature to assess evidence relating to family and parenting interventions on children and youth wellbeing in LMICs. The findings of the study were that up to 88% parent- and family-focused interventions yielded positive outcomes towards child and youth mental health and wellbeing, parenting behaviours and family. The authors therefore concluded that parent- and family-focused interventions may be helpful particularly for LMIC populations.

On the other hand, Lee and Yoo's (2015) correlation study of how family, school and community affect children subject wellbeing seemed to contradict Kaiser et al.'s (2017) findings. Lee and Yoo (2015) concluded that economic variables had no significant impact on children's subjective wellbeing. The implications of Lee and Yoo's (2015) findings is that an individual's social wellbeing is influenced by the immediate environment which seem to extend one's social wellbeing beyond self but exclude socioeconomic factors as contributing factors towards a child's social wellbeing. These factors are relevant to the current study in that the targeted population of the study were young children whose lifestyle behaviours are dependent on the environment they grow up in. The current study needs to take cognisance of debates around the mental and social wellbeing of the child,

Abusive environments are also linked to children mental illness and social wellbeing. A study by Abdel-Hameed, EL-Malkey and Barakat (2018) on the correlation between child abuse and school refusal among Benha City primary school children confirmed a complete correlation between child school refusal and child abuse in Benha City in Qaliubya Governorate. The authors further recommended the implementation of a therapeutic guidance programme in order to support children who are exposed to child abuse or refuse to attend school.

Similarly, SA researchers raised some concerns regarding children's mental health and social being. As an example, Stansfeld et al. (2017) engaged in a study to assess the link between adolescents emotional disorder and exposure to violence. The study revealed that adolescent children's exposure to high levels of violence was linked to adolescent children's levels of mental disorder. Though this study involved adolescent children, the findings are relevant in the current study as the selected site for this study is a low- to middle-income area where children are exposed to harsh environments, including poverty and crime. Linked to Stansfeld et al.'s (2017) concerns regarding children's exposure to violence in Section 2.3.4 are environmental safety and security concerns and their impact of children's lifestyle behaviours. A study conducted in SA revealed barriers to children's interaction with the natural environment. Adams and Savahl's (2015) study involving 32 adolescent children highlighted issues of safety, violence, and crime. According to the research findings, the natural environment challenges faced on daily basis have a psychological impact on residents. The psychological impact relates to terror, apprehension, and psychological distress (Adams & Savahl, 2015). One important finding from the study is that the impact of safety and crime affect girl children more than boy children. According to the authors, the girls reported to be more cautious and limited to move around (Adams and Savahl, 2015).

One other element linked to children's mental and social wellbeing is the support that children get both at home and in school. Jamieson, Mathews & Sambu (2017) undertook a study to track child abuse cases handled through the child protection unit in five selected SA sites. One of the important points documented in the study report was parental and significant others support for children's mental and social wellbeing. Though the report acknowledged the key role played by family and significant others in reporting rape cases, Jamieson, Mathews, and Sambu's (2017) study reported that family members tended to protect perpetrators which could lead to these perpetrators continuing to violate the children unabated. In this instance, children's rights are violated. Section 28 of the SA Constitution (RSA, 1996) includes children's rights "to family or parental care or appropriate alternative care when removed from the family; to basic nutrition, shelter, basic health care services and social services, and to protection from maltreatment, neglect, abuse or degradation" (RSA, 1996, p. 1225). The same rights are expected to be upheld in schools. According to Prinsloo (2005)

the implications of this section are that schools are compelled to respect and protect children under their care. The responsibility to protect the children's rights lie with educators as government ambassadors as well as the community at large. These parties are expected to report and intervene in cases where these children's rights are violated (Prinsloo, 2005). The current study includes an assessment of the level at which children's rights are protected particularly on issues relating to the child's emotional wellbeing. In addition, the South African government ensures children's rights to health care services and social services through provision of social workers in school. Van Sittert and Wilson (2018) explained that social worker services are rendered within the inclusive education system. The authors undertook a study to explore the perceptions of school social workers towards their role within the inclusive education framework. The findings of the study were that school social workers felt that they had responsibilities to fulfil within the schools they operated in. According to the school social workers, their responsibilities included supporting learners through both group work and at an individual level as well as undertaking the responsibility to develop preventative programmes (Van Sittert & Wilson, 2018). The implications of these findings for the current study are that the researcher needed to establish whether the targeted schools had been allocated social workers or not. If so, assess the role those social workers play within the selected schools for the study.

The development of prevention programmes is an important area where social workers' expertise can be of value to schools. LMICs are reported to be poor in terms of the development and implementation of mental health policies (Mokitimi, Schneider & de Vries, 2018). The authors embarked on a systematic review of child and adolescent mental health policies in order to assess the state of development and implementation in this area. The approach used for the study was a general search of South African mental health policies across the spectrum. The findings were that there were no public mental health policies that supported young and adolescent children with mental issues. Mokitimi, Schneider and de Vries (2018) added that, in cases where children and adolescent mental health policies were mentioned, it was only at a superficial level. The authors identified barriers to the development and implementation of children and adolescent mental health policies as staff shortages and lack of capacity among others. The authors recommended that more research be undertaken to explore barriers to policy development and implementation in the area of children

and adolescents' mental health particularly in LMICs (Mokitimi, Schneider & de Vries, 2018).

Migration of other nationals in LMICs seemed to exacerbate challenges faced by such countries. For instance, in SA, the influx of other nationals is perceived as an additional burden to the country's crime levels such as robbery, scams, rape, homicide and impersonation which further burdens the country's ailing socioeconomic status (Fainos, 2020). The author stated that, in the previous decade (2010–2020), Zimbabwean nationals were illegally crossing the borders into SA due to lack of border control. The state that the author termed "an open borders" (Fainos 2020, 30) led to skilled and unskilled Zimbabwean nationals crossing into SA without proper protocols. According to Fainos (2020), amongst the people who crossed the border illegally were immigrants whose intentions are to commit crime. He argued that though other countries host migrants like SA does, what seems to make a difference is the fact that countries like Italy and America have stricter legal controls. Because of such controls, these countries are also able to manage potential crime and corruption that may be increased through the accommodation of migrants (Fainos, 2020). On the other hand, Cheteni, Mah and Yohane (2018) argued that drug-related crime is linked to poverty and disparity. In their argument the authors dispute the general believe that foreigners such as Nigerians are responsible for SA's drug-related crime (Cheteni, Mah and Yohane, 2018). The authors employed an empirical approach to investigate the connection and possibility of links between poverty and drug-related crimes. Results from this study were that drug-related crime was a result of poverty, inequality, and opportunities to earn an income. It was also found that 80% of crime was committed by repeat offenders. These results suggest that instead of finding crime challenges to be exacerbated by a lack of border controls (Fainos, 2020), SA should focus on controlling crime such drug-running by creating systems to manage these challenges from a legal and family point of view (Cheteni, Mah and Yohane, 2018). The concerns about safety and security, particularly crime, are relevant in this study based on the fact that the targeted area for the study was an informal settlement which had been upgraded to a township. Some challenges faced in the Western Cape as an area of study may be identical to what is experienced in the current study's selected site.

### **2.2.3 Impact of Lifestyle Behaviour on Health**

This section examines research findings and views on how healthy and unhealthy lifestyle behaviours impact on one's quality of life with emphasis on young children's development. In line with the Ottawa Charter's (1986) definition of health quoted in the introductory section of this chapter, this study views the impact of healthy and unhealthy living from various aspects of human development. This section therefore includes an overview of NCDs as well as the associated threats that NCDs pose on humankind.

A considerable amount of literature both at global and national level acknowledges the role that lifestyle behaviours play in allaying and managing NCDs health-risk factors and diseases in general. For instance, (Malan, Mash and Everett-Murphy, 2015) encouraged and supported lifestyle modification as an important cost-effective approach to health that can be used to decrease health disparities found in the SA population. The author's singling out of SA draws from a school of thought that emphasises the role that environmental factors play in influencing health behaviour. On the other hand, Kent, Reiersen and Morton (2015) pointed to negative lifestyle behaviours as the main risk factors for NCDs. They further claimed that designing and implementing effective lifestyle intervention had proven to prevent the onset of NCDs at primary level, while assisting in managing diseases both at secondary and early tertiary level (Kent, Reiersen and Morton, 2015). The implication of their findings from a health perspective is that interventions that are targeted at lifestyle behaviours have the potential to prevent the onset of NCDs or its risk factors at three levels: firstly, at primary prevention level, where the individual averts contracting diseases by adopting a positive lifestyle; secondly, at secondary level where a person has already contracted the disease but through the implementation of health interventions targeted at their lifestyle behaviours, the disease can be well managed to an extent that it is curbed or does not progress to the next level; finally, at an early tertiary prevention level, the person is at a stage where any changes resulting from lifestyle behaviours intervention will only assist in slowing down the progression of the NCD. This means that the patient is at a stage where the disease is irreversible. Of significance is (Kvintová et al., 2016) identification of determinants of health as both internal and external. The authors defined internal determinants of health as hereditary while external determinants include lifestyle, quality of life and medical services. These authors maintained that

living a healthy lifestyle has the potential to address threats posed by internal determinants of health such as hereditary diseases. Though all these assertions seem to be valid, SA has not yet reached consensus on strategies that will improve its citizens' health-related lifestyle behaviours including those of young learners. The next section will look into policies and programmes that support and guide young children health-related lifestyle behaviours.

#### **2.2.4 The legal Framework**

This section provides an outline of relevant institutional frameworks that support, guide, and govern the implementation of health-related policies at both international and national level. Definitions of health-related terms used in this study are largely guided by the contents and definitions emanating from these laws, policies, and conventions.

##### **2.2.4.1 International commitments**

South Africa is a signatory and member state of the WHO. The WHO's mandate is to promote health, keep the world safe and serve the vulnerable worldwide. In support of the implementation process, the WHO (2016) established a Global Action Plan for the Prevention of NCDs 2013-2020. The action plan set voluntary global targets for the prevention and control of NCDs in global, regional, and international programmes. The set targets include a 25% decrease in premature deaths from cardiovascular disease, cancer, diabetes and chronic respiratory diseases; a 10% relative reduction in alcohol consumption; a 10% decrease in the prevalence of inadequate physical activities; a 30% relative reduction in mean population intake of salt/sodium; a break in the rise of diabetes and obesity; and a 25% relative reduction in the prevalence of high blood pressure or containment of the prevalence of high blood pressure according to national circumstances. The WHO places the responsibility on member states to develop and strengthen national food and nutrition policies as well as action plans and implementation of related global strategies. According to WHO (2016), the organisation measured the set targets based on the United Nations General Assembly meeting that took place in September 2015. Arising from the meeting was an adoption of new development agenda namely, the 17 2030 Sustainable Development Goals (SDGs). Key to the goals is SDG3 of the 2030 agenda which pertains to the promotion of all citizens' wellbeing in order for them to reach their full potential. On the other hand, SDG Target 2.2 commits the world to ending all forms of malnutrition by 2030, including

overweight and obesity, while SDG Target 3.4 addresses the reduction of premature deaths from NCDs by one-third by 2030. These targets are relevant for this study as they are centred around indicators that are linked to the health risks of NCDs such as malnutrition, overweight and obesity. Addressing malnutrition, overweight and obesity will contribute towards the accomplishment of Target 3.4, namely, reduction in premature deaths.

An effort has also been made to support health promotion in schools. For example, researchers recommend a whole school approach when it comes to health promotion. Hunt et al. (2015) came up with what is termed the Whole School, Whole Community, Whole Child (WSCC) model. According to the authors, the WSCC encourages a coordinated approach between education and health organisations to enhance health outcomes between students. Hunt et al.'s (2015) WSCC model identified 10 components that need to be targeted in order to improve student health and educational outcomes. The identified components include health education; dietary requirements; employee wellness; social and emotional school environment; physical environment; health services; counselling, psychological, and social services; community involvement; family engagement as well as PE and PA (Hunt et al., 2015). This kind of approach seems to suggest that the success of health education and health promotion lies in an inclusive approach where the family, the school and the community as a whole have a role to play.

The Ottawa Charter for Health Promotion views health as a process of empowering individuals to take control over their health and work towards improving their health status in order to attain complete physical, mental, and social wellbeing (Dean et al., 2014; WHO, 1986). Emanating from the 1986 Ottawa Charter is the HPS model. The objectives of the HPS include, amongst other things, an attempt to provide a healthy environment in schools, facilitation of health education programmes as well as getting school children to participate in school/community ventures and outreaches. Other areas of importance in the HPS model are nutrition and safety as well as PE and programmes for counselling, social support, and mental health promotion (WHO, 2017). The HPS objectives, therefore, strive to implement the Ottawa principles of addressing health issues from the physical, emotional, and mental perspectives where the school is used as a platform to reach learners and the school community.

On the other hand, Harper, Officer, and Hearing (2009) defined the HPS in line with the whole school approach discussed earlier in this section. They viewed an HPS as a platform where the school community works together towards creating an environment that positively impact the health of staff members, students and the community at large. According to the authors, an HPS should encompass the social, physical, intellectual, psychological, and emotional welfare of an individual. The main purpose of the HPS is, therefore, to improve educational outcomes as well as empowering people with knowledge and skills with regard to health matters in the intellectual, social, and behavioural spheres (WHO, 2017). Though the SA DoH and the DBE jointly launched the HPS in 2011, adoption and implementation the HPS model in SA schools is still on a voluntary basis. The decision not to enforce the HPS model for all SA schools has led to only few schools adopting the HPS model and its effectiveness cannot, therefore, be fully tested.

South Africa has literature on HPS implementation worth noting. For instance, in their study, Preiser et al. (2014) raised what they considered to be difficulties in implementing HPS in SA. The authors first highlighted the fact that in SA health is viewed as a responsibility that lies within the DoH and DBE and this implies that decisions are centralised in these departments. The authors were of the view that successful HPS implementation needs to be customised to the school environment and thus needs a decentralised approach where the School Governing Body (SGB) and the school community can reach out to other systems such as institutions of higher learning to assist in the implementation of the HPS (Preiser et al., 2014). The authors reported on the role that was played by two institutions of higher learning in establishing an HPS in a poorly resourced schools. The two institutions were based in the Western Cape, one of the provinces in SA. According to the authors, the normal practice in SA is for the government departments to provide support in the establishment and implementation of an HPS (Preiser et al., 2014). It is important to note that the project discussed in the study was hailed as a success because of external stakeholders' involvement. The authors maintained that external stakeholders bring unique abilities, collaboration, and innovation (Preiser et al., 2014). The implications are that the SGB and school management should take the lead and identify external stakeholders who could assist in driving HPS initiatives.

To SA's credit, the WHO (2016) indicated that the SA's National Development Plan (NDP) is aligned to the 2030 agenda which is a demonstration of the country's commitment to the agenda. The WHO, therefore, believes that SA's follow-through of its NDP in combination with assistance of international support, is likely to enable the country to achieve the 2030 agenda set targets. Added to this, at implementation level, there are equally health-related legal instruments that guide and support school health education and health-promotion initiatives both at global, regional, and national level. At global level there are treaties and charters guiding health education and promotion initiatives. Such treaties include the 1986 Ottawa Charter for Health Promotion in the previous section quoted under the third paragraph of this section, the Jakarta Declaration on Leading Health Promotion into the 21st century, the 2000 Dakar World Charter, the UNESCO International Charter of Physical Education and Sport, to name a few. A brief overview of these treaties follows.

- The main focus of the Jakarta Declaration on Health Promotion was to align the vision and focus of health promotion to the 21<sup>st</sup> century challenges (World Health Organization, 1997). The declaration also emphasises how health-promotion strategies can change lifestyles and positively impact the social, economic, and environmental conditions that determine health. The Jakarta Declaration, therefore, demonstrates the influence that health outcomes can have on the environment that people live in. Most studies in the field of health education and health promotion have not focused on SA schools from low-to-middle-income families as such it still not clear if the Jakarta Declaration ideals would have the same effect in SA schools despite harsh realities faced by households where these learners come from.
- The United Nations Educational Scientific and Cultural Organization (UNESCO) International Charter of Physical Education and Sport (UNESCO, 1978) emphasises individual's rights to access PE and sport. According to the Charter, PE and sport are vital for personal development (UNESCO, 1978). Despite the good intentions spelled out in this Charter, the primary concern is whether PE and sport can be applied in schools found in previously disadvantaged communities. For instance, one of the schools the study focuses on is consists of mobile units. This being the case, it becomes imperative to determine whether the learners' rights to PE and sports are or can be exercised under such circumstances.

#### 2.2.4.2 SA institutional support for health in schools

The SA government has several acts, policies and programmes that guide and support health education for children at school-going age. The discussion below limits its focus to the following: the South African Schools Act, 1996 (Act No. 84 of 1996) (SASA); the National Education Policy Act, 1996 (Act No. 27 of 1996): National Norms and Standards for School Funding; Integrated Health Policy Statement (ISHP), the Food-Based Dietary Guidelines for South Africa (FBDG-SA); the National School Nutrition Scheme (NSNP); and the Curriculum and Assessment Policy Statement (CAPS) as key health-related policies and programmes in SA.

- **South African Schools Act, 1996 (Act No. 84 of 1996) and the National Education Policy Act, 1996 (No. 27 of 1996): National Norms and Standards for School Funding**

The national Norms and Standards for Funding as set out in section 35 of the SASA and Section 3(4)(9) of the National Education Policy are important pieces of legislation in this study. The national norms and standards of funding is relevant for this study as it brings to light two things: the separation of schools into quintiles while clarifying why programmes like the NSNP were introduced in many SA schools.

Through the SASA, the South African government took a stand to redress the disparities created by the previous regime. During the apartheid era, public school funding was unequally distributed resulting in schools belonging to affluent communities being well resourced while schools in poorer communities were left to survive on bare minimal provisions. The SA government post-apartheid era amended the funding model wherein government subsidy per learner depended on the condition of the school and poverty levels of the surrounding communities (Mestry & Ndlovu, 2014). The provincial education departments are tasked with the responsibility of listing schools within their provinces in a ranking order as guided by the level of needs per school. Accordingly, these schools are classified into five categories namely, Quintile 1 to Quintile 5, Quintile 1 being the poorest schools while Quintile 5 represents the least poor schools. As a result of the categorisation, allocation of funds is prioritised towards the poorest and largest schools (Mestry and Ndlovu, 2014). Added to this, the SASA makes provision for SGBs to charge school fees according to parents' socioeconomic status where poorer parents are exempt from paying school fee. In

addition, parents' bodies are also given a latitude to charge no school fees at all in communities deemed to be dominated by high levels of poverty. This gave rise to some schools being declared as no-fee-paying schools most of which fall under Quintiles 1 to 3 schools. The participants of this study were from no-fee-paying schools and will be addressed as such throughout the study.

- **Integrated School Health Policy (ISHP)**

The ISHP is a brainchild of the DoH and the DBE. The Ministers of the DoH and DBE view the ISHP as SA's show of commitment towards the UN Convention on the Rights of the Child (UNCRC) to which the SA is signatory (DoH and DBE, 2012). The ISHP, therefore, aims to prioritise the child's needs while defining the role that each department should play in addressing each child's health needs. It is important to note that the ISHP is not only focused on the child's immediate health challenges but also encourages schools to implement health initiatives that promote children's wellbeing during their childhood and adulthood stages (DoH and DBE, 2012). Apart from the UNCRC, the ISHP is said to be situated within various laws, policies, and programmes at global, regional, and national level. Nationally, such legislation includes the Constitution of SA, the Children's Act, the SASA, the National Health Act, and the Mental Health Care Act. According to the DBE and DoH (2012), the ISHP is targeted at school-going children, educators, parents, care givers, school administrations staff and school management. In addition, the DBE and DoH (2012) expects that at school level a SBST is established under the school principal's guidance. The ISHP further outlines role players that need to constitute such a support team. As part of the data collection process for this study, the researcher first established whether the participating schools had the SBST. If so, the researcher analysed the SBST's operational policy and included the SBST among the study participants. The researcher also planned to include the SGBs, representatives from Non-Governmental Organisations (NGOs) or Community Based Organisations, peer educators, learners and life orientation educators when gathering data as supposed role players in the SBST in cases where the SBST was not yet established. It is important to also mention that in accordance with the ISHP, the school is expected to have a school health nurse position, failing which the school should ensure that additional staff such as retired nurses are employed to deliver on health-promotion initiatives. Though such expectations are noble, the reality is that due to lack of resources in SA's previously

disadvantaged communities, provision of personnel dedicated to health initiatives is a challenge. It is, therefore, important to establish how these schools obtain the services of qualified health personnel needed to guide the school on health-related issues.

Despite efforts taken by SA government to promote health intervention in schools, (Shung-King, Orgill and Slemming, 2013) asserted that there is little information regarding the extent and nature of chronic health among school-aged children as well as how these chronic conditions affect learner's performance. Though this study's focus is on lifestyle behaviours exposing learners to NCD health-risk factors, having little attention paid to children's chronic illnesses means that even less attention is paid towards prevention and management of NCDs.

- **Food- Based Dietary Guidelines for South Africa (FBDG-SA) 2013**

The DoH adopted the South African food-based dietary guidelines (FBDGs) which were meant to encourage people to consume a balanced diet in order to decrease the risks of malnutrition and obesity and other NCDs risk factors (Vorster, Badham and Venter, 2013). According to the authors, anyone who follows the recommended dietary guidelines will experience optimal nutrition not only physically and mentally but will also be able to lower the risk of NCDs while ensuring the wellbeing of the individual throughout their life course. Table 2.1 presents revised general food-based dietary guideline for South Africans

*Table 2.1: Revised general food-based dietary guidelines for South Africans, 2012*

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Enjoy a variety of foods.</li><li>• Be active.</li><li>• Make starchy foods the basis of most meals.</li><li>• Eat dry beans, peas, lentils, and soya regularly.</li><li>• Drink lots of clean, safe water.</li><li>• Eat plenty of vegetables and fruit every day.</li><li>• Eat fats sparingly.</li><li>• Use salt sparingly.</li><li>• If you drink alcohol, drink sensibly.</li><li>• Use foods and drinks containing sugar sparingly, and not between meals.</li></ul> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Adapted from: Vorster, Badham and Venter (2013)

The dietary guidelines emphasises on the consumption of diverse or variety of food while defining a healthy diet to include micro- and macro- nutrients and adequate water (Steyn and Ochse, 2013). The food guide is relevant for the current study as it may guide the researcher in assessing whether FP learners are provided with healthy food both at home and at school.

### **The National School Nutrition Programme**

To protect children's rights and respond to the SDG targets, the SA DBE introduced the NSNP. The SA NSNP is a government-initiated programme offering nutritious meals to all learners in poorer primary and secondary schools. The programme aims to enhance learning through the offering of nutritious meals to learners while promoting a healthy lifestyle among the school community. According to the 2013/2014 DBE annual report, the NSNP had reached 9 million learners in Quintile 1, 2 and 3 schools (DBE, 2013). The SA DBE further introduced guidelines for school tuckshop operators aimed at empowering both SMTs and SGBs to ensure that food and snacks supplied to learners on the school premises follow good nutrition guidelines while promoting a healthy lifestyle. The tuckshop guidelines are targeted at school community members, educators, learners, and tuckshop operators (DBE, 2016). Added to this, the tuckshop guidelines clearly outline the role that SMTs, SGBs, educators, tuckshop operators, learners, parents, caregivers, and the school community should play regarding health-related issues. The tuckshop guidelines are relevant to this study as they serve to guide what tuckshop owners need to sell to learners. It is also important to note that the DBE links the NSNP with the school curriculum as it views an additional role of the NSNP as supplementing and strengthening the school curriculum through nutrition education throughout the school environment. This vision necessitates a review of how the school curriculum accommodates and respond to health-related issues.

The DBE recommends the establishment of food gardens to add to and complement the diet offered through the school feeding scheme. The objectives for including school food gardens as a pillar in the NSNP are, amongst other things, to supplement the school menu with fresh produce; sell the crop to generate income for schools; use the produce to provide a resource for teaching and learning while encouraging parents to grow their own gardens at home, thus improving household food security (Devereux et al., 2018). The authors however, reported that according to the DBE report released in 2014, only 45% schools that benefitted from the NSNP had established food

gardens. These schools were reported to be assisted by the Sustainable Food Production in Schools in their provinces (Devereux et al., 2018). Notably, the HAKSA report allocated a D- for school nutrition, culture and environment and reported an even lower percentage of schools that had established food gardens (Draper et al. 2015). A “D” allocation means that there is a reported success of less than half. On the other hand, the school has the responsibility to inculcate a culture of healthy eating through the curriculum; however, according to the HAKSA report, there are barriers that hinder the implementation of nutrition education in the curriculum. According to the HAKSA report, there are various challenges linked to the implementation of the NSNP, such as a menu that does not meet the prescribed guidelines on the amount and type of food that should be provided, delayed serving times as well as health and safety concerns. The HAKSA reported that, at some point, the feeding scheme will run out of funds meaning that the provision of food at these schools will be interrupted (Draper et al., 2015).

Establishment of school gardens in South Africa is supported by research. Laurie, Faber and Maduna (2017) engaged in a cross-sectional survey to evaluate the understanding, perceptions, and practices on the manufacturing of food amongst learners and educators, gardening activities and management of school food gardens. The findings were that 66% of the schools that participated in the study had food gardens where a variety of vegetables were grown although there were few fruit trees. It was further reported that the kind of challenges experienced by schools in the food garden projects included lack of funds, tools, and infrastructure (Laurie, et al., 2017). Findings on learners and educators’ attitudes towards eating vegetables were reported to be positive as 68% of learners and 86% of educators reported that they liked eating vegetables and fruit (Laurie et al., 2017). These findings are encouraging, particularly in SA environments as researchers such as Laurie et al. (2017) raised concerns regarding SA citizens’ low vegetable and fruit intake. As indicated in section 2.2.2.1, Magadze et al.’s (2017) findings also confirmed that SA households consumed less fruit and vegetables.

Besides the tuckshop guidelines, the DBE has published various health-related promotional material such as the NSN Lunch Box brochure, promoting healthy lifestyle comics and healthy lifestyle posters. The health promotional materials are accessible on the DBE website and, according to Elrod and Fortenberry (2017), the use of

messaging to promote healthy living is beneficial. The researchers maintained that healthcare communications that are focused on disadvantaged groups have the potential to raise the health status of these disadvantaged and highly challenged individuals. Elrod and Fortenberry (2017) further supported the use of billboards targeted at disadvantaged individuals in densely populated urban areas. Based on the fact that this study area is a densely populated semi-urban area, billboards as a media platform can be useful in promoting healthy lifestyle behaviours for young children and the population at large. In support of health-related campaigns are Noar et al. (2018) who confirmed that health communication promotions have the potential to change attitudes, beliefs, customs, self-efficacy, and meaning building up to behavioural changes.

- **The Curriculum Assessment Policy: Life Skills subject**

In 2011, the SA government adopted the CAPS which guides teachers on what they should teach and assess school subjects in Grade R–12 as listed in the National Curriculum Statement (NCS). According to the DBE (2011), the overall aim of the CAPS is to ensure that children acquire and apply knowledge and skills in ways that are meaningful in their own lives. The SA DBE Life Skills subject also stresses healthy eating among school children which consequently aligns with the DBE's tuckshop guidelines. It is also important to note that the SA primary schools' curriculum as represented in the CAPS does not have health education as a standalone subject but includes health-related content in the Life Skills subject for Grade R–3 Foundation Phase learners. The Life Skills subject is meant to focus on the social, personal, intellectual, emotional, and physical growth aspects of the learner. Considering the WHO definition of health discussed in this section, the Life Skills subject seems to be aimed at addressing the learner in a holistic manner. On the other hand, the Life Skills subject is regarded as a cross-cutting subject that supports and strengthens other core Foundation Phase subjects including languages and Mathematics (Malan, Mash and Everett-Murphy, 2015). Topics included for the personal and social wellbeing study area are nutrition, diseases, safety, violence, abuse, and environmental health.

Physical education focuses on the development of learner's gross and fine motors skills. The PE study area includes topics such as play, movement, games, and sport. Notably, PE is meant to contribute to the learner's social, personal, and emotional

development. It is critical for this study to explore both teachers and parents' perceptions of the impact that the Life Skills subject has on the children's development and wellbeing particularly in relation to the time allocated for the subject, namely, 70 hours per term. Questions that might need to be answered by Life Skills subject teachers include the time allocated for each area of the subject, whether that is enough, and if not, what informs such a response. The researcher may also want to know how the class content is linked to other areas of the child's development such as the school environment, the home, and the community.

Physical education in primary schools has received some spotlight on the international arena. In their study, Dyson et al. (2018) explored and interpreted primary school teachers' perceptions of PE in Aotearoa New Zealand (NZ) and went further to identify the impact that PE had on perceptions of education, sport, and health policies. They used a mixed methods design in which surveys were administered among 487 classroom teachers from primary and intermediate schools in five regions across NZ. In addition, interviews were held with 41 classroom teachers from across NZ regions. The findings were that participating teachers felt that less than 20 minutes of lesson time weekly was insufficient for a good student PE experience. On the other hand, teachers perceived 20 minutes and above of PE activity was sufficient and impactful. Notably, the CAPS Life Skills programme allocates two hours per week to PE. It is therefore important to explore FP educator' perspectives on the time allocated and whether efforts are made to meet the DBE's expectations as captured in the curriculum.

In SA, de Villiers et al. (2015) undertook a study to explore the possibility of implementing the curriculum and action-planning components of the HealthKick (HK) in the Western Cape, one of SA's provinces. Teachers and principals in eight low-resourced schools participated in the study. The researchers used workshops, semi-structured interviews and focus group discussions together with questionnaires to implement the HK intervention aimed at ensuring successful implementation of the curriculum component of PE. According to the researchers, despite the overwhelmingly positive response from teachers, the implementation was poor. Reasons postulated for poor implementation included various challenges reported in school like constant changes to the curriculum, administrative burdens, and limited resources as well as detached teacher behaviours (De Villiers *et al.*, 2015). There are

common elements between the schools that participated in de Villiers et al.'s (2015) study area and the area where the current study's population resides, such as the report on space as a challenge not only in the school but in the whole area, while a common curriculum is used in SA public schools in all provinces. The implications are that the same challenges that impacted the implementation of PE interventions might be experienced in this study findings. It is, therefore, imperative to explore the level at which PE activities are undertaken in this study's selected schools and factors influencing the PA status.

### **2.3. THEORETICAL FRAMEWORK**

This section presents an overview of theoretical frameworks central to this study.

The interest in this study is to identify the precursors of behaviours which should inform the kind of interventions needed to influence learners towards healthy living. It is, therefore, necessary to seek theories that will expose learners' lifestyle behaviours that need modification as well as factors that enable or disable positive lifestyle behaviours. Additionally, in this study's context, it is essential to have a theoretical understanding of the children's behaviour not only from different aspects of the learners' development but also within learners' sphere of existence. This section, therefore, focuses on two main theories, namely, the socioecological model and the ecocultural theory.

#### **2.3.1 The Socioecological Model and Ecocultural Theory**

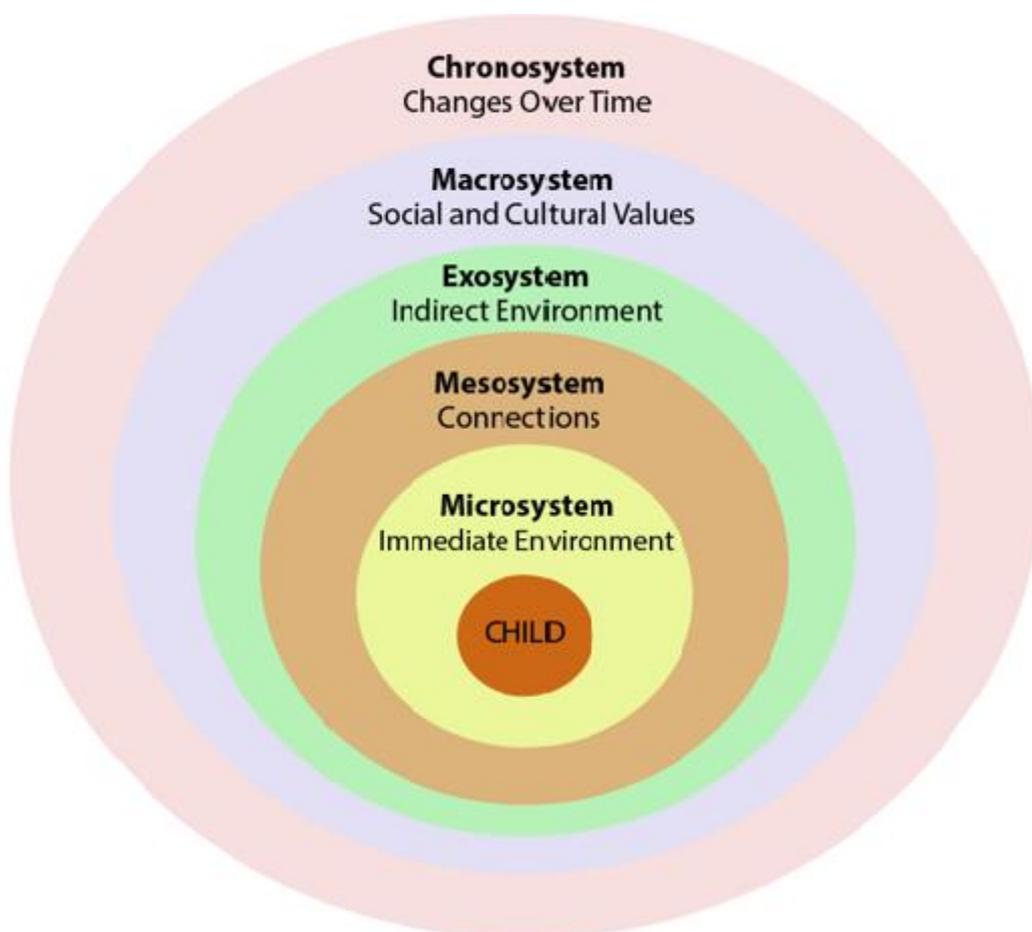
According to Golden and Earp (2012), the socioecological approach to health promotion recognises that there are circumstantial factors that influence health. The authors explained that an ecological perspective to health promotion not only acknowledges the existence of various levels in an individual's environment but also that there is a relationship and reinforcement between those levels. Supporting these authors' socioecological stance are Schölmerich and Kawachi (2016) who stated that socioecological approaches to teaching assume that, in order to influence healthy choices in people, one will have to consider the link between a person's individual behaviour and the social, economic and physical environments surrounding the person. Two other literature sources supporting Golden and Earp (2012) and Schölmerich and Kawachi (2016) view on the role that environmental factors play on health choices are Glanz, Rimer and Viswanath (2015) and Glanz and Bishop (2010).

Glanz et al. (2015) stated that educating people about making the right health choices needs to be supported by the environment and policies otherwise the subsequent outcomes are ineffective and short-term. Similarly, Glanz and Bishop (2010) asserted that there are multiple determinants and multiple levels of health behaviour which include the social, cultural, and economic factors that are key to the development, maintenance, and change of health behaviour patterns in people. The authors emphasised that there is no single factor or set of factors that can sufficiently justify why people eat as they do, decide whether to smoke or not and whether to lead an active or sedentary lifestyle. In order to drive this matter home, Glanz and Bishop (2010) cited an example of employees who bring their food from home or purchase food at work. In this instance, the employee's choices are influenced by personal preferences, habits, nutrition information, availability and cost of the food that needs to be consumed. The authors rationalised that the process of making such choices is complex, requiring one to consider both the multiple factors and factors at multiple levels at play.

The influence of the environment on this study's participants is critical for two reasons. Firstly, the participants age group ranges from 6 to 9 years. At this stage the child's development is intricately influenced by the environment where he/she finds himself/herself. In this instance, the child's environment incorporates the immediate family, peers, neighbourhood or community, the school, and the society at large. Embedded in the environment are cultural beliefs and practices, social relationships, and the geography as an example. Secondly, the participating schools in this study serve learners that mostly come from low- to no-income families. This implies that socioeconomic factors have an important role to play in the participants' lifestyle behaviours. Adopting a theoretical framework that will do justice to all possible factors that enable or disable healthy lifestyle behaviour is critical. To this end, the Bronfenbrenner's socioecological model seems relevant for this study. The Bronfenbrenner socioeconomic model is explained in the discussion that follows.

### 2.3.1.1. Bronfenbrenner's socioecological model

Bronfenbrenner's socioecological model emphasises the study of a child in the context of the environment in which the child exists. Bronfenbrenner introduced the socioecological model in the 1970s which was formalised into a theory in the 1980s (Kilanowski, 2017). The author further explained that the model was exemplified as through nested circles with the individual at the centre and the first layer was a representation of the immediate environment. Figure 2.1 depicts Bronfenbrenner's ecological model.



*Figure 2.1: Bronfenbrenner's ecological systems theory*

Source: The Psychology Notes Headquarters (2021)

Burns, Warmbold-Brann and Zaslofsky (2015) quoted Bronfenbrenner's own definition of his model as understanding the child through completely examining the environment in which the child lives including the child's home, school, community, and culture. The model places the child at the centre of these systems which signifies that the child's

development is the focal point, and these systems support the child's journey towards realising their full potential. Neal and Neal (2013) highlighted the role that a setting plays in ecological system theory. According to these authors, Bronfenbrenner viewed a setting as a place where people connect in a face-to-face fashion. This explanation elevates the systems that support a child's development to the level of a social interaction meaning that, for instance, a home as a primary setting for a child not only constitutes a primary setting based on the space, but also provides for how the members of the family interact with the child. Neal and Neal (2013) further explained that, although the patterns of social interaction are key to the systems that influence an individual's behaviour or development, spatial factors are also an important component of the ecological system. This, therefore, implies that the environment where each system exists has an influence on a child's development. In this instance, the child's family interactions are critical and so is the setting where the family home is situated.

Swick and Williams (2006) identified four levels in Bronfenbrenner socioecological theory namely, the microsystem, mesosystem, exosystem and macrosystem. The microsystem refers to the immediate environment that the child grows in. In this study, Bronfenbrenner's microsystem comprises the learner's immediate family, peers, classroom, and religious settings. Cabrera et al. (2014) maintained that children live in numerous microsystems meaning that in a family setting, children participate in different kind of relationships with family members who in turn help their course of development. Additionally, Paat (2013) explained that a family affords a base from which a child learns to traverse into society. In line with Neal and Neal's (2013) explanation of Bronfenbrenner's systems settings, the microsystem only refers to a set of people that directly interact with the child, implying that a parent who is not in contact with the child will not form part of the child's microsystem. Bronfenbrenner's second level is the mesosystem which comprises environmental factors surrounding the child that have an influence on each other and cannot be viewed in isolation. Again, according to Neal and Neal (2013), the mesosystem speaks to the social interactions that occur between individuals found in different settings, but such interactions have the child as a focal point. For example, Cabrera et al. (2014) explained that a mesosystem includes relations of the family and other microsystems where the family spends time, such as the school, church and work. The authors suggested that actions

that occur in one microsystem may result in reactions in another microsystem. An example in relation to this study, is orphaned children who are growing up in an unloving environment may struggle to form positive relationships with their teachers; therefore, despite the teachers' modelling and teaching of healthy living, the teachers' impact on such children's lives might be minimal. Interestingly, though Paat (2013) finds Bronfenbrenner's model useful when applied to immigrant children, the author raised some concerns regarding research that pertains to the mesosystem level. According to Paat (2013), concerns there is limited research on Bronfenbrenner's mesosystem and that the extent to which is the neighbourhood and family interactions affect children development is unclear (Paat, 2013). In the current study, Paat's (2013) concerns are addressed by the adoption of the second theory, namely, Weisner's (2002) cultural ecocultural theory which includes the neighbourhood as an immediate component of the child's development.

Bronfenbrenner's third level, the exosystem, comprises those psychological factors that occur outside the physical environment of the child but have a bearing on the child's life (Neal & Neal, 2013). Regarding the exosystem, Price and McCallum (2015) gave an example of what influences a teacher's fitness at an exosystem level as the changing nature of the profession, workload changes in policies and procedures and legislative restructuring. Though the teachers are not involved in decisions related to their employment, such decisions still have an impact on their lives causing high stress levels, anxiety, and pressure. Regarding learners who are the focal point of this study, a learner might not be directly involved with challenges that a parent experiences at work, but the impact that such challenges have on the parent will eventually affect the child. The fourth level of Bronfenbrenner's socioecological model is the macrosystem. According to Guy-Evans (2020), the macrosystem is an all-embracing nest for the micro-, meso-, and exosystems based on the fact that culture involves an interchange of all other broad social issues. The social issues include, among others, belief systems, resources, risks, lifestyles, and life choices (Guy-Evans, 2020). Bronfenbrenner's macrosystem therefore refers to the larger societal influences including the economy, cultural values, and the political system.

It is important to note that Bronfenbrenner's theory places social influences and culture at macrosystem level. In response to Bronfenbrenner's hierarchical approach to social influences and culture, Vélez-Agosto et al. (2017) undertook a study to revise

Bronfenbrenner's theory where they aimed to move culture from the macrosystem to the microsystem. The authors argued that culture forms an integral part of the child's life. Vélez-Agosto et al. (2017) used Vygotsky's sociocultural theory, Barbara Rogoff's transformation of participation perspective and Weisner's ecocultural theory to evaluate the legitimacy of Bronfenbrenner's stance on the role that culture plays in child's life. The authors defined culture as universal ideas and observations that are common amongst groups of people which influence how these group interpret and find meaning amongst themselves and the environment they live in (Vélez-Agosto *et al.* et al., 2017). The authors' view was that culture is a fundamental part of the child's daily activities; thus, it contributes to their development at all levels. The schools partaking in this study were in a culturally diverse environment and, therefore, render Vélez-Agosto *et al.* et al.'s (2017) argument relevant. The researcher chose to complement Bronfenbrenner's theory with theories that accommodate social and cultural factors. Such a decision is backed by research. For instance, Glanz, Rimer and Viswanath (2015) stated that health behaviours are too complicated to be described through one theory and, therefore, suggested the use of models which draw from varied theories enabling researchers to appreciate a specific problem in a precise context. Furthermore, Davis et al. (2015) advocated for health interventions that draw from various theories as, according to these authors, current public health and behaviour change interventions tend to focus on individual and interpersonal factors rather than including broader social and environmental attributes. Based on the assertions raised and taking into consideration the targeted participants for this study, the researcher blends Bronfenbrenner's ecological model with Weisner's ecocultural theory. Weisner's ecocultural theory is explained below.

#### 2.3.1.2 Ecocultural theory

According to Weisner (2002), cultural communities offer pathways for children's development within an ecocultural context. Bernheimer, Gallimore and Weisner (1990) explained that the sociocultural theory aligns itself with early childhood education where the family values, goals and needs are taken into consideration. Ecocultural theory is interested in how families create meaning regarding their own situations (Bernheimer, Gallimore & Weisner, 1990). Weisner (2002) simplified family cultural pathways as activities such as bedtime, homework, watching television, dinner, soccer

practice and playing. The most important aspect of the cultural pathways is that they are influential in shaping one’s development and developmental outcomes (Weisner, 2002). When applied within the Bronfenbrenner’s’ ecological model, Weisner’s (2002) ecocultural theory encourages the researcher to reflect on the impact that the family, community survival, health and demographic features, safety issues such as those related to playgrounds, impact on the child’s development. On the other hand, Liu, and Merritt (2021) emphasised the importance of family routines and find it important not only for the child but the family as well. The authors also uses the chaos theory to explain the impact of a chaotic family environment on the child. For instance, the authors believe that children who grow in a disorganised family environment are likely to feel insecure as the environment becomes unpredictable (Liu & Merritt, 2021). Notably, Bull et al. (2020) linked domestic chores to physical activities. These activities include gardening, childcare, and cleaning. This linkage agrees with Fletcher et al.’s (2018) definition of PA as explained under Section 2.2.2.1.

The implication of this understanding is that one has to filter the child’s ecosystem and the family ecoculture throughout the Bronfenbrenner’s system. Table 2.2 represents the ecocultural domains adapted from Bernheimer et al. (1990).

*Table 2.2: Domains that constitute the ecocultural niche of the family*

<p>Family subsistence, the work cycle and the economic and financial base</p> <ol style="list-style-type: none"> <li>1. Public health and demographic characteristics of family and community</li> <li>2. Home and neighbourhood safety</li> <li>3. The division of labour by sex, age, and other characteristics, including domestic task and chore workload</li> <li>4. Childcare tasks: who does childcare, and how it is organised</li> <li>5. Roles of the father and others in childcare</li> </ol> <p>Composition of children’s peer and play groups: who participates, age, and sex of groups</p> <ol style="list-style-type: none"> <li>6. Structure and quality of marital role relationship</li> <li>7. Networks, supports, and organizational involvement for women</li> <li>8. Multiple sources of child cultural influence available in community</li> <li>9. Sources of parental information regarding children and family</li> <li>10. Degree of community heterogeneity influencing family</li> </ol>
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Source: Adapted from Weisner (1984) cited in Bernheimer et al. (Weisner, 1990).

Weisner's domains as contained in Table 2.2. are relevant to the current study because these domains are focused on the family which is key in the first level of Bronfenbrenner's model. The domains also complement Bronfenbrenner's model through inclusion of the family's socioeconomic situation termed family subsistence in the ecocultural theory and the neighbourhood. Furthermore, the cultural influences in Weisner's domain are highlighted as critical alongside all other domains unlike in Bronfenbrenner's model where culture seems to come to play only at the macro-level as pointed out in Section 2.3.1.1.

The ecocultural proponents such as Bernheimer et al. (1990) "family-constructed meaning as well as their proactive responses to those circumstances and meanings" (Bernheimer et al. 1990, 221). Secondly, the researcher critically analysed the family daily routines in accordance with the theory. Lastly, ecocultural proponents believe that this theory can be applied to all cultures. This suggests that in line with dietary habits as an example, the researcher had to consider the family culture. The authors emphasised the ability of ecocultural theory not only to avoid discriminatory assessment of differences between family groups but also to avoid the danger of comparing these families which tend to be in favour of dominant groups. The authors believed that if there would be any comparisons within the ecocultural theory, such comparisons would be based on specific circumstances. Based on this analysis, the researcher finds the ecocultural theory to be a reasonable complementary theory to Bronfenbrenner's ecological model.

The adopted theoretical frameworks guided the process of data gathering and data analysis. Both the Bronfenbrenner's and ecocultural theories were used in generating questions for the study in chapter 1. The theoretical framework also informed the presentation, analysis, and interpretation of data. For instance, the various levels from Bronfenbrenner and some of the ecocultural theory domains were used in creating themes for interpreting data in chapter 4. The adopted theoretical frameworks guided the process of data gathering and data analysis. Both the Bronfenbrenner's and ecocultural theories were used in generating questions for the study in chapter 1. The theoretical framework also informed the presentation, analysis, and interpretation of

data. For instance, the various levels from Bronfenbrenner and some of the ecocultural theory domains were used in creating themes for interpreting data in chapter 4.

## **2.4 CHAPTER SUMMARY**

The purpose of this chapter was to give an overview of literature with regard to lifestyle behaviours and the impact that both healthy and unhealthy lifestyle behaviours have on one's quality of life. Included in the chapter is the legal and institutional framework that governs, guides, and supports health promotion and education both at global and local level. The chapter also analysed SA legislative and policy stance and responses to international mandates on health education and health promotion at school level. There seems to be an undisputable agreement in literature on the role that lifestyle behaviours play in the prevention and management of diseases including NCDs. It has also been widely established that NCDs are not only on the rise in LIMC but also impact young children's quality of life physically, emotionally, and mentally. There are, however, few studies identifying young children's lifestyle behaviours that need to be targeted when designing health promotion and health-education programmes. Existing global and national literature focuses more on overweight and obese children and calls for urgent interventions in addressing factors leading to overweight and obesity levels among children, particularly children in LIMC who seem to be at high risk of obesity and contraction of NCDs. These factors are seldom analysed in relation to what determines this status quo particularly in South African literature. The chapter concludes with a discussion of the two theories adopted in this study, namely, Bronfenbrenner's socioecological model and Wiesner's ecocultural model. The next chapter focuses on this study's methodology.

## **CHAPTER 3: RESEARCH METHODOLOGY AND DESIGN**

### **3.1 INTRODUCTION**

This study aimed to explore Foundation Phase (FP) learners' lifestyle behaviours as well as factors influencing such lifestyle behaviours from Bronfenbrenner's socioecological and Weinstein's ecocultural perspective. The objectives of the study were to:

- identify Foundation Phase learners' health-related lifestyle behaviours.
- analyse micro-factors affecting learners' lifestyle behaviours.
- investigate the role and effect of microsystem and cultural pathways interactions on learners' lifestyle behaviours.
- explore the extent to which exosystemic factors and decisions and macro-level affect learners' lifestyle behaviours.
- explore the kind of support required by stakeholders to positively influence Foundation Phase learners' lifestyle behaviours.

The current chapter focuses on the research methodology adopted in this study. Nieuwenhuis (2016) distinguished methodology from methods by describing methodology as a procedure that a researcher follows in collecting data, analysing, describing, and explaining the researched phenomenon while methods are described as tools used to collect data. In this chapter, the researcher details the methodology process from the choice of paradigm to data collection procedures including an outline of the data analysis process.

### **3.2 RESEARCH PARADIGM/ PHILOSOPHICAL VIEW**

In this study, the researcher adopted a qualitative interpretivist paradigm as the main research question needed to be answered and interpreted from the participants' subjective point of view. The researched phenomenon would also be best understood from the participants' context which included the environment in which the participants exist. To this end, documents analysis and observations were included as data collection tools to accommodate environmental factors linked to the phenomenon of interest. Henning et al. (2004) supported the researcher's choice of paradigm as they asserted that an interpretive theory is created through observation, understanding of people's meanings, beliefs, principles, and motives. This assertion proved to be true

in this study as role players such as Foundation Phase educators, parents and tuckshop owners' attitudes and understanding and knowledge of learners' behaviours coupled with the environment in which the learners exist became key in understanding the phenomenon under study.

The adoption of the interpretive paradigm is further aligned with the choice of a theoretical framework as explained in Section 2.6 of the previous chapter, namely, a combination of the socioecological and ecocultural theories. These theories are grounded on the belief that environmental and cultural factors are key in shaping children's behaviours, practices, attitudes, beliefs and motives. It is therefore critical to explain all the factors within the individual's environment in order to understand the phenomenon of interest. Cohen, Manion and Morrison (2018) further postulated that "an interpretive paradigm rests, in part, on a subjectivity, interactionist, socially constructed ontology and on an epistemology that recognised multiple realities, agentic behaviours and the importance of understanding a situation through the eyes of the participants" (p. 6). This assertion leads to an interpretivist paradigm with an epistemological view that is anchored in a subjective interpretation of reality.

There are, however, some limitations levelled against interpretivism regarding the generalisability of its findings. The argument is based on the notion that interpretivism deviates from scientific procedures (Mack, 2010). Based on this view, positivist theorists are likely to question the outcomes of interpretivist research. Yet another criticism is raised on the basis of the subjective nature of interpretivism. Despite the limitations raised, in this study, the researcher aligned with how Mack (2010) responded to these criticisms. The author explained that findings sourced from interpretivist research tend to resonate with recipients in similar situations and, therefore, assist these recipients in problematising the phenomenon and adopting the findings and recommendations from the research to positively address their problems. On the issue of subjectivity, Mack (2010) believed that all research is subjective as a choice of a paradigm leads a researcher to be subjectively focused on "one way of research" (p. 8). The researcher's choice of the interpretivist paradigm is further backed by Shah and Al-Barji (2013) who felt that it is only through subjectivity that the researcher is able to provide answers from what individuals make from their lived experiences. In this instance, the findings of the study depended on the subjective meaning derived from participants and their environment as well as the interpretation

presented by the researcher. Qualifying the marriage between qualitative method and interpretivism are Thanh and Thanh (2015) who posited that the interpretivist paradigm enables the researcher to understand the world from the participants' experiences and judgements. They further linked interpretivism with the qualitative method in their assertion that followers of the interpretivist paradigm prefer the qualitative method. This is because an interpretivist's purpose is to gain an in-depth understanding of the phenomenon under study (Thanh, and Thanh, 2015).

### **3.3 THE METHODOLOGY**

Methodology serves as a lens through which the researcher decides on the methods that will best address the research question. That includes the sampling of participants, data collection techniques, data analysis and compilation of the final report (Mills, 2017). The proceedings in this chapter are therefore based on both Mills (2017) and Nieuwenhuis's (2016) interpretation of methodology. This methodology is discussed in the sections that follow.

#### **3.3.1 Research Method**

According to Mills (2017), research methods are the procedures and tools employed to gather data. These include data collection techniques, data analysis, data presentation and dissemination of findings (Mills, 2017). As indicated in Section 1.8.2, this study adopted a qualitative research approach based on the researcher's need to explore participants' experiences and beliefs about the FP learners' lifestyle behaviours. Yin (2016) pointed out a few features that distinguish qualitative research from other research methods among which are that qualitative research studies people's meaning of life in real-world settings. Secondly, the researcher presents data that represent views of people who live and experience the conditions that are studied as opposed to presenting perceptions from other researchers. Thirdly, qualitative research embraces the context within which the participants exist such as the social, cultural, institutional, and environmental conditions. This study is in sync with Yin's (2016) identified features as responses to learners' lifestyle behaviours were sought from participants within the FP learners' context. The data used in this study is, therefore, a representation of these participants' views, experiences, and beliefs. In addition, the learners' environment which includes the home, school and the community at large was key to providing answers to learners' lifestyle behaviours. This

factor aligns with the need for a qualitative researcher to embrace the context within which the participant exists (Yin, 2016). The strength of the chosen research approach was its ability to allow the researcher a face-to-face encounter with participants. By so doing, the researcher had an opportunity to observe participants' facial expressions, read their emotions and sense their attitudes towards the subject under discussion. This kind of interaction is best represented through a Sepedi expression that says "ditaba di tšwa mahlong", loosely translated as "news is best extracted in an eye-ball to eye-ball encounter". This could only be attained through the qualitative research method.

### **3.3.2 Research Design**

As indicated under 1.8.3, this study adopted a single case study design where two primary schools from a district under the Gauteng DBE were used as one case. Though researchers such as Cohen et al. (2018) claimed that there is no clear definition of a case study, Yin (2018) offers a twofold definition of a case study. The first definition talks to the scope of a case study where it is said that a case study is an in-depth examination of a phenomenon within a real-world context compared with experiments where there is a deliberate separation of the phenomenon from its context. The second feature in defining a case study is that a case study deals with unique situations where there is a variety of information to choose from and that relies on multiple sources of information (Yin, 2018). The reason for aligning the choice of case study with Yin's (2018) definition is that the researcher had to carefully select schools that could provide in-depth information that was unique to learners living in a low-to-middle income environment. In this study, the case study was classified as "qualitative" to describe the chosen research design. This distinction was influenced by Yin's (2018) warning that case study research may be a standalone method separate from qualitative research. He argued that there may be instances where qualitative studies may not meet the requirements of case study research. In support of this assertion, Starman (2013) explained that, despite the practice of associating case studies with qualitative research and methodology, some case studies use quantitative research while some use a combination of qualitative and quantitative methods. This led the researcher to explicitly identify the research method in this study as a qualitative case study design.

In differentiating between a single case study and multiple case studies, Baxter and Jack (2008) explained that a single case study focuses on one unique or extreme case while a multiple case study comprises of more than one case. When employing a multiple case study design the authors asserted that the researcher is enabled to draw similarities and differences between the cases. Baxter and Jack further recognised the value that multiple case studies add to case study research while appreciating the fact that multiple case studies can be time-consuming and expensive. The latter statement seems to suggest that a single case study may be a better option where resources are scarce, as they were in this study. Though a single qualitative case research design was adopted in this study, the inclusion of two schools within the district provided an opportunity to view the phenomenon through multiple lenses while widening the number of participants. These two factors contributed towards improved triangulation of the findings and strengthened the study's dependability. An increase in the number of participants also countered one of the criticisms levelled against a case study as a research design as raised in Zaidah's (2007) study. The author stated that the reliability and generalisation of case studies are open to question when a small sample is used.

### **3.3.3 Population and Sampling**

This section deals with the population and sampling used for the study.

#### **3.3.3.1 Population**

This sampling was informed by Morgan's (2012) identified fundamentals as explained in section 1.8.4. The broader population where the required information could be sourced was primary schools in low-to-middle income communities. These primary schools needed to have an FP wing serving Grades R to 3 in accordance with the SA government's classification. In SA's classification terms, the two schools were Quintile 1 to 3 schools (Hall & Giese, 2009). The two schools were selected from a broader population of more than 166 schools in the Tshwane South District. The population in this study comprised of FP teachers, learners' parents, senior subject specialists, tuckshop owners/food vendors, SBSTs, FSCs and SMTs. The participants that were chosen possessed in-depth information on learners' lifestyle behaviours and factors that influenced such lifestyle behaviours within the socioecological and ecocultural arena.

**3.3.3.2 Sampling**

Participants are individuals selected or who volunteered to partake in a research study (Persaud, 2020). The author further identified different types of study participants in line with the methods employed. For instance, when surveys are conducted, the participants are referred to as respondents or interviewees because they provide information about themselves. On the other hand, Persaud (2020) identified participants who partake in an experiment as subjects and participants who are very knowledgeable in the phenomenon under study as informants. Individuals who participated in this study were called participants for consistency purposes. The participants were sampled using Robinson’s (2014) four-point approach.

The first step in Robinson’s (2014) approach entails the definition of a sample universe, followed by a decision on sample size, the third step is about creating a sample strategy. The final step of the four-point approach is the sourcing of participants. Figure 3.1 represents how the four-point approach was applied in this study sampling process. The application of the four-point sampling approach as used in this study is further unpacked.

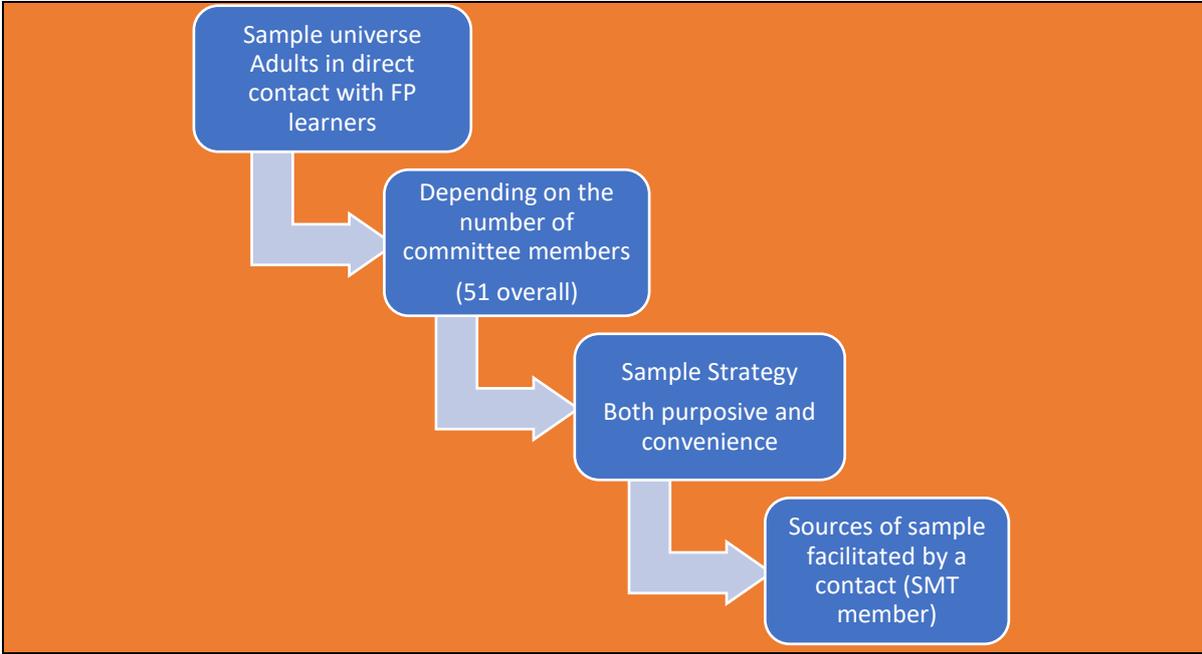


Figure 3.1: Four-point sampling

Source: (Adapted from Robinson 2014)

- **Defining the sample universe**

Robinson (2014) explained this step as a process where the researcher decides on a generic and broad sample that fits the study's focus. In this study, the sample universe comprised of adults in FP learners' immediate environment of development. The adults included were learners' parents, FP educators, individuals responsible for one or more health-related aspects such as tuckshop owners, SBST members, SMT members and FSC members and government representatives. According to Robinson (2014), at this sampling stage, the researcher is able to demarcate the sample further through criteria for inclusion and exclusion. The inclusion criteria entailed inclusion of Quintile 1 to 3 schools' FP educators with no less than five years' experience in FP teaching; parents who lived with learners; and members of committees who had served on the committee for a minimum of two years. The exclusion criteria were individuals linked to Quintile 4 and 5 schools.

- **Sample size**

The sample size is comprised of cases where data was collected (Robinson, 2014). As indicated in Section 1.8.4. in this study, the sample size for this study was 51 participants. The sample was derived from two Quintile 1 to 3 schools that served as one case. The sample is small compared to the number of Quintile 1 to 3 schools located in the chosen district.

- **Sample strategy**

The sampling strategy is preceded by defining the sample universe in that the sampling strategy can only be decided upon when one has delineated a sample universe (Robinson, 2014). The sample universe for this study was adults in direct contact with FP learners. The selection strategies for this study were both purposive and convenience sampling based on the type of schools and their socioeconomic status, convenience, location accessibility, availability of support and a unique setting that influenced learners' lifestyle behaviours.

- **Sourcing of sample**

This process of sourcing entails the recruitment of participants from the targeted population (Robinson, 2014). The recruitment of participants in this study was aligned

with the DBE research protocol where the researcher first had to complete an application and obtain written permission to conduct the study in its schools (Annexure B). This was followed by seeking permission from the school management and in this case, the principals provided written permission. From then on, the school allocated a contact person who in this study was a member of the SMT. The SMT member recruited participants in line with the researcher's set criteria.

- **Participants' profiles**

As earlier indicated, participants in this study included parents, educators, school feeding scheme committees, tuckshop owners, SMT's and SBST's as well as representatives from the schools' district. Table 3.1 entails this study participants' profile and selection criteria.

*Table 3.1: Participants' profiles*

Participant description	Number	Selection Criteria	Purpose
Parents	3 parents per school	Preferably with one or more learners in Grade 1 to 3 living with the parent	<ul style="list-style-type: none"> <li>• Gain an understanding of family routines, home and community culture including the type of food consumed and reasons for such choices. Information on children's level of informal and formal activity was also key</li> </ul>
Foundation Phase educators	3 educators per Grade (Grade 1, 2 and 3) in each of the two participating schools	<p>A minimum of 5-year teaching experience in the Foundation Phase and a few years' experience in the study area.</p> <p>Be actively involved in one or more of the committees responsible for learners' health-related matters, and preferably participated in sports or any other health-related activity.</p>	<ul style="list-style-type: none"> <li>• Served as one of the primary sources of learners' lifestyle behaviours both at home, school and in the community</li> </ul>

Participant description	Number	Selection Criteria	Purpose
Tuckshop owners	1 from each school	Responsible for selling food on the school premises	<ul style="list-style-type: none"> <li>Provision of information on the kind of food sold in the school, guiding policies for food choices, relationship with the school regarding food choice and learners preferred food choices</li> </ul>
SMT	1 committee per school	Member of the SMT and/or SGB. Should have more than two-year experience in the schools at a managerial level	<ul style="list-style-type: none"> <li>To share information on the community culture. Share experiences regarding the relationship between the school and the parents. Sharing views on learners lifestyle behaviours and the kind of support needed to enhance learners' lifestyle behaviours.</li> </ul>
School nutrition committee	1 committee per school	Current members of the committee	<ul style="list-style-type: none"> <li>Gaining information on the kind of food served at the school and its link to the Life Skills subject.</li> <li>Gain knowledge on how learners home culture influence their food preferences.</li> </ul>
SBST	1 committee from each school	Current members of the committee	<ul style="list-style-type: none"> <li>To get information regarding school learners mental state. Gain information on school policies and the level and kind of support provided to learners where needed.</li> </ul>
SES	1 SES working with both schools	Foundation Phase SES was selected based on years of experience in their profession	<ul style="list-style-type: none"> <li>Sharing of the role that the SES played in the participating schools. Included was a need to establish the kind of support required to improve learners' quality of life. The SES also shared knowledge about the kind of community where the selected schools are found.</li> </ul>

### 3.3.3.3 Site selection

Research reviewed to date has presented various reasons for health and health-related interventions to target schools and school-going children (Jourdan et al., 2016; Waters et al., 2017). Firstly, the school is regarded as a platform where many children can be accessed over extended hours per day. This assertion is supported by WHO and the United Nations Educational, Scientific and Cultural Organization (World Health Organization, 2018) that estimated that, globally, 90% of school children attend primary school while 80% of children attend secondary school. These children spend most of their waking hours at school which provides teachers with a good opportunity to influence these children's lifestyle behaviours. Jourdan et al. (2016) supported the notion of using the school as a niche for health-education interventions based on the length of time that children spend at school and the schools' ability to house children from different socioeconomic and cultural backgrounds. Though the majority of learners in this study came from a similar socioeconomic background, their cultural orientation differed. Added to the school's ability to house learners from different backgrounds, are researchers who believe that the school community has an added advantage of influencing their surroundings and the community at large which is said to be in line with the Ottawa Charter standard (Waters et al., 2017) The school community in this study, included educators, the school management as well as affected and interested parties employed in the schools. In conclusion, Behzadkolaee et al. (2015) not only supported the school as a niche for conveying good health and environmental values but also cautioned against consequences of simple health situations which might start at school and only manifest later in the learners' lives. Based on the effects that an unhealthy lifestyle has on young children as explained in the introductory section of this study, the researcher purposed a study that contributes to the introduction of health-related intervention at the child's early years – Foundation Phase learners.

- It is also important to note that the SA government categorises public schooling systems into four phases, namely, Foundation Phase consisting of Grades R to 3; Intermediate Phase comprising of Grades 4 to 6; Senior Phase which includes Grades 7 to 9; and FET phase consisting of Grades 10 to 12 (Department of Education, 2004). This study involved learners at Foundation Phase which includes children aged between 6 and 9 years. Information on these learners was gathered from FP

educators. It is also important to note that the SA School Act is mandated to provide funding for public schools to address the disparities of the past (Mestry & Ndlovu, 2014). To this end, the SA government, therefore, classifies schools into Quintile 1 to 3 and Quintile 4 and 5. Quintile 1 to 3 schools are classified as no-fee paying schools where learners receive higher subsidies from the government as such learners come from poor families. On the other hand, Quintile 4 to 5 schools are classified as wealthy and receive a lower government subsidy. This study purposed to use Quintile 1 to 3 schools as case studies.

- The process of the site selection involved sifting of 715 schools to get to the selected sites within the district. Figure 3.2 illustrates the process followed to select the sites for this study.

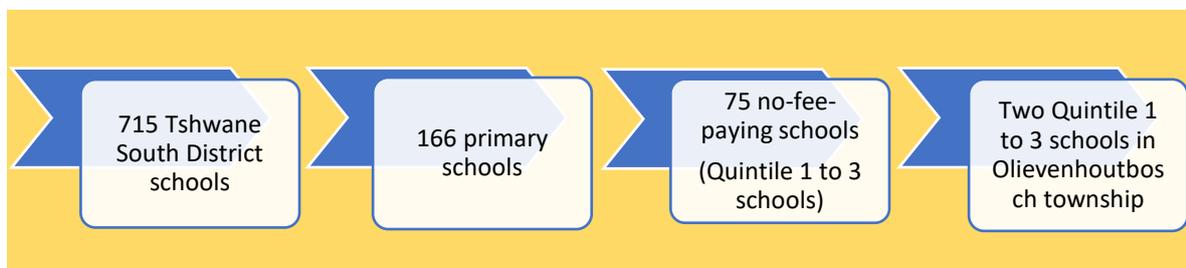


Figure 3.2: Site selection process

Source: (Stats accessed from the DBE)

- The district where the two schools were selected had 715 primary and secondary schools. Of the 715 schools, 166 were primary schools. The next step in the site selection process involved the demarcation of no-fee-paying schools from the list of primary schools. In this instance, no-fee-paying schools covered Quintile 1 to 3 schools as well as Quintile 4 schools that are located in townships. These were 75 in number. The researcher then narrowed the site selection to two Quintile 1 to 3 schools in Olievenhoutbosch township. The selection of the two schools is linked to the sample criteria in Section 1.8.4. The criteria were geographical accessibility, available support as well as the community's socioeconomic status. As earlier indicated under the research design, Section 3.3.2, the two schools were used as one case under the Tshwane South District. The following description of the selected sites is based on the observations captured through the environmental assessment tools (Annexure D).

- **School A**

The school is classified as a non-fee-paying school. As earlier mentioned, no-fee-paying schools are generally classified under Quintiles 1 to 3. There is, however, an exception in townships where Quintile 4 schools are also classified as no-fee-paying schools while the general classification of Quintile 4 to 5 is for schools that receive lower subsidies from the government (Hall & Giese, 2009). School A's buildings comprised mobile containers with limited space to accommodate sports facilities or any other infrastructure the school might need. The school building was secured by a fence and had one access point. Access control to the school was solid and well managed. According to the school's SMT, the SA government used containers to build the school mainly because the school was meant to be a temporary structure while the government-built schools in the area. Based on participants' reports, the government plan did not work out well because each time a new school is built and learners are moved to the new school, a need arises to accommodate a new cohort of learners as the township keeps growing. There were no sporting facilities in the schoolyard. The school had no tuckshop or a school food garden at the time of this study. The school had no healthy food or any health-related posters or billboards. There were street vendors outside the schools who sold varied goods including sweets, no-name-brand potato crisps, and other snacks. The school structure is captured in Figure 3.3. The Grade R outdoor play area as reflected in Figure 3.4. was not used as it was squashed between classrooms.



*Figure 3.3: School A pictures*



*Figure 3.4: School A Grade R play area*

The school's enrolment during this study stood at 1 611 learners from Grades R to 7. The staff complement comprised 36 educators including the principal, three administration clerks and four general workers. Each Grade comprised 4 classes with an average of 55 learners per classroom.

- **School B**

School B was also a Quintile 1 to 3 school. The school was registered as an inclusive education entity. The school was well established and made of brick-and-mortar structures with exception of an added wing of mobile structures where Grade R and 1 learners were housed (Figure 3.5). The school enrolment stood at 1 316 learners with a staff complement of 46 members including the principal and administration staff at the time of this study. The school had an average of 4 classes per grade with approximately 45 learners per classroom. The school had appropriate space in between the classrooms and around the school blocks for children's play. There were also sufficient facilities for Grade R in the extended area. There was, however, limited space in front of the Grade 1 classrooms for play. The school's yard was secured by a palisade fence surrounding the school. School B had a variety of sporting facilities, including a tennis court, basketball and soccer field. Figure 3.6 is a picture of the tennis court that served as an example of School B sporting facilities.



*Figure 3.5: School B pictures including Grade R play area*



*Figure 3.6: An example of School B's sporting facilities*

### **3.4 DATA GENERATION PROCEDURE**

Yin (2016) explained data to be the smallest possible unit that stems from experience, observation, or experimentation. In line with this description, participants' sharing of their own experience, and the researcher's observations played an important role in generating data for this study. In this case study, multiple sources were used to collect data – this approach is supported by research. For instance, Yazan (2015) compared approaches to case study research between Yin, Merriam, and Stake. The findings were that all three scholars emphasised the need for the researcher to draw data from multiple sources. To this end, various sources for data collection were used in this study namely, document reviews, interviews, and observations. These data collection tools are discussed in the next section.

### 3.4.1 Data Collection Techniques

As indicated in Section 1.11. of Chapter 1, this study was conducted at the stage when the world at large was under the threat of the coronavirus (COVID-19). The institution where this research took place had to implement various strategies to prevent the spread of the virus and counter the potential risks and harm that could befall both the researcher and the participants during face-to-face interviews. Strict safety and protocol guidelines also referred to as the “COVID-19 toolkit”, were issued for researchers who intended to use contact data collection methods. The researcher adhered to all COVID-19 protocols and carried the prescribed toolkit during site visits. Despite a few adjustments that had to be made in order to comply with COVID-19 regulations such as limiting the number of representatives in some committees, the data collection matrix as reflected in Table 3.2. was adhered to.

*Table 3.2: Data collection matrix*

Questions	Instrument type			
	Document review	Observation	Face-to-face individual	Focus-group semi-structured
<b>Main research question:</b> What are the <i>lifestyle behaviours and environmental factors associated with low-income learners in the Foundation Phase</i> ”?				
Which health-related lifestyle behaviours are exhibited by Foundation Phase learners in low-to-middle-income areas?	X	X	X	X
What are the micro-factors that affect and influence these learners’ health-related lifestyle behaviours?	X	X	X	X
What is the nature and effect of microsystem and cultural pathways interactions on learners’ health-related lifestyle behaviours?	X		X	X
To what extend do exosystemic factors and decisions at the macro-level affect Foundation Phase learners’ health-related lifestyle behaviours?			X	X
What are stakeholders’ views on support needed to positively influence Foundation Phase learner’s health-related lifestyle behaviours?	X	X	X	X

#### **3.4.1.1 Document review:**

The researcher reviewed several documents as one of the data gathering mechanisms. In analysing data from documents collected in each school, the researcher created a document analysis tool in the form of a table, wherein different areas of interest were plotted. For instance, all policies that related to health promotion were grouped together and a summary of findings plotted adjacent to each document found. Each participating school was assigned each on document analysis tool.

Nieuwenhuis (2016) explained that when using documents for gathering data, one should focus on all kinds of written documents that may shed light on the phenomenon. It is further explained that published documents are classified as secondary sources while unpublished documents are classified as primary sources (Nieuwenhuis, 2016). Types of documents used in this study included published, unpublished, and personal documents such as school disciplinary records. These documents were studied for various reasons: firstly, the researcher used secondary sources such as legislation, policies, and programmes to develop an understanding of how they guided and governed health interventions at the school level. Secondly, primary sources of information were key in providing information on the school's history, health-related policies such as nutritional scheme guides and menus, school sport policy, disciplinary logbook, and all other relevant school policies. These documents provided insight into the schools' position on health-related matters which were explored during interviews. Thirdly, the Life Skills curriculum guidelines as provided by the DBE, as well as learner worksheets, were used to assess whether the curriculum content on health-related topics addressed learners' lifestyle behaviours. It was also important to assess the level at which all these documents were integrated into the school environment. School records on disciplinary issues were also critical in enlightening the researcher on any health-related issues that the schools might be grappling with.

### **3.4.1.2 Observations**

In line with Nieuwenhuis' (2016) advice, observations were used to answer research questions. As indicated in Chapter 1, Section 1.8.6.2, the researcher used an own designed observation tool to assess the school environment. Areas of interest during the school environment assessment were the school infrastructure and the level at which it enabled learners physical activities. Questions that needed to be answered through the observation tool included whether there was sufficient space for learners' informal activities during recession and PE periods. It was also important to observe whether the schools had sporting facilities where learners engaged in formal sports. Regarding nutrition, the researcher reported on what was offered in the school tuckshop as well as what was sold through street vendors. It was also important to assess whether there were any efforts made to advocate for healthy eating or any messages that promoted awareness of any health-related issues. Based on these factors the environment formed a crucial part of the study as it was key in understanding the schools' response to learners' lifestyle behaviours.

### **3.4.1.3 Individual face-to-face interviews**

As indicated in Section 1.8.1, this study adopted an interpretivist paradigm based on the need to engage with participants who could provide an in-depth understanding of learners' lifestyle behaviours from different angles. Individual face-to-face interviews were important to afford the researcher an opportunity to get different views on the researched phenomenon. According to the literature, interviews are divided into formal and informal interviews (Adhabi & Anozie, 2017). The authors described informal interviews as conversations about people's everyday experiences while formal interviews are structured. Formal interviews are further classified into structured, unstructured, and semi-structured. The authors viewed the main difference between these types of interviews to be the power that the researcher has during the interview sessions while presuming some degree of responsibility (Adhabi & Anozie, 2017). For instance, the authors asserted that in structured interviews, the interviewer is in control of the interview while in semi-structured interviews, one does not follow inflexible pre-prepared questions, giving participants the power to respond more freely. In this study, individual, semi-structured, face-to-face interviews were conducted with educators, parents, tuckshop owners and the SES (see Annexure E for sample interview guides).

This approach was adopted to create a comfortable and less threatening environment where participants would freely share their views and experiences.

Schensul (2008) identified the researcher as a key component of data collection and recommended that in case of face-to-face interactions the researcher should do a thorough self-examination and reflect on possible biases. This, according to the author, eliminates the possibility of the researcher's influence on the situation. In this study, the researcher consciously heeded Schensul's (2008) warning and continuously reflected on the possible biases she might be bringing into the situation and kept notes of her own thoughts before interviews with participants. The researcher also used semi-structured questionnaires in order to decrease the level of imposition on the participants and their environment while allowing participants to use their preferred language of communication.

As mentioned earlier, for each face-to-face interview, an interview guide with semi-structured, open-ended questions was developed (Annexure F-L). Yin (2016) described an interview guide as a representation of a set of prompts rather than a list of concrete questions. Such prompts were followed up by brief probes for further clarity or engagement. Additionally, Jeanfreau and Jack (2010) stated that the use of in-depth semi-structured interviews allows participants to openly share their personal experiences. Nieuwenhuis (2016) further raised an important point on semi-structured interviews, namely, that due to the open-endedness of semi-structured interviews, minor aspects that are not related to the study may creep in and derail the discussions. In such situations, he recommended that the researcher guides the participants back to the focus of the interview. In this study, the researcher was faced with situations where the participants side-tracked from the interview focus and likewise applied learnings from Nieuwenhuis (2016). The researcher managed to steer the discussions back in line with the research questions that needed to be answered.

#### **3.4.1.4 Focus groups**

It is also important to note how Nieuwenhuis (2016) differentiates between group interviews and focus groups. Participants in a group interview are asked questions without debating generated responses regardless of whether one uses structured or semi-structured questionnaires. On the other hand, Nieuwenhuis (2016) explained that, in focus-group interviews, the discussions are focused on a particular topic and the researcher encourages deliberations and even clashes among the participants. In this instance, group dynamics are key in generating the needed data. The researcher's use of focus groups interviews in this study achieved what Morgan and Hoffman (2018) found to be a strength in using this tool, namely, that focus-group interviews bring diverse and different perspectives and experiences to the table. The varied perspectives obtained from focus groups played an important role in building the thick data needed in this study. The data was enhanced by focus groups' responses as derived from their points of agreement and contrast during discussions.

In this study, focus groups interviews were held with participating schools' governance structures that were either responsible for health-related matters in the school or were involved in the implementation thereof; for example, FSCs, SMTs and SBSTs. Notably, in School A, some committees had a small number of members due to factors related to the COVID-19 regulations as raised at the beginning of this section. However, the interviews in school B occurred at a period where COVID 19 regulations were at adjusted level 3 as such the number of participants in focus group interviews were higher than in school A.

### **3.5 DATA ANALYSIS AND INTERPRETATION**

In this study, data analysis and interpretation were preceded by data transcription. The transcription process was followed by the translation of data from African languages including Sepedi, Setswana, and Ndebele to English. The researcher edited the transcribed data based on first-hand knowledge and memory of what was shared during interviews for instance. The process also assisted the researcher to internalise the study data.

During the data collection and transcription process, the researcher adopted what Stuckey (2014) referred to as de-identification of data. The author defined data de-

identification as a process that involves assigning nonidentifying codes to participants in order to ensure participant anonymity. Stuckey (2014) further recommended that participants' names and any other identifiable variables such as profession and workplace be removed when transcribing data. The researcher followed Stuckey's (2014) recommendations and assigned codes. An example of codes allocated is E1A which stands for Educator 1 in School A. The process of data preparation included collating observation reports and a document review report in preparation for the data analysis process.

As indicated under Section 1.8.7, the researcher adopted Yin's (2018) five-phase qualitative data analysis process, namely, compiling, disassembling, reassembling, interpreting, and concluding. The researcher, however, used a Microsoft qualitative analysis software namely, the ATLAS.ti. The researcher's choice of ATLAS.ti was influenced by various reviews of the software which includes the fact that the software can be applied with dissimilar theoretical approaches and multiple data analysis processes (Friese, Soratto, & Pires, 2018).

The data analysis process detailed hereafter infuses Yin's (2016) five-phase analysis process with the ATLAS.ti. The alignment is presented in Table 3.3. followed by a detailed outline of the data analysis process undertaken in this study.

*Table 3.3: Alignment between Yin's five-phased process and the ATLAS.ti. process*

<b>Yin's Process</b>	<b>Application through ATLAS.ti</b>
<b>Compiling</b> data into formal data	<b>Preparing raw data</b> by organising interviews, documents, and observation reports. These are converted to PDF documents and loaded on the system
<b>Disassembling</b> data – this involves assigning new labels or phrases. This process may include coding	<b>Coding-</b> the raw data is labelled according to phrases/ideas that are closely linked.
<b>Reassembling</b> data – here themes are created	<b>Categorisation of codes-</b> the created codes are grouped into categories
<b>Interpreting data and concluding -</b> This phase involves reorganisation, grouping and sequencing of information	<b>Grouping –</b> here the codes are grouped into categories in accordance with the associated meaning and the research questions. This phase seems to combine Yin's (2016) interpretation of data and the concluding phase

### **3.5.1 The Five-Phase Analysis Process through Atlas. ti**

This section details how Yin's (2016) five-phase data analysis process was applied through the ATLAS.ti program. In using the ATLAS.ti software, the researcher constantly used her own analytical thinking as advised by Yin (2016). The author's advice is for researchers to instruct the software throughout the analysis process by using the software language while aligning this with one's own analytical thinking (Yin, 2016).

#### **3.5.1.1 Phase 1: Compiling phase**

Yin's compiling phase entails the compilation of raw data into a formal database. As previously indicated, in this study, data was sourced from document reviews, interviews, and observations. Here, the researcher needed to sort all data into different categories. For instance, interview transcripts were grouped together, so were the summary on documents reviewed as well as observation reports. The different groupings were clearly marked. Files were created for each set of data and where data was paper-based and could not be scanned, these were packed in clearly marked boxes as advised by Nieuwenhuis (2016) on data organisation. According to Nieuwenhuis (2016), systematic organisation of data is critical in qualitative research as it enables the researcher to locate the data when compiling the interim results of data analysis.

#### **3.5.1.2 ATLAS.ti process**

The process commenced with launching the project on the system which involved installing the ATLAS.ti software. The project was assigned a name.

- **Preparation of data** – The process of compiling data involved sorting all data into different categories. All data was converted to PDF format for ATLAS.ti as the system can only read PDF formatted data. The process included the conversion of hard copy raw data to soft copies which were saved electronically. The different groupings were saved in files and labelled accordingly. For instance, interview transcripts were grouped together, so were the field notes and observations documents. The different data which was organised into different files had to be loaded on the project launched. The files were automatically labelled as the

researcher loaded the files on the system. From then on, the data coding commenced.

- **Phase 2: Disassembling phase** – According to Yin (2016), this phase entails breaking down data that was compiled in the first phase into smaller parts. This process in Castleberry and Nolen's (2018) view includes separation of the compiled data in order to create substantial groupings. According to the authors, coding becomes part of this process.
  - **Coding** – Cohen, Manion and Morrison (2018) describe coding as a process of breaking down sections of information into smaller components. Initially in this study, 181 codes were created through the ATLAS.ti system. The many codes resulted from the researcher's inexperience with coding and a gap in understanding the coding system. To understand the process better, the researcher consulted the literature on the purpose of coding which led to a review of the coding process. The researcher commenced the code review process by removing codes that had lower frequencies in the data, meaning that all quotes that had one (1) citation in the data were removed. This exercise resulted in the reduction of codes from 181 to 44 codes. The further reduction occurred during the categorisation phase.
- **Phase 3 – Reassembling:** In this stage, the researcher reorganised collected data according to themes. Castleberry and Nolen (2018) suggest that at this stage the created codes, where concepts were mapped, be grouped into themes. According to the authors, themes capture important things about the collected data that link to research questions.
- **Categorisation of codes** – This process of categorisation involved the grouping of codes into patterns. Here the researcher observed patterns that seemed similar and linked individual codes that seemed to belong to the same cluster. For instance, one category was named food wherein all codes that referred to what learners consumed were clustered under this category. Notably, this became a natural elimination process as some of the codes did not fit into the concepts that were linked to the research questions and the chosen theoretical framework. At this stage, the codes were reduced to 22 as the researcher deleted redundant codes as well.

- **Phase 4 – Interpreting data.** During this phase, according to Yin (2016), information is reassembled to create a story. Castleberry and Nolen (2018) identified data interpretation as key to the research process as raw data “do not speak for themselves” (p. 812). The authors also acknowledged that data interpretation is an ongoing process that should start with the first three phases of Yin’s five-phase cycle. In this study, data interpretation was a reiterative process which, according to Yin (2016), is expected. Yin (2016) stated that initial interpretation of data may lead to a wish to review the already structured data afresh. The researcher engaged with data collected, particularly the transcripts, to know own data thoroughly as advised by Nieuwenhuis (2016). According to the author, this process is called “memoing” and should be accompanied by a researcher’s journal where reflections are recorded. To this end, the researcher made sure the data was read and recordings were revisited several times in order to arrive at an interpretation that matched the raw data as captured on the ATLAS.ti system
- **Grouping in ATLAS.ti** – The purpose of code groups is to sift or filter codes that are created. Here, the researcher was able to reduce the generated codes by grouping the different categories in accordance with the associated meaning and the research questions. For example, healthy and unhealthy foods were grouped under nutrition as a code group family because they all related to food. At this stage of analysis, the researcher was able to recognise the emerging themes based on the categorised groups. At the end of this process, the codes were further reduced to 22 which included the group names. Interestingly, some group names were the same as category names. This resulted in fewer additions to the existing number of codes.

Figure 3.7 presents a snapshot of a group list as extracted from the ATLAS.ti system. On the right are the number of categories that fall under each group. For instance,, nutrition has three (3) categories, namely, healthy food, unhealthy food, and lack of food.

◊ Factors	6
◊ Mental and Social well being	2
◊ Nutrition	3
◊ Physical Activities	3
◊ School linked factors	3
◊ Stakeholder Views	2
◊ Support	2

Figure 3.7: A snapshot of final code groupings from ATLAS.ti

- **Phase 5 – Concluding:** This phase involves reorganisation, grouping and sequencing of information. This is the final phase of Yin’s cycle which he refers to as the concluding stage. Here the researcher linked interpreted data to the research questions or objectives. In line with Castleberry and Nolen’s (2018) suggestion, the researcher had to slightly shift some questions during some stages of data analysis in order to align data with the research questions. This process aligns with generic thematising. This is further explained below.
  - **Thematising** – The qualitative data analysis software used in the analysis of data for this study did not have the capability to thematise the data collected. It was therefore the responsibility of the researcher to create themes for the study manually. This process led to the creation of the data analysis and interpretation that follows. The data presentation and interpretation were shaped and organised in line with the adopted theoretical framework namely, a combination of socioecological and ecocultural theories as presented in Chapter 2, Section 2.6 of this study. Additionally, each section was designed to respond to the research sub-questions of this study meaning that the theoretical framework was also aligned to research sub-questions.

Table 3.4 is a representation of the codes that resulted from the ATLAS.ti analysis. It is important to note that the codes in this table are at a grouping stage because, when codes are categorised and grouped, the system allocates the name of the category and group as a new code. Therefore, under the code “Food” for instance, healthy, unhealthy and lack of food are included. Following this table is the discussion of steps taken to get to these results.

Table 3.4: Representation of codes resulting from ATLAS.ti analysis.

Codes	Documents analysis Tool	Data from Interviews	Observations	SMT School B and SBST Group A	Totals
o Abuse	0	17	0	9	26
o Attitude	0	26	0	2	28
o Community factor	0	13	0	9	22
o Crime	0	16	0	6	22
o Emotional	0	6	0	2	8
o Factor-physical activity	0	13	0	2	15
o Factors	0	18	0	12	30
o Food	0	262	3	3	268
o Healthy Food	0	30	0	2	32
o Lack of food	1	27	0	2	30
o Lifestyle	1	24	0	0	25
o Parental support	0	8	0	6	14
o Physical Activity	1	46	0	4	51
o Policy issues	1	3	0	4	8
o Poverty	1	24	0	10	35
o Safety	1	12	0	1	14
o School policy	12	0	0	1	13
o School System	0	12	0	19	31
o Screen time	0	7	0	3	10
o shack	0	15	0	10	25
o Space	0	6	0	2	8
o sport	3	90	1	2	96
o Stakeholder Views	0	28	0	1	29
o support	0	31	0	9	40
o TV	0	10	0	4	14
o Unemployment	1	2	0	0	3
o Unhealthy food	0	47	0	4	51
<b>Totals</b>	<b>22</b>	<b>793</b>	<b>4</b>	<b>129</b>	<b>948</b>

## Explanation

- The first column is a list of codes aligned to the study research questions.
- The second to the fourth column indicates the number of citations found in each document as loaded on the ATLAS.ti project.
- The last column summarises the number of citations for each line item (codes) and includes the total on the last row.

The information generated was used for the data interpretation and analysis in the next chapter of this study.

### **3.7 CHAPTER SUMMARY**

The purpose of this chapter was to provide an overview of this study's methodology. In the overview, the researcher explained the paradigm which is located in interpretivism and further detailed the method of choice and the data collection tools used during the data collection process. The background of the two schools as selected sites was also provided. Yin's five-phase data analysis process was discussed in relation to the Microsoft qualitative data analysis system used, namely ATLAS.ti. The following chapter (Chapter 4) focuses on the data presentation, analysis, and interpretation.

## CHAPTER 4: PRESENTATION AND INTERPRETATION OF DATA

### 4.1 INTRODUCTION

This chapter centres around data presentation and interpretation thereof. Tables and figures were included as aids to clearly present the data gathered. As indicated in Chapter 1, Section 1.7, the aim of this study was to explore FP learners' health-related lifestyle behaviours and factors influencing such behaviours from a socio and cultural perspective. The main research question for this study is reflected in Chapter 3, Section 3.1. *“What are the lifestyle behaviours and environmental factors associated with low-to-middle-income learners in the Foundation Phase?”*

Participants' anonymity was maintained by not using their names in data presentation as indicated in Section 3.4 of Chapter 3. Based on this requirement, participants were assigned codes that related to their function, followed by a number which is based on the chronological order of interviews conducted per participating school – which in this instance, were referred to as either School A or School B. As an example, the first parent to be interviewed in School A is referred to as Parent One, abbreviated as “P1A”, similarly, the first educator to be interviewed is referred to as “E1A”, and so on. Other codes include the tuckshop owner who is referred to as “TOB” while the Senior Education Specialist is coded as “SES”. In the same way, focus groups were also allocated codes. As an example, the School Based Support Team is referred to as “SBSTA” while participants in each group are identified by numbers. For instance, participant 1 from SBSTA is referred to as “SBSTAP1”; the same applies to other groups or teams which are abbreviated as follows: school management team in School A – “SMTA”, Feeding Scheme Committee – “FSCA” while the Funding Raising Committee is referred to as “FRCA”.

## **4.2 PRESENTATION OF DATA**

This section unravels what the data says about the research phenomenon. The journey towards answering questions relating to learners' health-related lifestyle behaviours were answered through data collection tools mentioned in Chapter 3, Section 3.4.1, namely, document review, observation, one-on-one individual semi-structured interviews as well focus-group semi-structured interviews. All data collected through these tools was loaded on an Atlas.ti project launched to analyse this data. The data collected was therefore presented and analysed under themes that resulted from the analysis process. To recap, the following sub-questions needed to be answered in this study:

- Which health-related lifestyle behaviours are exhibited by Foundation Phase learners?
- What are the micro-factors that affect and influence learners' health-related lifestyle behaviours?
- What is the nature of microsystems and cultural pathways interactions that impact learners' health-related lifestyle behaviours?
- To what extent do exosystemic and macro-level factors affect learners' health-related lifestyle behaviours?
- What are stakeholders' views on the support needed to positively influence Foundation Phase learners' health-related lifestyle behaviours?

The data analysis and interpretation of collected data are discussed under themes that relate to the research sub-questions.

### **4.2.1 Theme 1: Learner's Health-related Lifestyle Behaviours**

The identified learners' health-related lifestyle behaviours are classified as under-nutrition, PA, as well as social and mental wellbeing.

#### **4.2.1.1. Nutrition**

Table 4.1 presents the Atlas.ti results on the kind of food consumed by learners as derived from face-to-face individual and focus-group semi-structured interviews. Three categories of food were identified from food-related codes which are, healthy food, unhealthy food as well as lack of food. According to Table 4.1, unhealthy food was

cited the most at 51, followed by healthy food with 32 codes, closely followed by lack of food with 30 codes.

Table 4.1: Food categories as extracted from Atlas.ti

◇ Healthy Fo...	32
◇ Lack of food	30
◇ Unhealthy...	51
<b>Totals</b>	

The different categories are discussed in this section.

- Healthy food

All the parents interviewed (P1A; P1B; P2A; P2B; P3A and P3B) in this study cited mealiepap as a staple inclusion in their daily menu. The mealiepap was also reported to be served in conjunction with vegetables or a kind of protein. In unison, the following participants (P1A, P1B and P2A) confirmed the inclusion of vegetables as part of the meals served at home except for one parent (P2B) who mentioned fish as an additional serving to the menu. The parents’ responses are included in Table 4.2. shown below

Table 4.2: Parents’ responses to family menu

“Sometimes I make fish” (P2B) “... like cabbage, you see with spinach I am always fighting with them but... they don’t like it. But you see potatoes, carrots, and others when I cook them, changing them a bit, they do eat them” (P1B).

“It’s pap and, I love veggies. I make sure that I have things like spinach, cabbage, love vegetables. I make sure there is spinach, cabbage, a bit of potato, those kinds of things.” (P1A).

“I add a side of veggies - salad, cabbage or spinach in the food...” (P2A).

These responses seem to suggest that some parents try to prepare healthy cooked meals for their households.

One educator (EA1) corroborated the parents' reactions regarding the possibility of learners enjoying healthy food at home. When sharing her observations of learners' lunch boxes, the educator said:

*“During break-time ... especially on Mondays, they used to eat what we call seven colours.”* (E1A).

Seven colours in this instance refer to different coloured vegetables. One other educator said:

*“You will find that those who come from able families (those who can afford) are able to bring sandwiches, bread, polony and fruits”* (E3A).

Though the lunch boxes described here include processed food such as polony, in the main, it appeared that learners were provided with healthy food from home. The responses from both parents and educators seem to suggest that some FP learners are raised in homes where parents are not only aware of the need to serve healthy food but also try to include healthy food in their children's diet as much as they can.

Most participants (e.g., P2A, E1A, E3A, FSCAP1, FSCBP2) who responded to food provided through the school nutrition programme spoke positively about the menus provided by the government NSNP. As an example, the following reports were given:

*“They always bring clean food, they bring fresh veggies, clean rice, samp, beans. Their food is healthy for the children. We don't have issues with them.”* (P2A).

Similarly, one participant said:

*“The food is good, we have a bean that is protein, we have carbohydrates, samp, carbohydrates we have fruits, we have vegetables and have fish which is protein – they are good.”* (E1A).

A parent who also served as a volunteer in the school kitchen explained the school nutrition menu for other days as follows:

*“On Tuesday they eat samp, samp and beans with butternut. When they've eaten that samp and beans on Tuesday, on Thursday they will eat it again but*

*change the vegetable to cabbage. The veggies that are eaten too much go separately, so that is cabbage and butternut.” (P2A)*

Based on the above data, the school nutrition scheme seems to play an important role in ensuring that FP learners get healthy meals which impacts positively on their lifestyle. There was, however, one educator who felt that the food received from the school feeding scheme was not all that healthy. She said:

*“The only thing that I think is healthy is the milk,”*

and added that:

*“The fruits are not up to standard. Sometimes they seem to bring fruits that look like they are rejects.” (E2A).*

Of the six educators interviewed and from the focus-group data, this is the only incident where the school nutrition menu was rated as not so healthy. The number of positive responses received regarding the school menu suggests that on the main, the feeding scheme menu is accepted as healthy.

There are also indications that there are menu items that are more favourable among learners than the others. For instance, when asked if there is any kind of food that learners seem to like the most; one participant said:

*“Rice and fish as well as yellow vegetables ....” (SMTBP1).*

Another participant in the same focus group added:

*“I think also samp in winter. They eat samp – they finish whatever that is given.” (SMTBP3).*

According to one educator, learners go to the extent of throwing away their lunch boxes from home so they can have food offered at school.

*But, learners, I don't know where they got this thing from, even if now you can go to the dustbin, there is a lot of bread. The lunch box that they got from home, they don't eat it, they throw it inside the bin, and they will get it, they will eat from the feeding scheme. More especially when they eat the rice and fish, and then*

*the day they eat pap and milk, that's the day you will see how wasteful they are.”*  
(E1B).

One participant linked the action of throwing food in the waste bin to menu preferences:

*On Tuesday, when rice is served, everybody wants to eat. Even those who bring bread from home, throw it in the dustbin. They rush to go and have that rice. And then in winter they throw what they brought from home and carry samp.”*  
(SMTBP3).

These quotes not only demonstrate the inclusion of healthy meals as part of the school feeding scheme but also that learners enjoy the meals served. Finally, based on the participants reports from both schools, the feeding scheme menu includes samp which is served with beans rich in proteins, fibre and folate (vitamin B). Pap, rice, samp, fish, milk, fruits, and soya mince are also part of the menu.

- Unhealthy food

Compared to healthy food, unhealthy food was cited the most on the Atlas.ti data analysis system. When asked about the kind of food that learners seem to like the most, most participants (e.g., E1B, E2B, E3A, P1FSCB and P1FRCA) felt that FP learners generally liked unhealthy food and snacks. The word cloud in Figure 4.1 captures the kind of unhealthy food consumed by learners in this study.

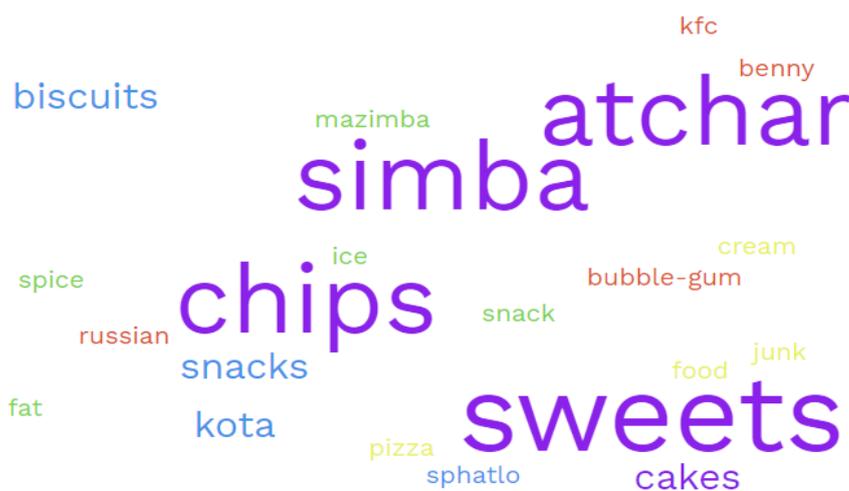


Figure 4.1: Word Cloud from ATLAS.ti – unhealthy food codes

- Word cloud explanation

The size of the letters making up each word signifies the number of times such a word was cited. When the size of the letters makes the word bigger, it means that such a word was cited more than others from the analysed data. The Atlas.ti language for cited words is “tokens”. Based on the explanation given, ‘chips’ which in this case refer to French fries, sweets, Simba and atchar were cited the most. It should, however, be noted that one kind of food can have various names associated with it. For instance, ‘Simba’ and ‘mazimba’ all refer to potato crisps. ‘Sphatlo’ and ‘kota’ have similar meanings. When taken together and counted as one item, these items might turn out to match sweets for instance, in terms of the number of times cited. In this case, the size of the word does not fully represent the kind of food cited. All the same, through the extracted word cloud one can see the kind of unhealthy food that is consumed in the area of study in order of preference. Notably, the ‘sphatlo’ fillings differ from one area to another in the SA context. Thus, the ‘sphatlo’ in the participating schools usually has a variety of fillings including atchar, French fries, polony, cheese, eggs, and Russian sausage. The basis for the ‘sphatlo’ is usually white bread, French fries and atchar. This, therefore, explains how both ‘sphatlo’, atchar and chips made it into the list of preferred food.

In support of what is reflected in Figure 4.2., when the tuckshop owner (TOB) was asked to share what learners preferred to buy or liked from the tuckshop, she said:

*“They like kota or a sphatlo.”* (TOB).

The participant further commented:

*“there is no sphatlo without atchar, so I came also with that mentality ‘gore’ (meaning that) ok, atchar is the thing...”* (TOB).

This response suggests that atchar is also a favoured item among learners. One participant shared the same sentiments as the tuckshop owner regarding atchar:

*“Atchar, they bring it from home, and we don’t know. It’s in the bag.”* (SMTBP1).

The participant further added:

*“When its lunchtime, you find that a child has mixed pap and atchar and includes milk inside the mixture.” (SMTBP1).*

However, not all participants supported the idea that the home might be responsible for the learners’ love of atchar as a source of adding flavour to the food. For instance, when referring to efforts taken by the school to prevent learners from bringing atchar into the school premises, one participant alluded to the fact that some parents do not encourage the eating of atchar at home and do not make it available at home. The participant said:

*“At home, they do not eat it. I asked, you know most of those that I found, there is no atchar at home, they say they do not eat it at home. It is not there. So, you can see that they want to indulge here at school because the parents do not see them.” (SMTBP1).*

One may wonder why some participants such as (FSCBP2, TOB, SMTBP1, SMTBP3) seemed to be against learners’ consumption of atchar though it seems to be something enjoyed even in the home environment. During informal discussions where the researcher followed up on some of the responses, it was revealed that atchar is regarded as unhealthy due to the spices and the amount of oil used in its preparation. In addition, educators from both participating schools raised concerns about the effect it had on learners. This concern was also raised when the researcher posed a question on learners’ favourite offerings from the street vendors:

*“...and atchar!” (participant exclaimed in despair) (SMTBP1).*

The participant continued:

*“And a spice called benny. The spice is not cooked but learners just pour it on food and eat it raw.” (SMTBP1).*

These findings might mean that learners preferred to spice up their food to complement what they were provided from the feeding scheme. On the other hand, such cravings might be linked to what the learners have at home. If what they eat at home has spices or atchar to spice up their food, then the feeding scheme menu will taste dull and unpalatable prompting the learners to add some flavour by using atchar and other spices obtainable from the street vendors.

What is practised at home is viewed by some participants as a contributor to learners' preferences for unhealthy food. One educator stated:

*"What I have observed in Olievenhoutbosch, is that they like fast food, most of the time parents do not cook for them at home, they buy a quarter, they buy snacks, they eat those things ..."* (FRCAP1).

This seems to indicate that, for one reason or another, the learners' parents do not prepare cooked meals but prefer to purchase fast food. Families who prefer fast food are likely to have unhealthy eating habits and their children could be deprived of healthy food options. Supporting learner's fast-food preferences was one parent who mentioned that

*"if my child could, he would eat out, go to the likes of KFC and others."* (P1A).

The same parent later added that:

*"But I've taught them that maybe on Fridays at least we can buy something out and we can buy chips to eat at home – that is what I taught them."* (P1A).

As explained earlier in this section, chips, in this instance, refers to French fries and based on the parent's response, she taught her children to regard French fries as a treat. Though the French fries might be a choice based on affordability, there might be other healthy food to be considered as alternatives. For example, one participant said:

*"... people like saying healthy living, healthy lifestyle is expensive, and I say it's a big no because you can spend a thousand rand on junk food, you go to the shop, then you buy five Simba chips because they say three for R33, it doesn't do anything... that R33 doesn't do anything instead of buying maybe a cabbage, spinach, and a carrot, that is healthy. So, I think we need a lot of talks, awareness."* (TOB).

The participant seemed to imply that people can afford to buy healthy food with the same amount of money that they spend on unhealthy food and believe that the notion that healthy food is expensive is born from a lack of awareness.

Though the feeding scheme seems to be the source of healthy food for most learners, some concerns were raised by participating educators regarding learners' habits or

practices to replace less preferred menu items with unhealthy food alternatives. One participant stated:

*“Because they know the menu for the day and think today, we are having soup and decide that he/she does not want soup and then bring atchar.”* (FRCAP2).

This sentiment was shared by other participants as well (FSCBP2; SMTBP3; SMTBP1). As an example, one participant said:

*“... learners don’t like soya, so in the morning they would buy atchar out there.”* (FSCBP2).

One other participant said:

*“... But like Ma’am says there is a day for mealiepap and milk. They will still bring atchar.”* (SMTBP3).

Participants’ responses on learners’ attitude towards soya mince support what was pointed out earlier in this section under healthy food namely, learners’ preference of certain food items over others. In this instance, it is also revealed that the learners tend to find an unhealthy replacement to what might be regarded as healthy offerings.

The researcher wanted to know if the FSC made the government officials aware of the fact that learners seem to dislike soya mince. The FSC confirmed government official’s knowledge of the matter and reported that in response an effort was made to teach the schools a better way of preparing the soya mince:

*“They called us in a meeting, they said ‘soya is healthy – they have to eat it. What the learners don’t like is what is very healthy for them’. So, they gave us a new way of cooking it, we tried our best.”* (FSCBP1).

Despite these efforts, learners seem to still not like the soya mince based on the amount of soya that the researcher saw packed in School B’s kitchen during data collection visits.

Regarding what is sold in the tuckshop and what learners get from street vendors, there is a possibility that these suppliers are responding to learners’ preferences. The School B tuckshop owner stated that:

*“the children they do like sweets, chappies, ...your biscuits...all these Simba chips they don’t have names, they like them.” (TFOB).*

Similarly, the fundraising committee in School A mentioned that before they took over as a committee, the tuckshop used to sell sweets and ‘sphatlo’:

*“On my side, they were just selling some things like sweets, not too many sweets actually, like quarter, and some fruits, juice.” (FRCAP2).*

In support of what the tuckshop owner raised as learners’ preferences, one member of the school feeding committee said:

*On the other hand, for the tuckshop as well...the lady, she was complaining that learners don’t buy fruits (another participant adding: banana). They want sweets, they want snacks (simbas) and these no brand snacks called “faku moyo” (like chewing air), and that’s what they want to buy. We called the tuckshop owner to a meeting, but then she says these unhealthy things are the ones that bring money,” (FRCBP1).*

Considering that tuckshop owners go into business to make money, choosing between healthy and unhealthy offerings becomes tricky. This might imply that the only option to sell healthy food is when people are aware of the benefits of having healthy food and purchase it. According to educators, some learners rejected fruit provided either by the school nutrition scheme or the NGO that provided breakfast and fruit during the SA Covid-19 lockdown period. One educator elaborated on the matter and stated that:

*“In my class though, I had learners who would not accept fruit from either the donors or the feeding scheme.” (E3A).*

When probed further to understand the reason behind some learners’ rejection of fruit offered at school, the educator responded that she also did not understand why learners refused to eat fruit. Perhaps this is where the family culture as pointed out by ecocultural theorists (Weisner, 2002) plays a role. Learners would not be attracted to or have an interest in something that they were not exposed to in their home environment. At the same time, one might have to consider a situation where parents might not actively monitor what their children eat. In addition, one participant brought a different angle to learner’s nutrition:

*Ja, I think that as children who stay around here, they eat what's available. It's not about choice or anything. They eat what's available and of course, it leads to lifestyle diseases but there's nothing they can do because space for playing is becoming small. The type of food to eat becomes very limited.” (SBSTBP5).*

In this instance, one is compelled to think of the learner's microenvironment as to whether these children have options at home or not. The responses given to this question suggest that handing out some healthy food such as fruit to children does not sufficiently influence their food preferences. Overall, these findings provide important insights into the kind of unhealthy food that FP learners consume in the selected study population.

- Lack of food

Reports of lack of food or food insecurity also emerged during interviews which might imply that some FP learners might have no option of having either healthy or unhealthy food. This brings another dimension to child nutrition namely, lack of food. Table 4.3 presents quotes from educators highlight possibilities that some learners might be struggling with hunger:

*Table 4.3: Quotes on possible food insecurity at learners homes*

*“Others do bring lunch boxes from home, but a large number depend on the school nutritional scheme.” (E3A).*

*“... but there is nothing for them to eat when they get there (home) do you see? So still on the child, it is still a challenge that there is no food.” (E2A).*

*“So, I doubt most of them eat breakfast that's one. So, I think they get their breakfast here they get their lunch here. Like if I feel there was no schooling for them, we will see the extent to which this poverty has really stricken families.” (SBSTAP2).*

*“Lack of money others depend on social grants, and this only lasts for two days and it is done. Perhaps some of them depend solely on the food they get from school.” (FSCAP2).*

*“Because sometimes when they sleep in the morning it’s because the child is hungry. Are you hungry? Then he says yes. I am saying ok go and sit somewhere and then I will bring you something I will prepare Morvite for you to eat.” (E1B).*

What can be deduced from these responses is that on certain days some learners might be going to bed hungry. In support of the view, one FSC member (SFCAP1) gave an account of a family of the school providing meals for dinner from the feeding scheme’s remaining supplies. The school’s gesture was apparently in response to the parent’s constant visit to the school management where she pleaded for assistance as the family was financially depressed. The participant (SFCAP2) explained the matter as follows:

*“There was another parent who went to the office and said the school must stop giving food to her children because this makes her family seem poorer than all other families. But when you look at them, they are struggling.” (SFCAP2).*

Then the other participant added:

*“And she used to come and ask for food explaining that the family is struggling. She would say that they need food so they can take medication when at home.” (SFCAP1).*

Based on what was said earlier, it seems as though the parent decided to deprive her family of the much-needed food before taking their medicine to protect the family’s image and protect her children from being teased by other learners. This was supported by one participant (SFCAP2) who voiced her thoughts on what the reason behind the parent’s decision might be:

*“I think she felt she is looked at as poorer than others.”*

In this section, one realises that nutrition challenges are not only categorised as consumption of healthy or unhealthy food but also food insecurity which may impact learners on an even bigger scale. This also poses a threat not only to learners’ physical wellbeing but to their cognitive development as well.

#### 4.2.1.2. Physical activities

PA in this instance includes both informal play and formal activities. The findings in this section are based on both individual face-to-face and focus-group semi-structured interviews, document reviews and observations captured. Several participants (P1A, E1A, E2A, E2B, E3A, SBSTBP1, SMTAP2 and SMTBP1) whose views were sought on FP learner's activity level expressed some level of dissatisfaction in this area.

- Informal play

At home, play is the key informal PA those children enjoy, in the yard, in the streets as well as in community facilities. On the other hand, informal physical activities at school include play activities that take place within the time allocated for lunch breaks between school periods as well as mandated indoor and outdoor play for Grade R learners.

Interestingly, several participating parents who were asked to explain their daily family routines included children's play as part of the daily activities. A few quotes are provided below:

*Table 4.4: Quotes on family routines including play time*

*"They aren't the type of children who like being in the streets that much, and then they watch TV with their granny, she gives them whatever treats she's brought back from work, they have fun. Then they play in the yard" (P2A).*

*"She goes and plays to refresh her mind, she says at school they write 1... 2... 3... and then goes to play and after some time, comes back then continues with schoolwork, I guide her on her homework." (P2B)*

*"So, when they come back from school they eat and do their schoolwork then they play. They find food at home when they come back from school." (P3A).*

The responses in Table 4.4. seem to confirm that learners get opportunities to play at home.

The responses seem to confirm that learners get opportunities to play at home. At the school level, some educators (e.g., E2A, E2B and E3A) shared the same sentiments regarding the learner's PA levels:

*“For Grade 1 learners, it is not sufficient.” (E1A)*

*“It’s not enough but it’s good for them. The time is not enough for them.” (E2A).*

*“With playing? It is not enough because they must eat, others have to go and queue for food.” (E2B).*

These responses seem to suggest that educators are not satisfied with the level of play that the learners engage in at school. One participant added an angle of space that seem to be exasperated by the time allocated for breaks at school:

*“...so, they bump each other and then hurt each other because the space is too small. And the time to play is not enough because they have to eat and finish up. They have to queue, sit down, and eat, one two three, time is up, they have to go to the toilet, wash their hands and go back in. So, time is not enough.” (E2B).*

The overall impression is that these educators are not satisfied with the time allocated for learners’ play during school hours. There was however one notable positive response from an educator that indicated learners’ efforts to play within the limited time available during break-time. The educator reported:

*“They do play; they do their ropes – they do skip rope. They just form own games and then play a bit within those thirty minutes.” (E2A).*

The educator’s reported observation suggests that given sufficient time learners would engage in play activities including known games from home. On the other hand, one educator responded to the researcher’s question on FP learner’s level of activity, by saying:

*“They are active, there are those that do exercises but most of them do not have an interest in playing, it is only one or two. You would ask: are you sick? Then she/he replies and says no but you can see that they are not open to playing, but most of them do enjoy.” (E2B).*

According to this educator, not all learners are keen to participate in physical activities but consent that there are those learners that are willing to engage in play activities.

Play is an important aspect of learning particularly in Grade R as it contributes to the child’s physical, social, cognitive, and emotional development. Based on the observation report in Annexure N, both participating schools had indoor and outdoor playing areas in Grade R classes. However, in School A, the outdoor play facilities were compromised due to the erection of additional Grade 6 and 7 classrooms around the Grade R play area. Figure 4.2. depicts the Grade R outdoor play area.



Figure 4.2: School A Grade R outdoor play facilities

The pictures provided in Figure 4.2 show that though efforts were made to cater for Grade R outdoor play, these facilities were inaccessible to Grade R learners. This observation was also confirmed during the semi-structured interview process where one participant stated:

*“Right now, with the school grounds, it’s a mess. Let me just make an example with the Grade Rs’ .... we have a playground that side that has got all the facilities. But unfortunately, the way they are situated they are between the classes. So, if the Grade R learners go to play – because they need to play daily.... If they go and play there, they are disturbing the other learners in the Grade 7s and Grade 6 classes because they’re not well placed. They need to be moved from that place to another place. We still have to find a proper place where they can be moved”. (SMTBP2)*

As a follow-up, the researcher inquired whether there was sufficient space where the Grade R outdoor play area can be moved, and the response was that:

*“No, no. we don’t have” (SMTAP2).*

This situation suggests that the Grade R learners in School A are deprived of the opportunity to play outside due to the school’s limited space.

- Formal physical activities

The discussion that follows includes formal school sporting activities both at home and school. At the school level, formal activities include the utilisation of mandated PE hours under the school curriculum and school sporting activities in general.

When it comes to the availability of formal sporting activities in the community, there were is the conflicting views received from parents. One parent retorted:

*“Here at Olieven there is nothing like sports. The only thing is they go to the park. Yes, at the park.” (P1B).*

The researcher wanted to find out if the children do like playing in the park and the response was that:

*“They do, but I don’t like them going there, because it’s not safe.” (P1B).*

On the other hand, one parent said:

*“In the community, the sport that is available for the boys is soccer and then for the girls, the sport available is running.” (P3A).*

The parent’s differing responses suggest that these parents might have different experiences on what the community can offer, which might further suggest that sporting activities do not occur in all sections of the community.

Notably, some parents seem to be aware of the benefits that their children might derive from physical activities and support and wish that their children participate in some form of PA. One parent said:

*“Yes... I would love that he participates in any of the sports because when a child exercises even adults need to sometimes exercise. You see a child can sometimes succeed and reach a certain level in sports. Things like these give a child something that, a child lacks in one thing but can succeed in another.” (P2A).*

Similarly, another parent said:

*“Being in sport is important for a person to practice, like ta gym because they won’t just sit around feeling alone.” (P3A).*

The parent further added:

*“Yes, it also helps that they don’t get many sicknesses. It helps them not to get sick.” (P3A).*

These responses suggest a level of parental awareness of the need for their children to participate in physical activities. Interestingly, it seems as though boys have more chances to be exposed to PA at home than girls. One parent explained how her girl child only plays with dolls and playhouse with her friends while the boy can go play at the park:

*“The boy plays at the park. He plays soccer, he even asked for soccer boots and to pay for the coach that they train with, and you would find that there is no money for him to go play soccer.” (P3B).*

Similarly, one parent explained that sports activities in the community are limited to soccer and running. When asked if his daughter played any sport in the community, the parent responded.

*“No, mine doesn’t have time, she doesn’t do sport.” (P3A).*

This, therefore, seems to suggest that boys might be exposed to formal sporting activities than girls do.

The school curriculum allocates two periods per week for PE as part of the Life Skills subject. Varied responses were received from educators regarding the utilisation of PE periods in their classes. One educator responded to the question on learner’s PA this way:

*“We used to do it before, we have got resources, we would go take the cones and do whatever, then we’ve got the sack, they’ll do the jumping, we’ve got so many things that we were doing. We’ve got balls, we know how to throw a ball, and do know how to catch it, can run on the reverse side, can go forward.” (E1B).*

It is also important to note that the two educators who reported implementing physical activities during PE periods as required are from School B where there is space and facilities as mentioned earlier.

Supporting adherence to allocated PE hours, one other participant said:

*“Yes, it is part of physical education, we are also looking at ATPs. They show us that Wednesday we can do throwing a ball or do athletics. We do it in line with the ATPs. ... Yes, they do enjoy it. Most of them enjoy being outside than in the classroom but it is those that need support. Those that are unable to write are the ones that enjoy most when they are outside.”* (E3B)

Considering the educators’ responses, one can deduce that there are educators who use PE periods fruitfully to the benefit of learners and report positive outcomes observed when learners participate in these activities. For instance, one educator further added:

*“Yes, it helps them because some of them come (to school) depressed. When they go to the grounds, they become motivated and then it ends up being fun (cheers them up). It motivates them, it becomes a turning point towards better behaviours in the classroom.”* (E3B).

It is also important to note that the participating educators referred to the past because this study was conducted during the Level 3 and 2 countrywide COVID-19 lockdown period where any contact sport was prohibited. The educators, therefore, referred to the time before the COVID-19 pandemic. The following response confirms the aforementioned issue:

*“Yes, no consistency and now since this pandemic has started, we are no longer doing physical education, there are no sports at all.”* (E1B)

On the contrary, educators (E2A and E3A) in School A reported non-utilisation of PE periods. The following quotes bear reference:

*“Most of the activities are done in class because our problem is that our government makes us prioritise curriculum coverage.”* (E3A).

Yet another response was:

*“During the physical education period, we don’t go out to do those things because of the number and the learners that we have, our learners are very, I don’t know how I can put it, they are uncontrollable.” (E2A).*

The educators’ responses seem to suggest that there are educators that do not adhere to the mandated PE periods. One may wonder if allocating more time for PE would make a difference; however, the following responses seem to suggest that time is not a limiting factor. For instance, one educator said:

*“You are going to lack behind so learners generally do not have enough time to play. Your focus is to have the learners in the classroom.” (E3A).*

Interestingly, soccer and running seem to be the two main sporting activities cited as formal sports at both community and at school level with the exception of one incident where a participant added netball as one of the school’s sporting activities.

Table 4.5 is an ATLAS.ti extract reflecting some participant’s responses regarding formal sporting activities from both School A and School B interview data.

*Table 4.5: Atlas.ti extracted code report on participant views on formal sport*

Selected codes (1)
○ <b>Physical Activities</b>
<b>52 Quotations:</b>
<b>4:282 p 1 in Data from Interviews</b>
We do not have formal sports
<b>4:291 p 37 in Data from Interviews</b>
The only sport that is here at school now is netball:
<b>4:292 p 37 in Data from Interviews</b> here there is no sports at all.

This extract paints a grim picture as far as formal sporting activities are concerned. Interestingly, non-participation in sports seems to be the same in both schools despite

notable differences in available space, facilities, and equipment. Based on observations (Annexure N) and follow-up questions with these study participants, School A had no school grounds or equipment for sports whereas School B had state-of-the-art sporting activities.

Starting with School B's status at the time of data collection, School B had sports fields for various sporting activities. During the focus-group interview, School B participants seemed reluctant to open up about the state of sports in their school until one participant broke the impasse. She said:

*“Ma’am, can I, say the truth? Isn’t it you are researching? And you are going to share the findings – which might assist us in dealing with some of our challenges? Okay, the part that we spoke about is okay, it’s correct but then are we working only on the management programme from the district only? What do we do as a school?”*

The same participant added:

*“What do we do as a school? Like I was saying to instil some skills in the learners. We don’t do anything.”* (SMTBP1)

The participant (SMTBP1) seemed to suggest that even before the COVID-19 regulations were announced, the school was not engaging in formal sporting activities.

The picture in Figure 4.3. presents a visual image of some of the sporting facilities available at School B.



*Figure 4.3: An example of sporting facilities in School B*

On the contrary, School A had no sporting facilities and the schoolyard had limited space for learners making it difficult to fit in any sports field. This issue of space and sporting facilities in School A was confirmed by participants. One participant echoed what was said before regarding Grade R facilities and possibilities of moving their outdoor facilities somewhere else:

*“Right now we don’t have enough space because we re-demarcated the school. Our school ground goes down there but unfortunately because of burglary we had to move the fence to come closer.”* (SMTBP2).

In response to the researcher’s question as to whether there was any space in the schoolyard to supplement the area that was reported to be closed off, the following responses were given:

*“There is no space anymore”* (SMTAP3).

The researcher further inquired as to where the school sporting activities took place and one participant said:

*“At the stadium.”* (SMTAP4).

The use of the community stadium was also confirmed by one deputy principal during an informal conversation with the researcher. However, based on one participant’s report, one wonders whether using the stadium for school sporting activities is sustainable. The participant said:

*“Then about the stadium; also, the stadium has been vandalised and also it’s just dirty, but they are playing even there.”* (SMTAP3).

The issue of space was also confirmed through the researcher’s observation of the school environment (Annexure N). In the observation report, lack of space is cited at two levels: lack of sporting fields and limited space between classrooms.

Regarding specific opportunities for FP learners to engage in formal sports, in unison, all School A educators (E1A, E2A and E3A) recounted how FP learners did not participate in any formal sport as only older children were allowed to take part. One educator said:

*“No, we do not have formal sports; we only do formal physical education.”* (E1A).

Similarly, one other educator confirmed FP learners' non-participation in formal sport:

*"This year I asked the age at which learners will be legible for athletics and I was told that they start at the age of eight." (E2A).*

The same educator further added:

*"Even the Grade 3, they are going to select the good ones."*

These responses seem to suggest that though there are opportunities for learners to participate in formal sport, learners at FP are not included in the schools' planned activities.

In School B, however, there seemed to be some form of organised sporting activities although it might not be at the level of competing with other schools. As an example, one participant said:

*"The only sport that is here at school now is netball, that was active. Soccer is not that active because there is no educator; that is specifically saying I am coaching soccer." (E1B).*

Based on these comments and the previous comments from School B educators on PE activities (E1B and E3B) there were some organised physical activities in School B though the sporting facilities were reported to be underused (SMTBP1).

Notably, one educator reported an exceptional case regarding School B Grade R classes. The educator responded to the question on FP formal sporting activities by saying:

*"They do not have anything at Grade 1. I remember, I used to hear the Grade R say theirs is formal; you would find that the Grade Rs meet but for Grade 1, there isn't." (E2B).*

When probed further, the educator suggested that the district accommodated Grade R learners in formal sport while ignoring the other grades in FP. The educator emphasised her point by saying:

“Yes, they get attention for sports, yes. They have time for them to do athletics.”  
(E2B).

This issue was not corroborated by any participant.

#### 4.2.1.3 Learners’ mental and social and wellbeing

Throughout the interviews conducted for these studies, the emotional wellbeing of FP learners kept coming up. The emotional trauma reported included neglect, vulgar/strong language, behavioural issues, rape, teasing and labelling of learners with emotional challenges. The word cloud in Figure 4.4. reflects codes on the types of abuse mentioned by participants during semi-structured interview sessions.

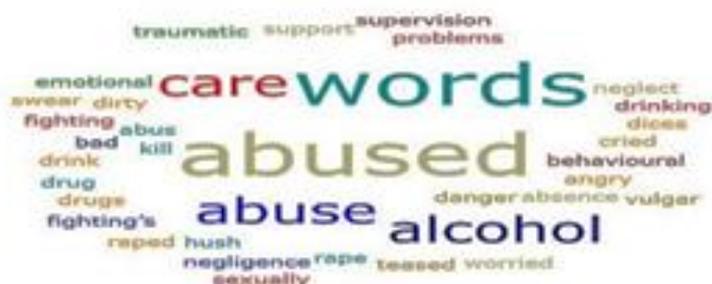


Figure 4.4: Word Cloud from ATLAS.ti – Codes on learners’ mental wellness views

- Word cloud explanation:

The word cloud representation indicates that the most mental and/or emotional issues raised by participants are abuse, words (which might represent verbal abuse or use of vulgar words) alcohol and care. This study participants (e.g., E1B; E2B, E3B and SBSTAP2) raised parental neglect as one of the abusive behaviours that learners experience from their homes. Educators’ views on parental neglect are captured in Table 4.6. below.

Table 4.6: Quotes on parental neglect

“I was reprimanding others yesterday; they were a mix of eight and nine-year-old girls, playing in the streets. This shows that families do not care....” (E3B)

“And we have also discovered that there are learners that were put on medication but due to the negligence that I was talking about on the parents’ side, a learner has

*stopped taking medication. We would see the learner deteriorating in front of our eyes.” (SMTAP2)*

*“Ja, there are no rules they just do what they want - no parental guidance.” (SBSTAP2)*

*“You would find others coming without having had anything to eat, wearing dirty clothes for the whole week.” (E2B)*

*“Just to add on that. There’s a lot of neglect on the part of parents for their kids. Some parents don’t even care whether the kids come to school clean whether they’ve eaten breakfast or whatever.” (SMTAP2).*

Some participants pointed to parents’ language usage as problematic and hurtful. What seemed to complicate the matter was parents’ expectations for learners to pass messages with strong language to the educators. The following extracts reflect participants’ views on this matter:

*“Some parents they would use words that are so harsh, while they are there at school, they would use such words .... and you as a teacher you will just look.” (SES).*

The use of strong language was confirmed by one other participant who said:

*“At the end of the day, you give a learner work and then it does not get done. You ask ‘why’ and then the parents get angry (finger clicking). She will respond with strong words and the child says it as it is. So, what I usually tell them is that “my child, don’t come and tell me what your mom said especially if it is hurtful words that will affect me – because you’re at the centre (in the middle).” (SMTBP2).*

The participant went further and reported:

*“I give you a message, and you tell your mom, your mom answers back and tell you to pass the message ... so at the end of the day you see you are the one who suffers.” (SMTBP2).*

These quotes seem to suggest that some parents use harsh and vulgar words about the educators without considering how these words affect their children and the relationship between these children and their educators. There is a possibility that the learners might be traumatised when they are expected to pass negative messages on to the educators.

Behavioural challenges were also raised as an area that depicted the state of learners' wellbeing. One such example was given by an educator who became a victim of a learner's inappropriate behaviour. According to the educators, she felt disrespected by the learner's behaviour to a level that she impulsively hit the learner and to the educator's surprise, the learner drew closer, turned, and offered another cheek, and ordered the educator to repeat what she did. Upon investigation, the educator learned that the learner's father used to bring his girlfriend into their home to spend the night in full view of all the family members. The educator expressed her findings as follows:

*"Then I could see there's something behind those behaviours. Then later when he was interviewed, we found out he has anger towards females because of what the father is doing."* (SBSTBP3).

The participant later added:

*"So, these children go through a lot. They come with a lot of baggage on their shoulders. Emotionally they are abused; others see all kinds of abuses in their families. They come here, we shout at them and the end of the day we are all the same. Abusers."* (SBSTBP3).

This scenario suggests that educators should not label or interpret any negative behaviour as a personal attack on them but should find ways to establish the source of such behaviours. The issue of educator labelling seems to be taking place in these schools as one participant pointed out:

*"When we should be supporting the child trying to find out how we can help... Like abuse here it is just labelling. We just label you as an abused child."* (SBSTAP2).

One other example that demonstrated that some learners might be traumatised was raised in one of the participating schools. An educator reported on one boy who came

from a family where the stepfather was abusive, and the boy subsequently mimicked the stepfather's behaviour which seemed to affect the whole family. The educator reported the matter as follows:

*"The whole family say sometimes the youngest apparently grabs a knife and says, "I will kill you" just like the stepfather would do." (SBSTAP2).*

It is not known what this meant to the young boy.

Other forms of abuse that were identified as having an impact on learners' emotional wellbeing included sexual abuse. As an example, one participant reported a rape case she was dealing with whereby the adults in the family failed to protect the learner. The participant explained:

*"Like, the case that I'm handling now. It's a rape case. The parents are saying 'this child is a liar'. I don't know how to help this child. I honestly don't know how to help this learner. Because they came today. We had a meeting at 12. The adults from the family kept on saying that the child is lying. – all she is saying is a lie." (SMTBP1)*

Supporting this participant's experience, another participant said:

*"Some children are being raped. As Ma'am was indicating, the socioeconomic factors come into play because some don't have enough space at home, they sleep in one room. But some you find that the mother is staying with the boyfriend and the boyfriend is not the father to the child. Some girl children are being abused at a very early age. Some children they even see their own mothers doing prostitution." (SMTAP2).*

One educator asserted that there were several abuse cases and some of these children display their emotional state through strange behaviours. The participant said:

*"I think like what I said earlier that these kids are from abused families. We hardly identify them. There's one learner that I started teaching during the first term and then as I was teaching like every time that they did not do work, then I would try to reprimand the child and he cries. He cries a lot. He cries a lot. Then I wondered why he cries so much then the previous SBST coordinator saw the child as well. And then spoke to the child. And then she called me to*

say, *'there's a child who cries a lot' and then I said: 'okay I also saw that he cried but I thought it was just tantrums.'* Because it's a boy but, (the participant exclaimed in despair), *you can just look at him and say he'll just start crying.*" (SBSTAP2)

Taken together, issues raised in these sections seem to suggest that the mental and social wellbeing of some FP learners in the participating schools is a matter of concern. One participant summed the matter up by saying:

*"Because of the baggage they carry from home, they struggle and sometimes they don't have somebody to tell. So, with that I said you know what? Sometimes we hit children for wrong things. When a child does not do his/her work, it's not because the child does not want to do the work."* (SBSTABP2).

#### **4.2.2 Theme 2: Factors Influencing and Impacting Learners' Health-Related Lifestyle Behaviours**

The factors affecting learners' lifestyle behaviours were amassed from individual face-to-face and focus-group semi-structured interviews, document reviews and observations. These factors are divided into four sub-themes: factors within the learners' immediate environment – microsystem and cultural pathways; factors emanating from interactions between the learner's immediate environment – the mesosystem; factors that occur remotely from learner but have a bearing on learners development – exosystem; and macro-level factors.

##### **4.2.2.1 Learners' immediate environment – micro-level factors and cultural practices**

In this study, the home, neighbourhood, and school constitute a learner's immediate environment. Based on participants' responses, socioeconomic factors, parents' priorities, family and neighbourhood or community practices (culture) as well as the schooling system seem to contribute to learners' choice of food, PA levels and learners' mental and social wellbeing. It should also be borne in mind that FP learners are not yet sufficiently independent to make choices about what they eat. As a result, their parents/caregivers and the school community play an important role in guiding and ensuring the availability of healthy food for these learners. Similarly, when it comes to physical activities, adults both at home and school are responsible for providing a safe

environment, equipment, and space for learners to be active. In the same vein, learners depend on adults for the protection and nurturing of their wellbeing. Participants' views on factors that impact learners' lifestyle behaviours are explained based on learners' nutrition, PA level and the social and learner's emotional wellbeing.

#### 4.2.2.1.1 Micro-factors affecting learners' nutrition

As indicated in Chapter 2 of this thesis, the microsystem of the child is constituted by the home, school, and peers (Paquette & Ryan, 1992) while Wesner's ecocultural system emphasises the family and neighbourhood as key to the child's developmental pathways (Weisner, 2002). Discussions on nutrition, therefore, include both the home and neighbourhood factors.

- The home and neighbourhood

Using the cultural approach, the researcher asked parents to describe the family's daily routine in order to establish family cultural practices impacting learners' health-related lifestyle behaviours. Parents (P1A and P2B) pointed to affordability as a barrier in providing a balanced diet for their families. The parents said:

*"Because you can't buy bread every day. So, they eat pap with tea, and we come to school." (P1A).*

*"Late, I come back again. I cook pap, I don't have another plan. Unless I have a bit of money on the side then I buy bread... but you see potatoes, carrots, and others when I cook them, changing them a bit, they do eat them. But most of the time they are not there." (P2B).*

It should be noted that both parents quoted (P1A and P2B) here worked as volunteer cooks for the feeding scheme kitchen at the participating schools and only received a stipend for the work they do. Based on these responses, socioeconomic factors have an impact on learners' nutrition.

Some participants also raised the community's and families' socioeconomic status as a factor impacting children's nutrition in the area. For instance, one participant said:

*"Resources are limited, when others have, you can see through the children that they are trying." (E2B).*

Other responses from focus-group interviews were:

*“They eat what’s available and of course it leads to lifestyle diseases but there’s nothing they can do....”* (SBSTBP5).

The participant also added:

*“The type of food to eat becomes very limited.”* (SBSTBP5).

One other educator raised the same concern and said:

*“In Olieven, most of the learners come from very poor families so they cannot afford to buy different kinds of food, they depend on what the government gives them.”* (FSCBP2).

Notably, some families seemed to be keen to offer their children a balanced diet; however, their socioeconomic status seems to limit what these parents can offer. As an example, one parent said:

*“I have to make sure that meat we will eat the day ... I don’t know when... when I can afford it.” Right now, I don’t afford it. So, we eat veggies, spinach....”* (P1A).

This statement seems to imply that it was often not easy for this parent to provide a meal that included all food groups, due to affordability. Based on documents reviewed on the history of the study area, there are high levels of unemployment resulting in rising poverty levels (see Annexure M).

In contrast to what has been said, some participants (FRCAP1, SBSTBP2) suggested that there is a culture of fast-food consumption from families and the community where the children come from. One educator said:

*“What I have observed about children from Olievenhoutbosch, is that they like fast food. Most of the time parents do not cook for them at home, they buy a quarter, they buy snacks, they eat those things and then maybe ... during the night supper is then that their parents cook for them. And then you said what?”* (FRCAP1).

The participants’ statements suggest that some family and community cultures have an impact on FP learners’ nutrition.

Interestingly, some participants raised family priorities as a contributing factor in learners' nutrition. For instance, one educator was of the view that the issue of nutrition was not mainly due to lack of resources but an issue of priorities.

*"I think again it goes to prioritising. Yes, even if there's no money that a person can spend on food, they can rather spend their money on something else than food."* (SBSTBP5).

Similarly, the SES raised the parents' lack of prioritisation as a contributing factor in children's lifestyle choices, including nutrition:

*"I am talking about priorities that with us, mostly our priorities are not children, it's entertainment. As long as I dress nice, it's not on the child, the child can come to school with shoes that are torn....., and all that stuff eh and then no food."* (SES).

These kinds of responses seem to suggest that though poverty seemed to emerge as key to poor nutrition, other factors exacerbate the situation, such as parents' failure to prioritise their children's needs. On the other hand, parents' attitudes seemed to be linked to priorities. As an example, one participant said:

*"They are too young and they, are in their age where they supposed to blossom and go wherever they want to go but now they are doing it wrong because now they already have children that they must look after."* (SES).

On the other hand, another participant, when asked whether the community culture had an impact on learners' lifestyle behaviours, responded as follows:

*"Not that much because, the reason I say so, is because the parents are young; they are not cultured."* (E2B).

These responses suggest that some parents are still young and perhaps not ready to embrace parenthood which leads to some gaps in raising their children.

One other aspect raised by participants (E1B and TOB) was parents' lack of knowledge or ignorance. In support of the notion of ignorance, one participant presented the matter as follows:

*“So, you can see that these parents, more especially the youngsters, they just don’t take good care of their children, and again the environment in this place, there’s too much ignorance. Ignorance is too much, they embrace ignorance as if it is something that is good, because you could see if you give a learner something to do at home, then when the learner comes back, you say, ‘I need my work. Why didn’t you do it?’ Then the learner will tell you the truth ...how the parent responded.” (E2B)*

The participants’ statements seem to suggest that the neighbourhood where these learners come from was marked by ignorance to a level where it seemed to be acceptable. What this might imply is that parents might not try to get relevant information that could benefit their children which in turn deprived learners of nutrition that could enhance their quality of life. On the other hand, the tuckshop owner in School B felt that healthy nutrition could be attained regardless of one’s socioeconomic status and concluded her argument on healthy living this way:

*“I think we need a lot of talks, awareness.” (TOB).*

The tuckshop owner’s statement can be interpreted to mean that parents purchase unhealthy food due to a lack of knowledge.

- The school

As mentioned earlier in this chapter, the school nutrition programme has a positive impact on learners’ nutrition. However, some reports suggest that learners tend to replace less appealing menus with unhealthy alternatives. Such reports and actions point to some school feeding menus as a factor leading to unhealthy food alternatives.

One area that seemed to be a gap at both schools was a lack of health-related promotion campaigns which include making health messages visible to learners (Annexure N). This could be done by pasting charts on the classrooms’ outside walls where all learners could be exposed to messages at all times. As a follow-up in one focus-group interview, the researcher inquired about the school campaigns for healthy eating and another health-related lifestyle, particularly through placards and billboards. One response was:

*“Yes, in the classrooms there are flyers or posters on healthy eating and all that. I don’t know what... happened in this class... and also the projects. But not outside.” (SBSTBP1).*

This statement seems to support the researcher’s observation of the environment as mentioned in this paragraph. There were, however, some reports from educators regarding charts that were placed in classrooms. For example, one participant said:

*“Most of the time, it’s just that specific board was removed from there. We do show them healthy eating. It’s just that in Life Skills when you have done that theme, you move on and do not revisit it time and time again.” (E2B).*

In this case, health-related charts would be put up in accordance with the theme under discussion but as soon as a new theme was introduced, the educator would replace the charts with new ones linked to the new theme under discussion. Though these efforts are important, visible messages on nutrition might go a long way if posted on the outside walls using billboards and charts.

Failure to implement tuckshop guidelines seems to create a gap in FP learners’ choices. On inquiring about the tuckshop guidelines, both schools declared that they had never heard of or used the tuckshop guidelines in any form. One response regarding the knowledge and implementation of the tuckshop guidelines were:

*“We use our own policy and some of the guidelines are adopted from government policy from the Department of Education; then we combine it with the school’s own policy. Sometimes they give us responsibilities of implementing the guidelines we receive from the district and city of Tshwane. The guidelines have to do with keeping the kitchen clean including cleanliness in the school and the school’s yard. This includes compliance on the food we have to cook.” (FSCAP1).*

The respondent here referred to the formulation and implementation of policies as guided by the government in general. The researcher posed the question again when interviewing the fundraising committee. One participant said:

*“Yes, there is a policy, before we can start with our selling ... before we start with our tuckshop, we did ...the policy, we sit down as a committee, then we write down some things that we are going to do.” (FRCAP1).*

It seems that the policy that was referred to is more of an administration tool and does not seem to be related to the NSNP-linked tuckshop guidelines. Similarly, when the researcher inquired from the School B tuckshop owner if she knew about the tuckshop guidelines attainable from the DBE website, she responded that she did not know about such guidelines. The tuckshop owner’s response was:

*“Not really but ..... I don’t know if they are talking about changing. As I am saying now, only a few things that need to change.” (TOB).*

Based on responses received, both schools seem not to have aligned their tuckshop offerings to the DBE-recommended tuckshop guidelines. The School B tuckshop owner seemed enthusiastic about selling and empowering parents on healthy living, and the tuckshop guidelines would be a good tool for her to realise her dream. On the other hand, both schools, particularly School B, indicated that there were constant NSNP and school tuckshop monitoring visits from government officials which kept the schools on their toes as the visits extended to the tuckshop offerings. One participant confirmed the visits by saying:

*“The department was here to tell us about that. That the tuckshop must sell healthy food and stop ‘bo’ atchar, stop, ‘dizimba’. To stop so many things, chewing gum and all that.” (SMTBP1).*

The department visits should be a good opportunity to discuss systems that are in place to guide tuckshop owners. From responses received from this area, this seems to be a gap that might be contributing to the schools’ failure to manage the selling of unhealthy food.

#### **4.2.2.2. Factors affecting FP learner’s physical activities levels – the home and school**

Several participants (e.g., FRCAP2, P1B, P2B) cited the home environment and neighbourhood practices (culture) as limiting factors in children’s PA. Such practices

include safety and security where participants referred mainly to high levels of crime as a barrier to children's PA levels. The participants said:

*"With boys, I hear mostly scandals, even if things do happen to them, it does not happen a lot. Girls are kidnapped, things are done to them... they are raped, forcefully. You would find that a child is afraid to tell you, to tell you the truth, it is not safe for a girl child to be in the streets...."* (P2B).

*"There are a lot of people who drink. So, children are not safe to be in the street without the parent knowing."* (P3A).

One educator shared the same sentiment as the parents when asked about her view of the environment and if she is happy to raise her children in the area of study:

*"No, I will not let my children grow here. The environment is not good here. It's bad."* (E3B).

When probed to explain what "bad." meant, the educator stated:

*"Let me give you an example, children from rural areas, are not like children from here. They know that when we wake up, we stay here at home and do chores like cooking etc. but children in this community are always in the streets. There is also a lot of drinking and all sorts of things. There is a lot of things happening in the streets; even at 1 a.m., this place is busy. There are gunshots etc. I am here only because of work."* (E3A).

Though chores are not part of the physical activities discussed here, from the sociocultural perspective home chores are a key development pathway in early childhood. This makes the participants' concerns worth noting. The issue of crime is supported by other participants. For instance, one other participant said:

*"There is a crime in the whole of Olieven."* (P2B).

This being the case, some parents seem to be compelled to take decisions that might not be favourable to their children's freedom to play. As an example, one parent said:

*"When we tell the children to stay home, be vigilant then they say that we are restricting them, not that we are restricting them from playing with their friends. These children as they grow – they play together but when you look at the*

*situation outside, as a mother you cannot allow your child to still be outside at seven p.m. and not know where your child is.” (P2B).*

Here again, it should be noted that home and neighbourhood safety is one of the ecocultural domains regarded as a key element in children’s development. This would mean that children’s PA levels are hampered by a neighbourhood that is supposed to nurture these children’s development.

Space and lack of facilities were also raised as limiting factors when coming to PA levels. The following participants share the same sentiment with regard to lack of space in the home environment:

*“... we know in some instances in some homes the yard is full of shacks. There’s nowhere where the child can play and if you say the child must go and play at the park, the park is no longer safe. There’s drugs, there’s all sorts of things at the park.” (SBSTBP1).*

In support of challenges posed by lack of space one participant said:

*“There’s no space.” (SMTAP2)*

The same participant added:

*“They’re staying in shacks and renting”.*

One parent reported:

*“There is no space for playing.” (P1B).*

Regarding facilities, participants said:

*“There’s a lot of sewerages around those parks. So even though the children can go and play there it’s not safe for them.” (SMTAP3).*

These responses suggest that though parks can provide facilities for children to play in the community, in this area of study, children are unable to access such facilities as they are not well maintained. On the other hand, socioeconomic factors seem to contribute to challenges of space for learners PA at home. This assertion is supported by the following response:

*“The reason for this many shacks is that people try to generate income. Like for instance, you find that I have a learner who stays with the mother. And then the mother inherited the house from the parents; they both passed on. But because she’s not working, she allows someone to stay in the house, even if it’s not her building – to come with a shack and build in the yard and pay something for rental. Today it’s this one, tomorrow another tenant. What matters is that she gets money – money comes in ………”* (SMTBP3).

This seems to suggest that financial security somehow becomes a priority which unintentionally deprives children of some aspects of development.

The school’s inability to accommodate learners play activities after formal schooling is also a factor that seemed to deprive learners of opportunities to increase their PA levels. This assumption was confirmed by one participant who expressed what might be going on in the learners’ minds regarding deprivation of play opportunities at school:

*“I can’t play at home. I can’t even play at school - they are chasing me away. The park is not safe.”* (SBSTBP1).

The participant then raised a question:

*“So what kind of a generation are we creating at this moment?.”* (SBSTBP1).

At the school level, factors that seem to be linked to learners’ poor activity levels are lack of space and facilities particularly in School A as discussed under Theme 1, educators’ unavailability to facilitate formal sporting activities as well as the exclusion of FP learners from formal sporting activities. As indicated in Theme 1, School A seem to lack space for formal physical activities, although there was space allocated for school grounds. The space was forfeited due to community criminal activities. One participant said:

*“Right now we don’t have enough space because we re-demarcated the school. Our school ground goes down there but unfortunately because of burglary we had to move the fence to come closer.”* (SMTAP2).

On the other hand, School B does have sufficient space and sports facilities, however, the learners are not benefitting from available facilities due to educators’ unavailability and non-commitment to facilitate sporting activities. Further probes into reasons

behind the state of affairs led to what seemed to be educators' reasons for lack of interest in sports. Some participants raised concerns on how professional responsibilities took precedence over other activities at the school level more than one participant. One educator said:

*“So, you find that you have to run with the ATP, it's exhausting because you're given tasks or activities that you have to do on daily basis. It's teaching and when learners leave from half-past one for an hour (until half-past two) you have to sit and do marking. If it's not marking like for instance, we are running around for planning for assessments. There are a lot of things that are happening when it's your knock-off time, everyone wants to leave.”* (SMTBP3).

One other participant added:

*“I wanted to add on that. Like we still have a lot of paperwork. And paperwork if you just see paper, you just get tired. So, it's one of the contributing factors that teachers want to go home immediately. We sometimes we don't have a choice but, to tell the truth, we would do the same. When it is 14h30, everybody leaves.”* (SMTBP2).

Both participants pointed to work pressure that left educators exhausted and, although there was one day a week dedicated to formal sport, these educators felt they did not have energy left for participation in sport. In support of work pressures cited, one educator mentioned the government imposed annual teaching plans (ATPs) as well.

*“The government outlines that, for instance, you do five Mathematics activities and five activities in Sepedi and so on. So, most of the work is in the classroom, the focus is on academic work. If you follow Life Skills activities as prescribed, you as a teacher are going to be accountable when you are evaluated.”* (EA3).

The educator's reference to evaluation suggests that educators are measured on progress made towards the accomplishment of prescribed plans as contained in ATPs. Educators' academic work pressures, therefore, seem to be one factor that impacts negatively on learners' PA levels. The outcomes of pressures put on educators and subsequent low PA levels are captured in the researcher's school environment observation report (see Annexure N). Figure 4.5. depicts the state of the school grounds as captured during this study.



*Figure 4.5: School B Soccer field picture depicting the level of neglect*

The picture in Figure 4.5. shows that the school grounds are used as a dumping ground for broken school furniture signifies that the facilities had not been in use for a while.

As mentioned earlier in this section under Theme 1, participants (E1A, E2A, E2B and E3A) confirmed that FP learners were excluded from formal sporting activities including the district-mandated athletics taking place at the beginning of the year. This means that exclusion of FP learners in formal sporting exacerbates learners poor activity levels.

The issue of schools' commitment to formal sport cannot be ignored. For instance, schools are provided with policies including the sport and culture policy by the government. The government policies provide broad guidelines and expect schools to develop their own policies in line with the provided guidelines as well as implementation plans. However, in this instance, findings from document review revealed that key health-related policies, such as the school health policy, school sport, art, and culture policy nor the school sports plan could not be provided despite the researcher's request for copies of those policies (see Annexure M).

#### 4.2.2.1.2 Learners mental and social wellbeing

- The home and the school

Participants raised socioeconomic challenges, parents' lifestyle behaviours, parenting age and neighbourhood practices as some of the factors that impact and contribute to learners' social and emotional wellbeing. Regarding socioeconomic challenges, one participant said:

*“What we can add is just that these children get abused because many parents here - their mothers are not working and they have a lot of stepfathers so that they can support them, you know?” (SBSTAP2).*

Supporting this factor, one other participant said:

*“But because there is somebody who’s putting bread on the table, she stays with him. ...you have to accommodate that person. Even if that person can abuse members of the family in the house it’s not easy to kick that person out because it’s somebody that you are relying on to put food on your table.” (SBSTBP3).*

These responses suggest that some single unemployed mothers are likely to tolerate abusive partners as they depend on the abuser for the survival of the family. Abusive behaviours observed at home seem to rub off on the children in some instances. One participant referred to one case where the child was reported to display violent behaviours:

*“They say sometimes the youngest apparently grabs a knife and says, ‘I will kill you’ just like the stepfather would do.” (SBSTAP2).*

In this instance, violent behaviours experienced at home seem to be a factor that impacts learners’ social and mental wellbeing.

Parents’ lifestyle has also been cited as a factor leading to child neglect. As an example, one educator said:

*“She leaves, she is not available for her child, you see. So, their lifestyle influences the children too much because that child, I have observed, her work has dropped. I cannot find out what makes it drop; her mother is everywhere, she does not have time.” (E2B).*

These parents’ behaviours can be linked to what one participant regarded as the outcome of young adults who become parents at a young age:

*“They are too young and they, you know, they are in their age where they supposed to blossom and go wherever they want to go but now they are doing it wrong because now they already have children that they must look after.” (SES).*

Based on these participants' observation, neglect might be linked to parents' age as a factor as some participants seem to confirm:

*"... But there are those parents like for Foundation Phase children, are young adults." (SBSTBP3).*

Additionally, one educator said:

*"...these parents being this young, they then create a stressful environment in which the child gets introduced to this dad, tomorrow it's another dad because they are, their parents are young. So, the environment is stressful to the children in a way that when you talk to them, you end up seeing the child crying, not knowing why they are crying." (E2B).*

If parents are still young, there is a possibility of a lack of knowledge on how to raise children. At the same time, these young parents are pursuing a lifestyle expected from their age group.

Based on a reported abuse incident in 4.2.1.3, educators seem to have limitations when assisting learners with cases relating to their social and mental wellbeing. According to the participant (SMTBP1), adults and other witnesses protected the perpetrator. The participant stated:

*"The family says 'We do not want any of our family members to go to jail. The uncle in the house to go to jail. No ways!! Because of a child who is lying. She is lying, nothing happened'. We then called other people that the child quoted as witnesses and put the phone on speaker, they all denied what the child said. Worse still now, taxi drivers are involved in the matter. It's bad." (SBSTBP1).*

One other participant supported the fact that educators lives might be under threat by sharing his experience:

*"...and you find it's like you're exposing yourself because the perpetrator will want to know or will find out where did this come from. As a result, you are putting yourself in danger." (SBSTBP3).*

The participant further explained the danger faced by educators as follows:

*“Yes, because at the end of the day, I’ve seen a person being forced to resign; first wanting to cross transfer to a different area. It was difficult and she had to resign. There was too much at stake.” (SBSTBP3).*

What is reported by the participant suggests that educators must consider their safety when dealing with sensitive issues affecting learners. On the other hand, learners’ social and mental wellbeing is compromised as perpetrators are likely to continue violating the victims unabated.

Incapacity to deal with abuse or sensitive cases by the school management and educators was also cited as a disabler in assisting learners facing traumatic situations at home. One participant said:

*“So I don’t think teachers understand. We did do the subject or courses. But I don’t think there’s understanding in what we should be doing.” (SBSTAP2).*

The participant further explained that educators are so ill-equipped to handle learners’ emotional challenges that they sometimes seem to misjudge the situation:

*“of abuse, yes. When we should be supporting the child - trying to find out how we can help... Like abuse, here it is just labelling. We just label you as an abused child.” (SBSTAP2).*

The same sentiments were shared about school management:

*“I think from management - they don’t even know the roles of the SBST.” (SBSTAP2).*

These kinds of statements seem to suggest that the schooling system as the learners’ microsystem might not be equipped to address learners’ social and mental wellbeing.

Even though the two schools seem to receive outside assistance, none of the participants mentioned any assistance relating to the social and mental wellbeing of the learners. On the other hand, based on one participant’s response, assistance seems to come through a “top-down approach.” where the schools as recipients might not be given an opportunity to direct the donations to where they feel it is needed the most. When asked whether the SMT got involved when donations were proposed or when money is donated to the school, one participant said:

*“It’s just an information-sharing session to say ‘We got a sponsor for this and that. This is what is going to happen’. But in terms of the nitty-gritties, we don’t know.” (SMTAP2).*

Based on this response, educators seem not to be given an opportunity to suggest areas where such resources can be channelled to make the most of the resources.

- The neighbourhood

The neighbourhood these children come from seemed to be an added disabler to learners’ social and emotional wellbeing. One participant described the environment where the learners grew up as follows:

*“...not sure whether is the issue of unemployment or what. We hear things like when we knock off, almost in every third house, there is playing of loud music and there is street dancing.” (SBSTBP1).*

Linking how such practices impacted learners’ behaviour, the participant later added:

*Learners will tell you about taverns that are there in the area. Talking about the children from other sections who do this and that at the clubs. Meaning these children are exposed to clubs at an early age. And I’m talking about primary school learners. How do you discipline such children? You can’t do that. It’s like you’re saying nothing to them. Because they can hear you but when they knock-off, they go wherever they like – It’s a different ball game. ... meaning these children are exposed to clubs at an early age.” (SBSTBP1)*

Besides the reported ongoing festive mood in the neighbourhood, there were also some concerns regarding practices that learners seemed to pick up from their neighbourhood which impacted the schools’ learner management in conflict situations. According to one participant, learners picked fights at school. These fights resembled what learners observed in the adult population in the community:

*“And you see when they fight in class – is a real fight. Young kids when they fight! When you get between them, you feel you are intervening in an adults’ fight.” (SBSTBP3)*

Learners are also thought to be affected by the level of violence in the home environment and the community at large. One participant painted a picture of the community practices over the weekend that apparently resulted in many injuries and hospital admissions:

*“You know; my cousin is a doctor in the local hospital. Last time, she even advised me to get another job next to home. To transfer and get out of Olievenhoutbosch.”* (SBSTBP4).

The participant further explained the source of his cousin’s concern as the number of casualties that came from the study area:

*“...maybe hundred people from Olieven. More than the Atteridgeville community is big community – but there are more people from Olieven that get to Kalafong hospital than those from Atteridgeville.”* (SBSTBP4).

The participant described the kind of injuries referred to here as:

*“Headshot; others stabbed! ... sometimes they admit a mom and a child who would report having been assaulted by the husband/father. My cousin will ask but what’s happening? It’s worse over the weekend... that place is not good.”* (SBSTBP4).

This explanation implies that the rate of violent behaviours in the communities where the two participating schools are based is quite high. This again is a threat to the targeted group’s emotional wellbeing.

#### **4.2.2.2 The nature and effect of the learners’ microsystem and cultural pathways interactions – the mesosystem**

This section answers the research questions on the nature and effect of the mesosystem and cultural pathways on learners’ health-related lifestyle behaviours in the home and school environment.

- The home

The cultural approach to child development places a spotlight on the father and siblings. Based on participants’ responses the interaction between a father and child

seems to be compromised in some instances. For example, some children were reported to be raised without any adult figure in the family. One respondent said:

*“Ja, if it’s not child-headed, they are raised by stepparents. The child does not get attention. Most children they don’t get that attention at home to say, ‘do your homework’.” (SBSTAP2).*

In such cases, what seems to be distorted family structures may affect learners’ lifestyle behaviours as there might not be anyone to direct the child’s daily activities such as what to eat, when and where to play as well as protection of the child’s social and mental wellbeing. In child-headed families, children might be in survival mode and anything available would be consumed while other aspects of health would be left to fate or instinct without intentional interventions. One other example was families with single parents where the parent might be struggling to meet their children’s needs on their own. One parent broke down during the interview with the researcher when asked about how she related with her FP child. The parent shifted the conversation to the older sibling first. The participant said:

*“But ... that child does not have time for me; it is as if I am not her mother. She doesn’t even know if I do not have something. Maybe sometimes come and say mother, here is something you will do 1-2-3.” (P2B).*

The parent further acknowledged how this situation affected the younger child who was in FP:

*“...so, I told her that I don’t know if you are ready for me to tell you such things. I was afraid that this would be too heavy for her, mentally. She said: ‘I am ready – talk to me.’ She said ‘Mother, I want everything to go well, even if it is to reprimand me, reprimand me. I am asking you to talk to me.’ This second one – you see that her thinking (maturity) is better than the first one?” (P2B).*

This case is an example of the mesosystem that has the potential to affect learners’ lifestyle behaviours on an emotional level.

In some cases, socioeconomic pressures might diminish the role of the father who is regarded as key in the learner’s immediate environment from the ecocultural proponents’ point of view. For instance, one participant highlighted the compromise

made by mothers to feed their families at the expense of their children's mental and social wellbeing

*"What we can add is just that these children they get abused because many parents here – their mothers are not working and they have a lot of stepfathers so that they can support them, you know?" (SBSTAP2).*

Considering the important role that a father is expected to play from the ecocultural perspective, this matter seems to emphasise the impact of a fragmented mesosystem in a child's world. It should also be noted that as mentioned in Chapter 2, Section 2.2.6 in this study, a disruption on one level or one system has the potential to affect other systems.

Sibling behaviours seem to interrupt the child's mesosystem. One participant raised children's behaviour outside the school as follows:

*"The danger of drug dealings, others play dices at a very young age...." (E3B).*

Yet another participant expressed her views on the impact that the community culture might have on the children as follows:

*"And then some of the children get affected. They start to steal as well. You will find incidents where children also stole something. Remember (I cannot remember the year). Learners from different schools organise themselves into groups. The group that belongs to one school does all the check and draws up a plan on how they can break in. This is handed over to the group that does not belong to this school so they can break in. The same happens in other schools. The groups support each other to commit these crimes." (SBSTAP1)*

The participants (E3B and SBSTAP1) quoted here indicated that there was a chain reaction where community practices impacted older children which might lead to younger children learning these behaviours or becoming affected by behaviours such as theft and gambling. The younger siblings might consider things like theft and gambling as normal and follow the steps of the older siblings which might place the learners in dangerous situations where they could be violated in one way or another. According to sociocultural theorists, siblings are an important component of a young child's development as such their behaviour might disrupt healthy interaction among

the children's microsystems. All these actions by older siblings seem to affect what should be healthy interactions within the child's microsystem that could improve the child's lifestyle behaviours.

Another example that can be linked to disruptions of family microsystems was based on parents who did not live together and failed to communicate on how to raise their children. One participant presented the matter as follows:

*"Then others are single parents, a child will leave on a Friday to go see the father or his/her aunt – you never know what happens there and a child might come with R100 from the father and the child will spend it as they like. Then the mother does not even know that the child has money on them. There is no cooperation, no communication between the parents, so this is a problem."*  
(FSCBP2).

Lack of communication between parents, in this instance, has the potential to compromise the possibility of monitoring what learners consume outside the home particularly when children do not disclose that they have extra money to use. This suggests that, even in cases where the parent who has full custody of the child might try to manage the child's diet as an example, there would be instances where the parent would not have an opportunity to influence what the child purchases outside the home.

- The home and the school

Based on the participants' responses, the interactions of FP learners' parents and the school seem to be fragmented. One factor that seemed to stand out is what educators viewed as a lack of parental support and involvement in their children's school activities. Table 4.7. presents quotes on educators' views on parental involvement.

Table 4.7: Quotes as extracted from Atlas.ti on parental involvement

<p>10:16 p 5 in <i>SMT School B and SBST Group A</i> The parents it's not easy to get through to them.</p>
<p>4:602 p 13 in <i>Data from Interviews</i> Parental involvement is very lacking.</p>
<p>4:724 p 202 in <i>Data from Interviews</i> they don't even care about their kids</p>

On the other hand, the school management claimed that when efforts were made to empower parents, the response from parents was usually poor:

*"Parents are invited to come to schools and issues – social, emotional, whatever kind of issues that our kids are experiencing or are being discussed during those workshops. But with our parents, they don't come to those workshops. Even meetings. When we have meetings at school it's only a handful of parents that come so there's a lack of parental involvement. But when you tell parents, 'Come, we will be giving out this...'. (SBSTBP1).*

The participant added:

*"If there's an incentive, you'll see parents flocking here but if there's nothing, they don't." (SBSTBP1).*

This statement implies that parents seem not to desire interaction with the school on issues that have the child's interest at heart but only appear when there are handouts. Similarly, one other participant commented:

*"...I don't know but I think they are ignorant, but if we look at this, most parents are not working, and they don't care as to what is happening with the children here at school." (E2A).*

Yet another participant said:

*"The community, sometimes when you experience problems with the learners, you call them, and parents do not come." (E1A).*

These reported attitudes seem to suggest that the interaction between the home and the school as the child's immediate environment is flawed. Additionally, some parents seem not to model good behaviour in aspects of health, hygiene, and life in general both at home and in cases where they go into the school premises. For instance, one participant said:

*"...you still have ladies that still walk around with their pyjamas and gowns. Or a parent says I want to see so and so while in pyjamas or nightdress, nightgown. There's nothing wrong." (SBSTP1).*

The disapproval from the participant could be based on the fact that a dress code is one way of showing respect to a person or the place you are visiting. The fact that some parents could visit the school in nightwear seemed to suggest that such parents have no respect for the school and are not concerned with what is being modelled to their children.

Notably, there were some positive reports on parent participation from one participant:

*"But those parents whose children are struggling, I call them myself. I call them one by one; I call two per day, two per day and tell them about their children's performance. Yes, that's when I get to know them. Those whose children are doing well, I do not know them." (E2B).*

On the other hand, one educator reported:

*"Parents are different but only a few of them are not supportive. Most of the parents do come to school when called. Most of the parents do come to school when asked to. We are able to call them to come to class and see their children's work. It is only a few that you might spend the whole year without seeing them – some parents you do not even get to know them as they do not respond when called." (E3A)*

The overall impression is that the interaction between the school and home is compromised causing a fragmented mesosystem and unhealthy developmental pathways for the child.

- The neighbourhood and community safety

As indicated earlier the ecocultural theory includes the community in the child's immediate environment and that would suggest that added to immediate family interactions, how the child's family interacts with other families has a bearing on the child's development. As an example, one participant saw the community as a threat to children's lives and claimed that the different ethnic groups found in the community where this study took place were the source of this threat.

*"This is an area that is chaotic because of the (different) ethnic groups. It used to be a well-developed area but because of this different people from different places it has now become chaotic and has placed the children's lives in danger because of the type of environment it has turned out to be."* (E3B).

The researcher further inquired as to what dangers the participant was referring to, the participant explained:

*"The danger of drug dealings, others play dices at a very young age...."*

This response might be interpreted as meaning that the congregation of different ethnic groups have the potential to break the community moral fibre which may subsequently result in poor relations between families. The breaking of the community moral fibre might spill over to individual families thus threatening the child's development from both immediate family and the community where these children come from.

As mentioned earlier in this chapter, paragraph 4.3.1, NGO's seem to be an important stakeholder in the two participating schools. The NGO's seem to step up at two levels; one to provide resources where such a need has been identified and also to assist learners who come from economically depressed families or child-headed families with food while assisting with schoolwork. Educators in the participating schools expressed gratitude to the NGO's contributions towards learners well – being. However, one educator's response seems to suggest that there is no collaboration between the NGO's and the educators.

*"I think the NGOs as they are able to go to families and see their lifestyle. I think they must come back to us."* (E2B).

When asked if that implies that the NGO does not give feedback to educators regarding learners' home environment status the educator:

*"No. When they have taken them from here, they deal with them as to how things are at home, I will not know." (E2B).*

What might be deducted from the participant's utterances is that there might be an expectation for the school and the NGOs' to collaborate for the sake of the learners.

The schools also confirmed that they had support from existing community services. This includes dedicated nurses, social workers, and police from the local police station. There has however been no evidence that suggests a joint effort in assisting learners that go through abuse in these schools. Instead, there were reports that some rape cases were not even reported to the police:

*"No, management advised that man that person...committed a crime. This is a police case. She said: 'Please go to the police station, this is a police case.' They did not go." (SBSTAP1).*

Based on the report that the school has dedicated social workers and police, the SMT or SBST, there should be a defined and agreed upon process on how such issues should be dealt with. Alternatively, after noticing that the mother is not going to report the matter at the police station, social workers should have been made aware of the case. Instead, the SBST member said the case was left as is. This is an indication that the community services support provided is either not put to use or roles and communication channels are not clear. This is an example of a fragmented mesosystem where learners become disadvantaged.

#### **4.2.2.3 Exosystemic factors affecting learners' health-related lifestyle behaviours**

This section deals with exosystemic factors which, according to Bronfenbrenner's model (Paquette & Ryan, 1992) consist of remote factors where a learner is not directly involved. From an ecocultural point of view, exosystemic factors that can be considered include what Weisner (2002) referred to as the family subsistence, work cycle and economic and financial base, sources of parental information regarding

children and family, and home and neighbourhood safety. The exosystemic factors in this section are the home, the school and the neighbourhood.

- The home

Parental circumstances and decisions on raising children seem to play a role in learners' health-related lifestyle behaviours. Some participants (e.g., SBSTAP1 and SBSTAP2) alluded to the fact that some learners are not raised by their parents. In unison, the following participants seemed to acknowledge the impact of letting children be raised by other people other than their parents. One participant said:

*"... that is why I say this community is a mess. You'll find that most learners raised by stepparents, not their actual mother and father." (SBSTAP2).*

The same participant further added:

*"Ja, if it's not child-headed they are raised by stepparents. The child does not get attention. Most children don't get that attention at home to say, 'do your homework'." (SBSTAP2).*

This suggests that FP learners in situations such as the one cited might not only lack academic support but also lack support when it comes to their health-related lifestyle behaviours. This factor was supported by one participant who said:

*"Most of them live with grandmothers, the mother is not there. Who helps them with homework, I give homework, go, and help the child, the grandmother cannot help, and the homework returns just like that? It is now worse when you have identified that they live with their grandmothers because the work does not get done; we are expecting that they can help them." (E2B).*

These assertions suggest that decisions on who the custodian of the learners is might have a negative impact on their health-related lifestyle behaviours.

Living conditions at home seem to also play a role in learner development and, in some instances, impact negatively on their health-related lifestyle behaviours as one participant said:

*"There are so many shacks that are around the house, people that are renting you know so those people can pay rent... and then you start to think now this*

*child is coming back home in this environment somebody there is playing music and this child wants to concentrate and start doing her homework. Because not everybody will be sleeping in these rooms. People will be having their own lives, you know, life goes on for them.” (SES).*

One educator further raised a concern on the impact that crowded spaces have on children:

*“The child is exposed to everything and then the neighbours all around are playing loud music, the environment is hectic and the community problematic. Most parents are renting one shack as a family.” (E2A).*

Another educator narrated one learner’s living condition and how it impacted on her:

*“... she said my dad hits my mom in front of me. (The educator exclaimed in despair) Why? “I do not know why they are fighting”. I then asked her what their sleeping arrangements are. She then said it is in one big room, sort of garage, divided by a curtain. Mom and Dad, uncle and his son also sleep there. So, in the morning when they bathe, we go outside. So, they chase the children away, to go outside. So sometimes you would find that the uncle bathed late and in turn, I bath late, you, see? Because she has to wait for the uncle to bathe first then she can bathe. When they are done, they don’t care how the child gets to school, they just say go and the child is late, you see?.” (E2B)*

Taken together, these quotes suggest that the living conditions that some learners find themselves in impact their mental and social wellbeing. One participant seemed to confirm this by saying:

*“Emotionally, they become angry as a result of their background at home. You would find that they do not write, and they just become bullies. When they are supposed to write, they don’t because of their family background. They misbehave.” (E3B).*

One area that seems to have an impact on learners’ lifestyle behaviours arose from parents’ working conditions. For instance, one participant said:

*“You know, I think most parents work from maybe morning ‘till late. So, they’re not at home, so obviously you substitute parenting with TV, headphones, or cell*

*phones because a child needs to be doing something while you are at work. They rely on public transport; you get here around eight. You don't even know what the child ate, you know.” (SBSTBP5).*

What the participant said implied that due to the kind of work or working hours parents have to adhere to, as part of their employment conditions, learners' lifestyle behaviours might be impacted negatively. The parents end up not being available when the children need guidance, monitoring and protection from an adult figure.

The home socioeconomic situation caused by high unemployment in the area of study also seems to affect learners' lifestyle behaviours in all areas of health as delineated in this study, namely, diet, PA levels as well as their mental and social wellbeing. As discussed earlier, what these learners eat is determined by what is available and, in some instances, parents do not have much of anything to offer their children. It is also reported that at the community level, there is a sport's coach which according to participants, is a needed resource.

- Schooling system

SA government policies for schools put pressure on educators to complete certain tasks at a given time. As discussed earlier, educators find themselves having to choose between academic work and engaging learners' in physical activities. The choice usually favours an area where the educators are called to account for which is academic achievements. As indicated earlier in this chapter, one educator said:

*“The government outline that. For instance, you do five Mathematics activities and five activities in Sepedi and so on. So, most of the work is in the classroom. The focus is on academic work. If you follow Life Skills activities as prescribed, you as a teacher are going to be accountable when you are evaluated. You are going to be told that you are lacking behind with your responsibilities.” (E3A).*

In this instance, the government's set policy seems to impact learners' physical activities.

Regarding learners' emotional wellbeing, the SBST functioning seem to impact learners health-related lifestyle behaviours. According to the participants in School A, the school management and peer educators did not understand or know the SBST's

roles and responsibilities which leads to an inability to assist learners in need of emotional support. Quotes on SBST members' feelings are captured in Table 4.8.

Table 4.8: Quotes from ATLAS.ti – quotes from SBST members

<p>10:173 p 38 in SMT School B and SBST Group A They did not involve us. They don't know the role of the SBST</p>
<p>10:170 p 35 in SMT School B and SBST Group A by the way, the SBST must be there" it's like I am forcing my way</p>
<p>10:176 p 41 in SMT School B and SBST Group A She did not call me and then she gave me feedback ukuthi ja its abuse. I was so excluded</p>

The participants' views were supported by the document review process where the researcher's request to see the SBST policy in School A could not be met (see report in Annexure M). School B, on the other hand, had an SBST policy. However, one participant indicated that, in general, policies are only provided when registering the learners and from there, the policies are not revisited. The participant below explained how she had to defend the school when parents declared that they had never received school policies:

*"Then I had to stand up and remind them 'we gave you when you registered your child'. But then I realised that I am talking about parents who registered their children in Grade 1 who I gave the policy documents then; now the child is in Grade 7. Do I still think that the parent still has that document? No! And who's reminding the parents then on the Learner Code of Conduct? We don't do it even in the classroom. We don't do it even in the AGM when parents are in attendance 'okay maybe let's go through these rules and see if they still remember them'. To constantly remind the parents or like in our classrooms ten minutes and say let's go through all the rules and regulations - we don't do that."*  
(SMTBP1)

The concerns raised suggest that the school is also responsible for the disjuncture between the home and the school, rendering the learners' mesosystem dysfunctional.

- **The neighbourhood**

Crime levels in the community where the participating schools are situated complicate the possibilities of play in the school environment. For instance, it was stated that:

*“Right now, we don’t have enough space because we re-demarcated the school. Our school ground goes down there but unfortunately because of burglary, we had to move the fence to come closer.”* (SMTAP2).

On the other hand, these criminal activities seem to have deprived learners of benefitting from the school tuckshop which also served as a fundraiser. The participants’ views are captured here:

*“The parents come to steal here at school. We do not have a computer room at the school anymore because they break in and steal.”* (FRCAP1).

*“They break our schools, some of them.”* (FRCAP2).

The first participant added:

*“They also stole our tuckshop stock.”* (FRCAP1).

The participants reported that they had to stop selling even before the COVID-19 imposed regulations as a result of the burglary that took place where their stock was stolen. Both participants (FRCAP1 and FRCAP2) said in unison:

*“Crime is bad. We are not safe.”*

As can be seen from the conversation above, the fundraising committee suspected that their learners’ parents were responsible for some of the crimes committed. Even though the actual culprits were not known, the criminal activity impacted negatively on the school. One participant explained how the money raised from the tuckshop benefitted the school:

*“We established a fundraising committee in our school to boost the money that we get from the Department of Education, and it helps the school in doing some smaller projects that we want to do in our school. Like for example, if you want to buy something for the school ...you see the shelter at that side? It’s the*

*fundraising committee that did that shelter, small projects like that one.”*  
(FRCAP1).

The shelter is referred to in the previous quote (FRCAP1) forms part of the environmental observations captured in Annexure N. Figure 4.6 is an illustration of the shelter that was reportedly erected through the funds raised through School A tuckshop sales.



*Figure 4.6: School A shelter built between classrooms where learners can play*

Entertainment seems to be a favourite pastime in the neighbourhood where this study was conducted. Though such practices do not follow a formal neighbourhood or community decision process, these practices have the potential to influence learners’ decisions on priorities. These can be classified as community practices that contribute to the community culture. One participant said:

*“The learners will tell you about taverns (clubs) that are there in the area.”*  
(SBSTBP1).

The participant added:

*“One day I got the shock of my life when I passed by the school on my way from a workshop. It was during the year but then there was so much celebration with loud music and dancing; the atmosphere felt like it’s a festive season.”*  
(SBSTBP1).

In this instance, the learners may be impacted by community practices that have the potential to distract them from engaging in physical activities.

#### **4.2.2.4 Learners' health-related lifestyle behaviours at macro-level**

This section looks at the impact that the political systems, policy, cultural values, and economic issues have on learners' lifestyle behaviours. Since the socioecological theory (Paquette & Ryan, 1992) was paired with the ecocultural (Weisner, 2002), cultural and societal impacts on learners' lifestyle behaviours were discussed throughout all levels.

At the national policy level, informal settlements including areas that were formalised from informal settlements to townships such as the area where this study took place have no influx control measures in place. Such areas have an influx of people from various provinces within the country as well as those from other countries. Participants' descriptions of different nationals staying in the study area are captured in Table 4.9.

*Table 4.9: Participants' responses on the influx other nationals in the study area*

*"...the community here are people from outside – most of them. They are from other places. KZN, Eastern Cape, Mpumalanga, Kwa-Ndebele, and so on and so forth its multi-cultural and multilingual" (SMTAP2).*

*"Most of these foreigner's children attend our schools. The parents do not get social grants and they are the ones that are selling in the streets. You will realise that these parents cook meals and sell in the street. They are struggling." (FRCP2)*

*"A lot of people who stay here, come from other countries: The parents are not working and end up selling wrong things because they are trying to survive." (SMTAP2)*

*It's like they were not fitting in the communities where they came from. It's like that they were told to leave. They said to them you belong to Olieven, just go there, you are not supposed to live among us. (SMTPB2)*

*"And they look like outcasts not normal people. Outcasts from their communities – and were brought here" (SMTBP1)*

Based on these quotes, the SA government's failure to manage the influx of people into the area of study has impacted the societal culture and values. As an example, the participants' responses seem to suggest that the influx of people into the area of study impacts the community's moral fibre:

*"... it's new people altogether. I remember here the other day the principal said: "I remember I used to walk from there to there and people would say 'Mr. So and so. ... he says now he can move from that point to the next, no one will recognise him because the community has changed'. The community has changed altogether...." (SMTBP1).*

This assertion seems to support what other participants identified as people who now reside in the areas looking like outcasts from different areas, including those from different SA provinces.

At the district level, the SES confirmed that the district was not sufficiently supporting schools where needed:

*"No, systems are not working. Ja, policies are there, nice ones. We are very good there. It's planned properly, what to follow what to do who to report to, but follow-up is not there...." (SES).*

On the whole, the country's political system, the education department and the school management seem to lack the necessary systems to support learners in leading positive lifestyle behaviours.

#### **4.2.3 Theme 3: Stakeholder Views on Support Needed for Learner's Health-Related Behaviours**

The section on stakeholder support is informed by data received through individual face-to-face and focus-group, semi-structured interviews. It is important to first indicate that based on earlier discussions in Section 4.2.2, both participating schools referred to various support mechanisms provided including support from NGOs, social workers, police services and the local clinic. It was also indicated that collaboration between stakeholders, particularly educators and NGOs, was poor. On the other hand, though there are dedicated social workers, nurses, and police from the community services, such services are either not well coordinated or not fully utilised.

#### 4.2.3.1 Participants' view on support needed

Regarding nutrition, some participants, directly and indirectly, raised the need for awareness creation. For instance, as indicated earlier under nutrition, the tuckshop owner in School B felt that the notion that healthy food is expensive was not true. According to her, parents need to be apprised of the importance of healthy eating so they can change their spending habits.

*“so I think we need a lot of.. a lot of talks, awareness,... even here at school I have tried... in the meetings, when there’s a meeting I ask if I can come and teach the parents because, for an example, if you had time you would see, in my tuckshop right now is only nik naks and then there’s chips and then okay...there’s sphaltlo.”* (TOB).

Added to this, during the interview session, the researcher observed the passion and positive energy that the tuckshop owner displayed when explaining how easy it was to replace unhealthy purchases with healthy ones which made the picture convincing. In support, one educator explained how she advised learners on unhealthy drinks and later saw a difference. The educator said:

*“But some of the children when you tell them they deliver the message, because there are children that when you have told them, they bring water instead of juice, every day. I tell them - you must come carrying water. Have you seen me carrying juice here at my desk? And they say: ‘No Ma’am, do you think I am crazy?’ They say ‘No’. I said to them, leave juice and bring water each day. The following day they said: ‘Ma’am we have brought water only’.”* (E2B).

One respondent (P1A) suggested the establishment of food gardens at school. The participant declared:

*“...And I, it’s what I think, but I’m thinking of speaking to the principal. That our school should have a garden, a garden is not a big space. There should be a garden at least spinach can be planted there, because when I think about it there should be veggies. (P1A).*

The researcher then wanted to know if the parent had or ever thought of establishing a food garden at home. The response was:

*“Yes, I’ve thought about it. So, my place ...but at that time my place wasn’t right. So, now there is space. I asked this other man from next door to do... so now I have a bit of space to plant veggies. But now it’s because of money, you can’t buy seeds.” (P1A).*

There were some views on the kind of support required for improving or enhancing learners’ physical activities level as well. The one point that stood out was the commissioning of sports coaches particularly in School B where several sporting facilities were available. One participant presented the matter like this:

*“I will need coaches so when we are active as an individual when you feel your body is heavy, you start going to gym. You feel better mentally, physically, and so on. So, with our children, I think we need something like that. For the coaches to come and give life in this school.” (SMTBP2).*

One parent also indicated the need for assistance in sport:

*“The one thing that can help – as I speak one child is not doing sport that requires money, so my wish is that instead of them asking for money, there must be volunteers that would take them off the streets, get a safer place or grounds around the location then fence them and not an open ground where cars park as if it is a park. Then the children can play there in a safe environment.” (P2B).*

Here, the participant not only proposed having coaches but also secured parks for children to engage in physical activities.

Even where some policies were formulated, one participant raised a need for assistance in the implementation of such policies.

*“Again, we are saying the policies are there. We do have them, but we know that we don’t put them into practice. So, I think we would need to get someone. I don’t know for a reminder of what, I really don’t know.” (SMTBP1).*

This being the case, there seems to be a need to support the schools with health-related policy development and implementation.

Some participants suggested that the school and other important stakeholders play an active role in the lives of learners. One participant particularly alluded to the need for dedicated social workers to visit learners at their homes. She said:

*“The support is to visit them at their homes and help them. It is hard sometimes, but we continue to help them so that the children are supported.”* (E2B).

Supporting stakeholder active participation and involvement was also raised by the SES who participated in the study. She said:

*“But I think we must go back to where the social workers used to visit schools more often. Now the social workers, The Inclusion and Special School (ISS) Unit has social workers that are supposed to go into the schools but maybe each and every school should have a social worker that is stationed at the school.”* (SES).

The SES expanded her thoughts as follows:

*“I tell you, the school that I used to work at one year we were given a social worker – I don’t know how come. But let me tell you every problem that was there it went like... (Snapping her fingers) because the lady knew in the morning, she interviewing learners and then she knew the next steps to take and then she would even invite the parents and if they are not coming she can even ask to do a home visit and sometimes they are accompanied by the police... that is where now I remember that is when the school started to have so much relation with the Station Commander... relationships were built through this social worker.”* (SES).

The views expressed here seem to suggest that there is a need for a structured and inclusive approach in cases where the schools are supported.

In terms of countering negative influences and discouraging criminal behaviours or misconduct in general, one participant suggested motivational talks and exposure to prison life as one way that schools can be supported in countering what seems to be the inculcation of a negative culture from the community as previously reported:

*“And to add on that again we used to bring, during what you would call civil point functioning to invite a person from outside to come and talk to them. And*

*what I think we should do is when we do our excursion, we have to select things that will benefit these kids. Like maybe an excursion to prison, prison like Mampuru. Those kids will see if you do this, this is where you'll end up and then they talk to the prisoners, the prison warders.” (SBSTBP1).*

One other participant supported the need for motivational speakers by adding that

*“I would need motivational speakers. Like on a monthly basis. One to motivate teachers, and motivation for learners.” (SMTBP1).*

This response supports the previous participant's suggestion to invite people to give talks. The stakeholder's views on the kind of support needed were considered in formulating recommendations for the study.

### **4.3 CHAPTER SUMMARY**

In this chapter, data was presented and analysed. Furthermore, emerging themes were discussed, and data was organised under each relevant theme. What the collected data revealed is that the community's and family circumstances have a bearing on the kind of lifestyle that learners lead. Learners seemed to prefer unhealthy food while their PA levels were found to be low. The social and emotional wellbeing of learners seemed to be the least attended area. Stakeholder views on the kind of support required for learners to lead a healthy lifestyle were also captured. The next chapter presents a discussion of the findings based on data presented in this chapter.

## **CHAPTER 5: DISCUSSION OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS**

### **5.1 INTRODUCTION**

This study was about the exploration of FP learners' health-related lifestyle behaviours as well as environmental factors influencing such lifestyle behaviours viewed through a socioecological and sociocultural lens. The current chapter provides a summary of findings based on data presented in Chapter 4 of this study. The chapter is therefore divided into three sections: the first section addresses the findings of the study, followed by a section on conclusions while the third section provides recommendations. The chapter ends with recommendations for further research. This chapter is furthermore driven by the following research questions:

- Which health-related lifestyle behaviours are exhibited amongst Foundation Phase learners in low-to-middle-income areas?
- What are the micro-factors that affect and influence these learners' health-related lifestyle behaviours?
- What is the nature and effect of microsystem and cultural pathways interactions on learners' health-related lifestyle behaviours?
- To what extent do exosystemic factors and decisions at the macro-level affect the Foundation Phase learner's health-related lifestyle behaviours?
- What are stakeholders' views on support needed to positively influence Foundation Phase learners' health-related lifestyle behaviours?

### **5.2 SUMMARY OF THE FINDINGS**

This section synthesises the findings in relation to the reviewed literature as discussed in chapter 2. The first set of findings emerged from an attempt to identify learners' health-related lifestyle behaviours. The second set of findings were driven by the need to discover factors influencing learners' health-related lifestyle behaviours within their microsystem while the third set of findings emerged from the need to explore the nature and impact that learners microsystems and developmental pathways interactions have on learners health-related lifestyle behaviours. The fourth set of findings arose from exploring the extent to which exosystemic factors and macro-level decisions impact learners' lifestyle behaviours and finally, the findings on stakeholder views on the

support needed to positively influence learners health-related lifestyle behaviours are discussed. The argument that follows deliberates on the major findings that emerged from the data presented in the previous chapter.

### **5.2.1 Foundation Phase Learner's Health-Related Lifestyle Behaviours**

As indicated in the literature chapter, lifestyle is underpinned by how people function on daily basis, what they do at home, at work, their diet as well as how they spend their time (Farhud, 2015) (Section 1.12). In this study, this related to what learners do at home and in school as the study's focus was on Foundation Phase learners. Learners' mental and social wellbeing were added to learners' lifestyle behaviours because the researcher adopted the WHO's definition of health which includes mental and social wellbeing as two of the key health indicators. Regarding the question on the kind of health-related lifestyle behaviours exhibited by Foundation Phase learners, three themes emerged from the data, namely, learner's nutrition, PA as well as learners' mental and social wellbeing.

#### **5.2.1.1 Learners' nutrition**

The findings on nutrition are divided into three categories, namely, healthy food, unhealthy food as well as lack of food.

##### **5.2.1.1.1 Healthy food**

Consumption of healthy food particularly if done throughout one's life, helps with the prevention of malnutrition in all its forms as well as lifestyle diseases such as non - communicable diseases (WHO, 2019). Based on the findings, there were indications that some families provided healthy cooked meals for their children although there were limitations in the provision of a balanced diet on a daily basis. The diet offered at home was dominated by mealiepap. The findings on mealiepap as a preferred staple food is in line with Magadze et al.'s (2017) findings that the sampled families consumed food from the carbohydrates group more than any other food group. On the other hand, participating parents only mentioned meat as a form of protein in their preferred meal with exception of one participant who mentioned fish as part of her family's menu. This observation is important in that the parents did not mention eggs and milk as part of their families' menu or desired inclusion in their menus even though the school feeding scheme menu included milk as part of the meals served. The omission of milk and milk

products as part of the home menu supports Chakona and Shackleton's (2018) views that milk and milk products are consumed to a lesser extent in families. One likely explanation of parents' omission of milk in the current study might be the fact that the school offers milk on their weekly menu. If that is the case, it is also likely that these parents are not aware of the benefits that are derived from offering sufficient milk and milk products in their children's diet. Such benefits are captured in Duan et al.'s (2020) findings where there is a correlation between children's linear growth and milk and dairy products intake. It is important to understand children's dietary intake from their homes which serves as a key area of first contact (Paquette and Ryan, 1992). This is where healthy-eating habits are also inculcated.

The school is also an important component of the child's microsystem (Paquette and Ryan, 1992) which has a considerable impact on the child's development. Accordingly in this study, the NSNP seem to be the main source of healthy food for most learners in the two selected schools. The NSNP menu provides starch, protein and vegetable or fruit per day. Examples of starch include mealiepap, samp and rice while proteins include milk, soya meat, fish, and beans. The NSNP menu offerings are in line with dietary requirements of the FBDG-SA's as adopted by the SA DoH (Vorster, Badham and Venter, 2013). However, according to teachers and parents who serve at the school kitchen in both schools, most learners do not like soya as part of the menu. There were also reports that some learners' digestive systems reacted negatively to meals that included soya. On the other hand, it was observed that both schools had not established food gardens as recommended by the DBE as an important pillar of the NSNP. As such, the schools solely depended on the government to provide vegetables as part of the feeding scheme menu. Supporting schools' lack of food gardens is indicated in the HAKSA report on the NSNP national survey results (Draper et al., 2019). Though the HAKSA report's observations on food gardens align with what was observed in this study, other challenges raised by HAKSA differed from findings in this study. For instance, as indicated earlier, the NSNP food was found to meet the minimum requirements of the FBDG -SA's recommendations while the report rating the NSNP was critical of the quality of the meals provided. Notably, in this study, the participating schools also received support on the provision of nutritious breakfasts and fruits during the SA national lockdown period that was imposed to curb the spread of

the COVID-19 virus. However, not all learners welcomed the fruit provided and the fruit would either be returned to their educators or thrown in the waste bin.

#### 5.2.1.1.2 Unhealthy food

The research raises concerns on the level of nutrient consumption particularly in low-to-middle income countries where the bulk of nutrient-rich food is supplemented with unhealthy snack foods and beverages (Pries et al., 2019). These findings seem to align with concerns raised as the general views from educators, SBST, SMT, the school feeding scheme committees, School A fundraising committees and School B tuckshop owner were that most learners consumed unhealthy food both at home and at school. The participants felt that some parents preferred junk food and seldom cooked meals for their families. On the other hand, most learners were reported to prefer junk food such as French fries, fat cakes, sweets, pickled mangoes (atchar), and potatoes crisps, mainly the no-name-brand crisps sold at the school tuckshops. Included in the preferred unhealthy food for learners was sphaltlo or kota. Stakeholders at both schools were concerned about the level of atchar consumption. According to participants at the school level, learners like atchar so much that if given a chance, these learners would include atchar in all meals served, particularly on days when the prescribed NSNP menu included mealiepap and milk or soya. The consumption of unhealthy food and snacks particularly among the lowest income groups supports the HAKSA report findings that pointed to high levels of sugar-sweetened beverages, salt, and fast-food consumption as a growing concern in SA (Draper et al., 2019)

#### 5.2.1.1.3 Food insecurity/lack of food:

Almost half of the participants interviewed in this study raised concerns about some family's lack of sufficient food supply. In support, some parents explained that on some days they would not even have money to buy bread. These findings on families who struggle to put food on the table for their children support the HAKSA report on food security (Draper et al., 2019). This state of affairs adds to concerns about the double burden of weight and malnutrition that developing countries are faced with (Modjadji & Madiba, 2019; Zhou et al., 2019). It is also important to see the link of these findings to Chakona and Shackleton's (2018) study where the urban population in all three participating towns was more food secure than the rural and peri-urban populations. The area where the two selected schools were stationed was peri-urban which

confirms what Chakona and Shackleton (2018) asserted. Drammeh, Hamid and Rohana (2019) also reported challenges with food insecurity in Sub-Saharan countries and added that this phenomenon is increasingly becoming a threat to global health.

#### **5.2.1.2 Physical activity**

PA is recommended the early years of development as it offers various benefits such as the development of a joyous spirit (Glapa et al., 2018). The authors also indicated that it is during the ages of 6 and 12 years where the child's physical growth, cognitive and motor skills develop. This renders PA an important aspect of the focus of this study as it is made up of 6- to 9-year-old children. Notably, both participating parents and educators in this study felt that learners' PA levels were not sufficient. These findings support Chen et al. (2021) who estimated that 80% of young children worldwide do not meet the recommended PA levels. In School A, Grade R learners were unable to use the outdoor area as it was squashed between new buildings. Educators' responses on plans to move the Grade R play area were vague as the SMT did not seem to know of any concrete plans to move the play area. Ristianti, Dewi, and Nurini, (2020) advocated for public spaces that should support children's engagement in activities that allow interaction, gathering and socialising. This situation seems to paint a grim picture for child development. Similarly, at home, parents preferred their children to play indoors rather than outside implying that children were limited to indoor rather than outdoor play activities. Yıldırım and Akamca (2017) emphasised the importance of outdoor activities as they allow children to actively learn by doing and that they benefit the intellectual, verbal, motor, and social-emotional development of preschool children (Yıldırım and Akamca, 2017). The authors also pointed to crowded urban villages which led to children attempting to create makeshift spaces. However, in this study, room for learners to create makeshift spaces seem to be slim as some respondents reported that, in some instances, even sidewalks are occupied by washing lines. These findings, therefore, revealed a gap in learners' PA on two levels, namely, Bronfenbrenner's microsystem (Paquette and Ryan, 1992) and Weisner's (2002) ecocultural theory where the neighbourhood is considered a key component of a child's developmental pathway.

Despite sporting activities that were reported to be available at the community level, participating parents confirmed non-participation of their children in formal sporting activities. There were also indications that at the community level boy children were likely to engage in outdoor play and formal sports more than girls would. This observation aligns with Xu et al.'s (2020) survey which was also supported by this study's findings where girls' PA levels were found to be lower than that of boys. On the other hand, at the school level, both schools seemed to be committed to athletics as the only formal sport as it was a district-mandated activity at the beginning of each year. Considering the socioeconomic status of the area of study, these findings support Dumuid et al.'s (2017) cross-sectional study that pointed to high PA levels among children in HICs as compared to those in LMICs. This would mean that children from HICs enjoy a higher quality of life compared to their counterparts.

Researchers such as Cvetković et al. (2018) considered the school as a good platform to increase learners' physical activities as children spend most of their waking time at school. This being the case, schools that have resources are expected to encourage and facilitate learners' participation in formal sports. However, although School B had sports fields and equipment for various sporting activities including a basketball court, tennis court and soccer field, these facilities were not put to full use. Educators seemed to ignore their responsibilities to facilitate sporting activities even on the weekdays allocated for formal sports. Educators' involvement in sport is important as emphasised by Klingberg et al. (2019). On the other hand, School A had neither space nor sporting equipment needed for formal sports. Learners in School A were thus also deprived of chances to participate in formal sports except for athletics at the beginning of the year.

Physical Education is described as an educational activity that uses physical activities aimed at assisting people to acquire skills, fitness, knowledge, and attitude contributing to one's development and wellbeing (Asiimwe, Babalola and Atuhaire, 2021). There were conflicting views among educators regarding the use of allocated PE hours as prescribed in the SA Life Skills curriculum for the Foundation Phase. All School A FP educators reported that they did not facilitate or organise PE activities for their classes during the mandated PE periods. In contrast, of the three educators interviewed in School B, two passionately explained how they engaged their FP learners in physical activities during the allocated PE periods. The educators also shared the positive changes they observed among learners after engaging in PE activities. For instance,

some learners showed improved self-confidence and appeared to be in a happier state. The educator's observations were supported by Borhani et al.'s (2017) study on the benefits of PA participation. On the other hand, educators' inability or reluctance to engage learners in PA activities as mandated in the curriculum aligns with findings from Hill et al.'s (2015) study. Of the factors highlighted by these researchers, the main finding in this study indicated educators' lack of time, unavailability of sporting equipment and finances particularly in School A as the main causes of low PA levels. However, when it comes to PE, educators only mentioned the time factor and large numbers per classroom as a barrier. On the other hand, opportunities for learners to play during school breaks were limited because of the number of activities that needed to be squeezed into the scheduled time. Examples of such activities included time spent on queuing for food from the school feeding scheme as well as queuing for bathroom visits. There were, however, reports of learners who would bring play equipment such as skipping ropes and use whatever little time was left during lunchbreaks to play.

The 2018 HAKSA report pointed to a gap that exists between policy and implementation when it comes to the promotion of PA and nutrition among young children and adolescents (Draper et al., 2019). The report also highlighted what seems to be a lack of accountability as one possible factor for poor implementation. The findings from this study confirm some of what was raised in the HAKSA report as both schools were unable to provide key health-related policies as required and recommended by the DBE. On the other hand, none of the interviewed participants had any knowledge of what an HPS was (Shung-King, Orgill and Slemming, 2013).

### **5.2.1.3 Mental and social wellbeing**

Mental health is comprised of emotional, psychological, and social wellbeing (Galderisi et al., 2015; Jamieson, Mathews, and Sambu, 2017). Learners from the study's participating schools seemed to struggle with mental challenges, most of which emanated from home circumstances. Examples of mental issues as presented on the ATLAS.ti (figure 4.4) word cloud included child neglect, rape and verbal abuse while some learners displayed violent behaviours. These findings support the assertion by Pedersen et al. (2019) and Stansfeld et al. (2017) that children and youth from LMICs are often at risk of mental illness. Similarly, the area where the two participating schools

were located has been described as having high unemployment rates, high rates of criminality and violence while some of the violent behaviours were observed in the children's homes as well. The indications are that the community have indicators that fit into what Pedersen et al. (2019) described as poor, dangerous social and environmental conditions. Considering the importance that Weisner's (2002) ecocultural theory places on neighbourhood safety, the home and neighbourhood where the children are raised seem to have a negative impact on these learners' developmental pathways.

Family and community practices such as violent behaviours seem to spill over into school premises as some learners were reported to exhibit the same negative behaviours at school. For example, educators described how some learners would engage in adult-like fights during school hours. In addition, there were reports of much younger children in FP who mimicked violent behaviours like wielding knives to threaten their peers. Learners' behavioural problems may be associated with what Kaiser et al. (2017) referred to as children's behavioural problems resulting from parent "inconsistent, unsupportive, and uninvolved parenting styles and poor parental mental health" (p. 1). This notion was supported by participants' reports of unsupervised learners who would wander in the streets late at night where gunshots were fired. Some learners would proudly narrate their adventures from visiting taverns which are a form of entertainment in the community throughout the week. All these signify the societal ills that affect the learners' mental and social wellbeing.

Of concern is the fact that the school seemed to add to the emotional traumas that some of these learners experienced as educators confessed to their inability to support learners who faced emotional challenges. There were, instead, reports of educators giving learners labels associated with reported cases such as "abuse case or child" which other educators felt were tantamount to further abuse of the child concerned. The educators seemed to lack the capacity to assist learners that suffered from abuse. Mokitimi, Schneider and de Vries (2018) acknowledged lack of capacity as one of the gaps in dealing with mental issues in SA which seem to be evidenced in the case of these educators.

## **5.2.2 Micro and Cultural Factors that Affect and Influence Learner's Health-Related Lifestyle Behaviours?**

Factors affecting and influencing learners' health-related lifestyle behaviours are discussed in terms of the child's microsystem (Paquette and Ryan, 1992) and neighbourhood (Weisner, 2002). As in the previous section, the discussions that follow are addressed under three categories, namely, nutrition, physical activities, and the learners' mental and social wellbeing.

### **5.2.2.1 Nutrition**

Smit et al. (2017) recognised the home as the source of a child's diet and further acknowledged the complexities that come with parents' food choices. Based on findings from this study, some parents provided healthy cooked meals in their homes but their efforts to provide a balanced diet on daily basis was limited due to a lack of resources. The implications are that a family's socioeconomic status plays a role in a learner's diet which further supports the notion that affordability generally determines what people eat (Drewnowski et al., 2020; Smit et al., 2017). Aligning to Smit et al. (2017) and Chapman et al. (2017) budgetary concerns and perceived affordability, the School B tuckshop owner, in particular, alluded to people's perceptions that healthy food was too expensive for one to consider (Chapman et al., 2017).

One other factor identified by Smit et al. (2017) was the complexities regarding food choices or what this study's participants referred to as parents/caregivers' lack of awareness leading to purchasing and consumption of unhealthy food. On the other hand, Sirasa et al. (2019) revealed that the availability of food at home and the environment influenced children's diet. Inclusion of the environment ties in with Weisner's (2002) stance on the role that the neighbourhood/community setting plays throughout the child's developmental levels. Notably, the issue of taste and children's preferences also seemed to be a factor when it came to learners' choice of food particularly at school, leading to consumption of unhealthy snacks and food.

Family culture seems to play a role when it comes to the consumption of other kinds of food that are key to children's nutrition. For instance, though in this study there were no clear answers provided for learners rejection of fruit as part of their menu, Ares et al.'s (2017) findings revealed that low-income families preferred to purchase food that

satisfies hunger and can fill children for longer. In this case, families might unintentionally fail to expose young children to fruits and vegetables as these might be considered less filling. In such instances, the family practices act as a key determinant of children's diets as mentioned earlier. This factor might also explain parents' preference for mealiepap as a staple meal and fast food such as sphaltlo which were reported to be served for dinner in some families where FP learners in this study come from. Notably, among other barriers to fruit and vegetable intake, Chapman et al. (2017) raised the family's perception of the time it took to prepare vegetables as one of the reasons that led to poor consumption of vegetables. This factor was, however, not raised in this study which could mean that this factor could not be singled out as a barrier to the consumption of vegetables in this study population. One factor that seems to be a concern to educators is the availability of unhealthy food from suppliers such as vendors outside the school premises as learners could easily purchase things like atchar to spice up or supplement unfavourable meals like soya. Such practices bring in what Weisner (2002) referred to as family activities and routines that also signify wider cultural and community values and practices (Liu and Merritt, 2021) and in this instance influence learners' food choices.

Regarding food insecurity, Drammeh, Hamid and Rohana's (2019) study revealed factors that affected household food security status. Based on the current study's findings, factors that seem to support these findings include age and poverty levels where participants indicated parents' age (for example, teenage mothers) as a barrier to prioritising learners' needs over own interests. On the other hand, the issue of poverty and income as identified by Drammeh et al. (2019) aligns with this study's findings on the families' socioeconomic status. In this study, however, educational status and household size were not raised as factors that contributed to food insecurity. Notably, Sirasa, Mitchell, Rigby, and Harris (2019) emphasised parental and caregivers' awareness of nutritional food as an important contributor to children's consumption of healthy food. In this instance, the authors shared the sentiments of some educators, the tuckshop owner and the school district SES who cited parental ignorance and lack of awareness as a contributing factor to learners' consumption of food that lacks adequate nutrients.

Noar et al. (2018) viewed the goal of health communication campaigns as an attempt to change intermediaries of behaviour. This suggests that health-promoting campaigns

are an indication of an institution's intention to improve the targeted group's health behaviour. Elrod and Fortenberry (2017) found the use of billboards to be effective in reaching people in densely populated disadvantaged areas. On the contrary, in this study, the researcher's observations which were backed by participants' responses, were that, in both schools, there were no visible health-promoting materials including the absence of charts and billboards displayed within the school premises. This, therefore, implies that the school's inability to send messages that encourage positive lifestyle behaviours is one factor that leads to knowledge gaps in this area.

#### **5.2.2.2 Physical activities**

In their review of children's PA levels, Chen et al. (2021) found that limited space and neighbourhood safety affected children PA levels. Likewise, in this study, the same built environment factors as identified by these researchers were found to contribute to children PA levels. The community setting in this study is such that most space in the house owners' yards is taken up by shacks. The practice of partitioning almost all the space in owners' yards for renting out is driven by the need to earn rental income. This, therefore, implies that there are limited green spaces for children's outdoor play.

The ecocultural theory includes home and neighbourhood safety as one of the domains that impact the child's developmental pathway in their immediate environment (Weisner, 2002). Children's safety in this current study seems to be compromised both at home and neighbourhood level leading to learners' low PA levels. For instance, although most homes were portrayed as cramped and limiting any form of indoor play among children, outdoor play seemed not to be an option. Parents explained how they had to restrict their children from playing outside as they were concerned for their children's safety. Notably, young girls seemed to be affected the most in this instance as some parents were inclined to be more protective towards their girl children while boys were more likely to be allowed to play outside the yard. This finding supports other research findings such as Rees-Punia et al. (2018) and Boxberger and Reimers (2019) on boys' greater exposure to outdoor play than girls. The reason behind this variation between boys PA levels and girls is that parents seem to be more protective towards girl children (Xu et al., 2020). Incidentally, some parents in this study shared the same sentiments as Rees-Punia et al. (2018) concerning PA levels and safety issues.

Other factors identified as contributors to poor PA levels at school were: FP learners' exclusion from athletics at the beginning of the year which was reported to be the only coordinated formal sporting activity at schools. Reasons for excluding FP learners in athletics were not clear; in the same way that limited space impacted learners' play activities at home, the same predicament played out in School A as there was insufficient space for sporting activities, and neither was there any sporting equipment available for learners to use for sports. Notably, lack of space is one aspect that was raised as a challenge by Asiiimwe, Babalola and Atuhaire (2021). On the other hand, criminal activities also played a role in School A's lack of space. Reported burglaries that occurred at School led to School A's decision to fence off the space provided for sports activities to reduce risks of repeated break-ins. Here again, it is shown that the neighbourhood has a direct impact on the learners' immediate environment (Vélez-Agosto et al., 2017; Weisner, 2002)

Despite the availability of sporting facilities in School B, there were still limited formal sporting activities taking place in the schools. Educators' workload and general lack of interest were cited as the main reasons for their inability to facilitate sporting activities. These findings are supported by Klingberg et al. (2019) as factors contributing to children's low PA levels. Interestingly, the authors did not include educators' workload and pressure as a contributing factor to low PA levels, though this could be included under lack of time. It is important to also note that contrary to Klingberg et al.'s (2019) findings, in this study, there was no mention of educators' fear of doing things incorrectly as one of the factors leading to educators' inability to engage learners in PA activities.

School programmes are regarded as platforms that can provide an opportunity for increased PA levels as children spend most of their active time at school (Cvetković et al., 2018). Regarding findings on PE activities in this study, educators who confirmed compliance with allocated PE hours to engage learners in games and other sporting activities seemed to understand the positive outcomes associated with PE activities. This suggests that these educators' knowledge or awareness served as motivation to engage learners in PA. On the other hand, School A educators cited academic work pressures and learners' numbers per classroom as barriers to engaging in PE activities. Interestingly, despite the concerns of lack of space and sporting equipment observed and reported in School A, none of the three educators included this factor as

a barrier to the implementation of PE activities. However, School A educators shared the sentiments of Asiimwe, Babalola and Atuhaire (2021) when it came to replacing PE periods with other academic subjects and added that they preferred to stay in class and focus on meeting the required academic deadlines as set in their ATP to avoid situations where they would be held accountable for poor delivery. This, therefore, renders workload as one of the main factors affecting educators non-engagement in PE related activities.

### **5.2.2.3 Learners' mental and social wellbeing**

Abdel-Hameed, EL-Malkey and Barakat (2018) acknowledged child abuse as a worldwide challenge that affects children of all ages, gender, races, and ethnicities and occurs in all kinds of socioeconomic classes. The authors further linked child abuse to misbehaviour, death, school refusal and educational dropout among victims of abuse. In the current study, micro-factors impacting on learners' emotional and social health at home include socioeconomic pressures with reports of single mothers exposing their children to stepfathers' abusive behaviours for the sake of having some bread on the table for the family. Contrary to Abdel-Hameed, EL-Malkey and Barakat (2018), participants in this study did not refer to factors such as death, school absenteeism and educational dropout among victims of abuse. However, regarding learner behavioural challenges, there were behavioural problems that emerged from this study which included rebellion against educators and fights among learners while educators specified disciplinary challenges that were reportedly prevalent when all learners attended classes. As far as rebellion and fights are concerned, educators cited the depth of violence that prevailed in the community as one of the reasons why learners misbehaved. In this case, the violence in the community serves as one of the instigators of violent behaviour among learners supporting Abdel-Hameed, EL-Malkey and Barakat's (2018) assertions. On the other hand, Stansfeld et al. (2017) concluded that there was a strong association between exposure to violence and SA adolescent children's mental wellbeing. The researcher believes that based on educators' views, the same applies to Foundation Phase learners in this study.

Kaiser et al. (2017) linked low-income levels and poverty to inconsistent, incoherent, and indifferent parenting patterns as well as poor parental mental health to children's behavioural problems. In support of Kaiser et al. (2017), some participants in this study

raised parental neglect and ignorance as factors leading to learners' behavioural problems while other educators cited parental behaviours that demonstrated an attitude of indifference towards their children. Based on the fact that the area where this study took place was reported to have high rates of unemployment, these findings, therefore, confirm Kaiser et al.'s (2017) linking of children's behaviour to poor parenting skills which seem to result from economic pressures. Notably, parental mental health was not raised as a factor that impacts learners' behavioural problems in this study. One other factor raised by the SES and other educators which is closely associated with parenting skills is parents' level of maturity (age) and parents' ignorance of children's needs. Though the latter point was not extensively deliberated on, there are indications that some parents might be stressed by their inability to care for their children which would again be linked to outcomes of poverty-stricken environments (Kaiser et al., 2017). The authors also raised an issue of stigma which might be associated with parenting. In this study, one parent had to choose whether her ailing family should continue to receive assistance from the school feeding scheme or cease the assistance due to what seemed to be the results of stigmatisation or perceived stigmatisation. According to educators, the parent chose the latter. This seems to be a classic example of how stigmatisation as a form of abuse impacts other important aspects of life. The issue of stigmatisation is supported by Stansfeld et al. (2017) who recognised increased rates of victimisation of families that are economically less advantaged.

The crowded spaces and small living spaces mentioned earlier in this section also exposed learners to potential abuses and violence. Added to the stigmatisation cited in Stansfeld et al.'s (2017) study, the authors also highlighted risks of exposure to violence as problematic, particularly where there are no ways to safeguard young people against such violent events. This holds true for learners in this study as there were reports of learners who lived in one-roomed shacks shared by parents and children and, in some instances, extended family members. In this example, children are exposed to everything the parents engage in which might include observing fights between parents. For instance, the issue of a young boy who yielded a knife while mimicking what the stepfather said serves as an example of how crowded spaces impact learners' behaviours. Secondly, the proximity of shacks in an environment where there are reported high levels of unemployment implies that there are adults that

might be loitering in the yard and based on reports of parents' neglect and parents' work schedules, these children might be at risk of being violated. In this instance, the domain of neighbourhood safety and family work cycles are at play, leading to disruption of children's developmental pathways (Weisner, 2002)

In respect to findings on rape cases, as reported by educators during interviews, both crime and family responses to perpetrators played a role in learners' mental wellbeing. As far as crime is concerned, Stansfeld et al. (2017) found communities with high crime rates that included increased levels of violence, physical and sexual abuse and that poverty levels in SA served as a mediator between family aids illness and child abuse. This statement implies that the reported child abuse cases in this study are likely to be linked to the location where this children reside.

It is apparent from the study that some family members tended to protect the perpetrator in cases where children reported sexual abuse implicating a member of the family. Jamieson, Mathews and Sambu (2017) reporting on child abuse found that family members were most likely to report abuse but hastened to caution that families were likely to protect the perpetrator rather than electing to focus on the child's safety. This unfortunate occurrence was reported by one SMT member in this study where family members accused the victim of lying and involved people outside the family circle in the matter. Family members' attitude, therefore, is one factor that contributes to the learners' violation as the perpetrator is likely to continue with the behaviour unabated.

### **5.2.3 The Nature and Effect of Learners' Microsystem and Cultural Pathways Interactions on Learners Health-related Lifestyle Behaviours**

This section reports on findings based on how FP learner's microsystem interacts and the impact of such interactions on learners' lifestyle behaviours. According to Rosa and Tudge (2013), Bronfenbrenner's mesosystem refers to how two or more microsystems in which a child participates interact with one another.

### **5.2.3.1 The home:**

In the home environment, the interaction between members of the family who are in direct contact with the child as well as peers has an impact on the child's development. In this study, findings on family structures revealed that some families were child-headed, while others are led by stepfathers some of whom were abusive, while some young mothers neglected their duties to care for their young ones. In terms of child-headed families, these children's microsystems were void of interactions between the child and an adult and, as such, the child's physical and emotional needs, for instance, were not met. Physically, the child might not be adequately provided for as such the child's health may be compromised. On the other hand, children raised by non-biological parents, in some instances, exposed children to unpleasant and violent situations. Lastly, negligent parents destroyed the secure environment in which the child needs to be nurtured. Family routines are critical in creating a healthy developmental niche for the child (Weisner, 2002) and the absence of a caring adult, or the presence of an abusive parent or caregiver and negligent parents all contribute to the chaos (Liu and Merritt, 2021)

Nieuwenhuis and Maldonado (2018) reported challenges faced by single parents. One example from this study's findings was where a parent broke down during the interview sessions as she tried to articulate the challenges, she had with her working elder daughter. On the other hand, there were also elder siblings' behaviours that included gambling and visits to taverns all of which, according to Weisner (2002), cause a disruption at the stage where family routines are crucial to assist the child's need for stability. The family, therefore, becomes chaotic (Liu and Merritt, 2021).

### **5.2.3.2 The home and the school**

At Bronfenbrenner's mesosystem level (Guy-Evans, 2020), some issues emerged regarding the relationship between FP learners' homes and the school. The findings in this study point to compromised mesosystems due to poor parent-teacher interactions. Turning now to educators' reports, some parents were reported to respond positively to school requests when asked for discussion on learners' progress while other parents would not turn up when asked for such meetings. The SMT in School B also explained how the school made efforts to empower parents through workshops but due to poor responses, the workshops did not bear fruit. Based on these findings, the mesosystem

that is supposed to be established between the school and the home is compromised. Healthy interactions between the educator and parents in particular when communications lines are good, in Bronfenbrenner's terms, have a positive influence on the child's development (Guy-Evans, 2020). Applying Bronfenbrenner's theory to the classroom, Guy-Evans (2020) emphasised the need for teachers and parents to communicate with each other and work together for the benefit of the child. Teachers in turn need to try to understand the child's home situation including the family's social and economic factors. Interestingly, the author also places some responsibility on the child to actively participate in the learning process both at the academic and social levels (Guy-Evans, 2020).

### **5.2.3.3 School management**

Interactions between the school management and the school committees and educators who are supposed to support the mental wellbeing of learners were reported to be flawed in one way or another. The SBST in School A, in particular, raised concerns on the school management's understanding of the role that the SBST had to play. Notably, the gaps that seem to exist between the SMT and SBST affected the level of support provided to learners especially on psychosocial consequences following an ordeal such as rape which usually emanates from the home environment. In some instances, cases were unresolved and left hanging due to unclear lines of responsibility. This would imply that the poor interactions between the child's microsystems at school have a negative impact on the child's social and mental wellbeing.

There is a general appreciation of the support provided by NGOs in both schools; however, there were concerns raised regarding poor communication and interaction between educators and the NGOs. Additionally, the schools confirmed that they had dedicated key stakeholders who supported them in dealing with learners' health, social and mental issues. Such stakeholders include the police, nurses, and social workers. The level at which these stakeholders are used when the needs arise is not clear and, based on examples of trauma cases cited during interviews, in some instances, these stakeholders were not even consulted when the need arose. What seems to exacerbate the matter is that the SBST members particularly in School A, who were positioned to connect with the external support available for the school, did not seem

to understand the role that they should play in the area. All these have a negative impact on the learners who are supposed to be a recipient of these services. Overall, the children's microsystem interactions at school seem to be compromised which, in turn, impacts the learners' quality of life.

#### **5.2.4 The Extent to which Exosystemic Factors and Decisions at Macro-Level Affect Learner's Health-Related Lifestyle Behaviours**

The exosystem includes formal and informal social structures where a child is not directly involved but what happens in such structures tends to have a direct or indirect impact on the child (Guy-Evans, 2020). On the other hand, the macrosystem focuses on how broad social issues such as socioeconomic status wealth, poverty, and culture impact the child's development (Guy-Evans, 2020).

##### **5.2.4.1 Exosystem factors**

Educators in this study alluded to what in Weisner's (2002) ecocultural language are called work cycles. According to participants, parents work cycles seem to contribute to learners' unhealthy eating habits, extended screen times and, in some cases, leaving children in harm's way. The findings on the impact of parents' working hours on learners correlate with findings from Wu's (2018) survey where parents scheduled long working hours negatively impacted children's diets as these parents did not have sufficient time to cook for their families. With regard to findings on extended screen time, Hatakeyama, Kamada and Kondo's (2021) cross-sectional study revealed that children whose mothers worked, tend to spend longer screen time than their counterparts; the more hours these mothers worked, the more these children watched TV, for instance. Interestingly, the authors also raised a shortage of resources as a possible contributor to sedentary lifestyle among children (Hatakeyama, Kamada and Kondo, 2021). This factor was supported by some participants in this study though the cause of the sedentary lifestyle was viewed more as a result of spending a lot of time without parental supervision and care.

Decisions or circumstances regarding children's custody was also found to have a bearing on learners' lifestyle behaviours. In this study, educators highlighted some gaps that arose from cases where learners were not raised by biological parents. One example provided was about learners who were raised by grandparents. Educators felt

that due to their age, the grandparents were not able to optimally contribute to some of the learners' developmental aspects such as the physical and cognitive aspects. Tangible examples were grandparents' inability to support learners with schoolwork. Though decisions behind grandparents taking over parental responsibilities seemed varied and also not elaborated on in this study, based on the children's age, these decisions are taken remotely from the child but have a direct impact on their development including the lifestyle behaviours – this, therefore, falls into Bronfenbrenner's exosystem level (Guy-Evans, 2020).

#### **5.2.4.2 The macrosystem**

According to Silva et al.'s (2019) study, exposure to family hardship and lack of social support have a negative impact on the child. In this study, socioeconomic factors falling within both the exosystem and macro-level of the child's development were found to impact the learners' emotional and social development the most. As an example, some single parents seemed to lose their autonomy due to their socioeconomic situation and took decisions such as keeping abusive partners in order to provide for their families. Such decisions lead to a stressful situation at home which has the potential to harm learners at two levels: exposure to being abused and the risk of impairing the child in the social-emotional domain.

Silva et al. (2019) also recognised how the socioeconomic factors impacted the support needed in early childhood. Likewise in this study, it was revealed that attempts were made to allocate nurses, social workers, and police to the schools, but such assistance seemed weak as there were no guiding policies on how such support should be coordinated. On the other hand, though the government's school health policy, the ISHP (DBE, 2012), recommended that each school should have a dedicated nurse, both schools had only been allocated a resource that was fully employed at the local clinic. Such situations align with what is referred to as programme fragilities in Bronfenbrenner's exosystem and macrosystem that deprive learners of the support needed for their development (Silva *et al.*, 2019). In the end, all these impact learners' lifestyle behaviours with consequences for their mental and social development.

The built environment of the area is one of the macro factors impacting negatively on learners physical and mental wellbeing. The area where the study took place was initially an informal settlement, but the planning and design of the residential area could

not provide sufficient space as there were already erected residential structures. The planning and design of an area, according to Nassar (2015), are physical factors that are critical in enabling PA activities. The author encouraged good and safe, attractive residential urban spaces that allow for freedom of activities. However, the study area had no room for proper design and land-use planning. On the other hand, based on the background history of School A and the structures thereof, the school was meant to be a temporary shelter until a permanent structure could be erected but each time a new school was built, more learners were admitted to the same school. This, therefore, points to macro-level policy gaps that impact learners' lifestyle behaviours.

In Bronfenbrenner's terms, the macrosystem comprises of social classes, ethnic or religious groups, or people living in specific areas, communities, or neighbourhoods (Seginer, 2006). Notably, Guy-Evans (2020) also includes ethnicity in Bronfenbrenner's macrosystem. Educators in this study blamed the influx of different ethnic groups for most of the ills in the area particularly when it came to selling drugs to school children. In this instance, the SA government's inability to control the influx of foreign nationals might be viewed as a macro-level factor that negatively impacts communities. This factor is supported by Fainos's (2020) study on the influx of Zimbabweans to SA. The participants' perceptions of linking criminal activities such as drug trafficking to foreign nationals are, however, disputed by Cheteni, Mah and Yohane (2018) who linked these challenges to poverty. Overall, based on this study findings, ethnicity, and socioeconomic factors at the macrosystem level seem to have a negative impact on FP learners' lifestyle behaviours particularly on the aspects of nutrition, PA, and mental and social wellbeing.

### **5.2.5 Stakeholders Views on the Support Needed to Positively Influence Foundation Phase Learner's Health-related Lifestyle Behaviours**

This section is a recap of stakeholder views on the support needed in order to positively influence FP learners' lifestyle behaviours.

Stakeholders, directly and indirectly, raised the need for awareness creation amongst parents and learners. The educators and the tuckshop owner in particular referred to parents as potential beneficiaries for health-awareness promotion. The participants' view is contrary to the whole school approach model where education and health organisations work together on health-promotion initiatives (Hunt *et al.*, 2015).

Similarly, both Bronfenbrenner (Paquette and Ryan, 1992) and Weisner (2002) acknowledge all individuals that the child comes into contact with as key to the child's development. Bronfenbrenner emphasises the role played by individuals that the child come into direct contact with while Weisner (2002) embraces the neighbourhood and the community at large as critical to the child's development. On the other hand, the WHO Ottawa Charter (World Health Organization, 1986) for health promotion advocates that schools should offer an inclusive safe and supportive environment for all its members, that also facilitates and empowers its learners while working in partnership with parents and the local community (Harper, Officer and Hearing, 2009).

Some suggestions were raised regarding the establishment of school gardens within the schoolyards in order for the school to cultivate vegetables that can be added to the vegetables offered through the NSNP. The establishment of food gardens is supported by Devereux et al. (2018) who referred to the DBE's stance on food gardens as the pillar to the NSNP.

Regarding formal sports at home, parents expressed a wish to have volunteer sports coaches that could assist their children to take part in sporting activities at the community level as the parents could not afford the expenses that came with using private coaches who were available. Similarly, based on the findings on educators' inability to accommodate formal sporting activities due to work pressures and general lack of buy-in, the School B SMT, in particular, expressed the wish to have dedicated, external coaches who would fill the gap and get formal sporting activities up and running. Though this is a noble request, such initiatives need to be approached and managed carefully. For instance, Ettl Rodríguez (2018) points to external coaches' behaviour where some coaches tend to put pressure on learners to win in a way that takes away the fun that comes with participation in sports.

Stakeholders also requested support with formulating policies and the implementation thereof. This request came from the School B SMT members because parents were only provided school policies when registering their children which might be in Grade R or 1 and thereafter the policies were never revisited for the entire period that the learners were at the school. When referring to mental health policies, Mokitimi, Schneider and de Vries (2018) acknowledged barriers to policy development in LMICs and further posited that these barriers emanated from incompetence, staff shortage

and inadequate finance, though, in this study, participants did not describe the challenges that led to their inability to draft expected policies and the struggles to implement available policies. Issues of finance as a barrier might not be relevant in this instance, as the DBE develops national policies that serve as a guide for the development of policies at the school level. This, therefore, justifies the request for these schools to be assisted with policy development and implementation thereof.

The SES's view on the support needed was that dedicated social workers should be allocated to each school. As further recommended by the participant, the social worker would then form a network with key stakeholders including police to ensure learners' wellness. These views aligned with the DBE's (2012) recommendation for the inclusion of dedicated nurses. On the other hand, van Sittert and Wilson (2018) outlined social workers' perceived responsibilities in schools.

Stakeholders also suggested some form of positive and negative behavioural reinforcement to be introduced to counter the influence of criminal activities and ideologies as modelled in the neighbourhood. Such recommendations included identifying individuals who were able to make a difference in their lives despite the difficult circumstances that they lived in. It was further advised that such individuals should have grown under circumstances that were more or less the same as the learners'. There were also suggestions for the school to organise prison excursions. Stakeholders found it important for learners to be accorded an opportunity to have a first-hand observation of prison life. It was hoped that using this strategy might deter learners from engaging in delinquent behaviours that could lead to being arrested. This strategy might seem premature when considering FP learners' age range; however, based on findings relating to the environment where the learners grow in and the kind of practices they are exposed to, one may support the need for interventions that counter what learners witness on daily basis in their environment. The extent to which learners attitudes could change might depend on the approaches used (van der Put et al., 2021). The study found juvenile awareness programmes to be effective, particularly in cases where there are longer follow-up processes in place

### **5.3 SUMMARY OF THE RESEARCH**

This study including its recommendations achieved the main objectives of identifying FP learners' health-related lifestyle behaviours and factors influencing such lifestyle behaviours. However, this reading would have been more significant had the number of schools and number of participants been larger because the focus would have been on the district rather than only on the two schools that participated in this study. Nonetheless, the research project provided a deeper and thicker view of the answers to the five main questions that the study aimed to respond to.

The research project was reasonably free from bias as the researcher initially only heard of the area from social media and only got to know the area and schools at the commencement of the study. In addition, the lens and theoretical framework for the project were indicated at the initial stages of the project to account for any unintentional bias that might have occurred in the analysis of data.

### **5.4 CONCLUSIONS**

This research used an interpretivist paradigm to understand FP learners' lifestyle behaviours in discussion with others. The ontological assumption was that there are multiple realities to the phenomenon under study while the epistemological assumption was that knowledge can be gained through engagement with participants. This description and interpretation of the processes serve as evidence that the project achieved the intended aim. The study showed that children's lifestyle behaviours do not reside with the home or school but are a communal responsibility. Furthermore, community practices influence all levels of the child's development including their health-related lifestyle behaviours. Active participation and engagement of all stakeholders in the proposed project can go a long way in compelling others to commit to the improvement of FP learners' health-related lifestyle behaviours, in part because these stakeholders' views are valued and appreciated.

The study identified a common problem of incapacity and lack of collaboration among stakeholders at school and limited cooperation between the home and the school. The schools were also found to be lacking in developing and implementing health-related policies. To address these problems for the benefit of the learners, it is proposed that

a health-promoting concept be introduced in schools. The benefits and proposed process of establishing the HPS are summarised below.

**5.1.1. Establishment of the Health-Promoting School**

The purpose of HPS is to build knowledge, awareness, and behaviour in the cognitive, emotional, social, and behavioural domains.

**The SA government identified five key components of HPS:**

- Having contact with and networking with all appropriate services and resources.
- Developing simple health policies that guide and direct activities.
- Creating a safe and healthy environment for living, learning, and working.
- Building the necessary skills of all members of the school community.
- Strengthening interaction between the school and the surrounding community.

It is proposed that the HPS be customised to address areas that were found to affect learners the most as well as any areas that were identified during the needs analysis process.

**Proposed steps to be followed towards the establishment of a health-promoting school**

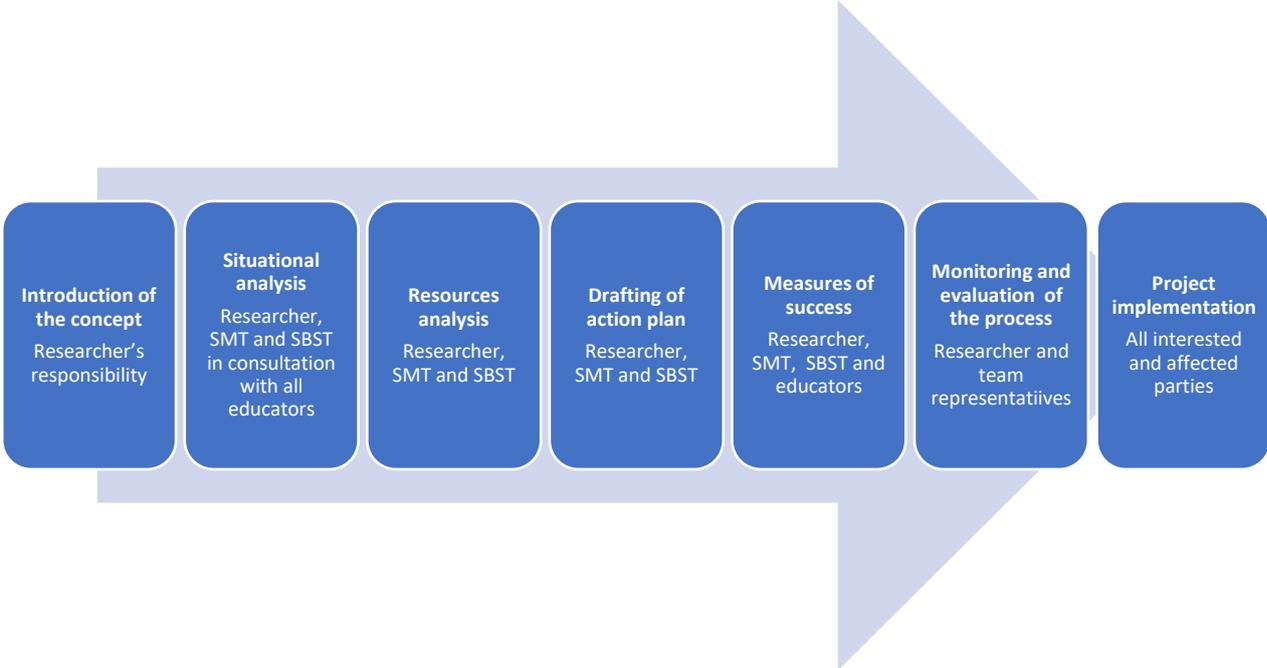


Figure 5.1. *The HPS establishment process*

These steps to be undertaken are explained below.

#### **5.4.1 Introduction of the Concept**

##### **Responsibility: The researcher**

Here the researcher shares the study findings and recommendations with both SGB and the SMT. The SGB and SMT are provided sufficient time to make inputs into the findings presented. This process is repeated with all stakeholders who participated in the study including learners' parents and educators. The parties are given an opportunity to share their views on how to address the challenges identified through the study. The researcher introduces the HPS and ensures that everyone has clarity on the concept before moving forward

#### **5.4.2 Situational Analysis**

##### **Responsibility: The researcher, SMT and SBST**

This process entails analysis of the existing health-related issues in the environment. The environment includes both the schools and the community or society where the schools are situated. The process should include both tangibles such as space and intangible ones such as possible support and safety issues.

#### **5.4.3 Resources Analysis**

##### **Responsibility: The researcher, SMT and SBST**

Here the analysis of resources needed is undertaken. The team analyses the kind of resources required as well as the skills and number of personnel thereof. The process also includes budgetary requirements and exploration of funding sources.

#### **5.4.4 Drawing of Action Plan**

##### **Responsibility: The researcher, SMT and SBST**

The action plan will answer the 4 "w" questions as well as 1 "h." question. These are:

- What should be delivered through the HPS?
- Who should deliver?
- Where should the HPS be undertaken and delivered?

- When should the HPS project be delivered – what are the timelines? and
- How should the project be delivered?

#### **5.4.5 Measures of Success**

##### **Responsibility: All team members**

Here the team needs to determine how they will know if the project has achieved what it was purposed to accomplish. This means the HPS team should be able to articulate the key factors deemed to be indicators of the effectiveness of the project. For example, will widespread awareness of unhealthy food among learners, parents, street vendors and surrounding communities be considered as project effectiveness?

#### **5.4.6 Monitoring and Evaluation**

##### **Responsibility: Monitoring team (preferably a small group nominated by the team)**

The team decides on a monitoring model to be used in the project. The team should also agree and document the frequency of monitoring and evaluating the HPS project.

#### **5.4.7 Project Implementation**

##### **Responsibility: Researcher, educators, learners, parents, HPS committee and all interested and affected groups**

Here the HPS project takes off.

### **5.5 RECOMMENDATIONS**

This section deals with recommendations based on the findings of the research. Maintaining a healthy lifestyle for learners in Foundation Phase is critical for children's physical, cognitive, mental, and social development. Research produced to date acknowledges the importance of lifestyle in healthy living and the prevention of lifestyle-related diseases such as NCDs. To this end, the learners' homes, the school, and the neighbourhood where the children come from are responsible and key in influencing learners' lifestyle behaviours. However, according to the literature reviewed as shown in Chapter 2, Section 2.2.1, young children's lifestyle behaviours are a growing concern worldwide and childhood obesity levels are on the rise particularly in

LMICs, threatening children's quality of life. Research produced to date supports targeting schools as a platform where health education and promotion initiatives can be launched based on the time that children spend at school per day (Jourdan et al. 2016; Waters *et al.*, 2017; World Health Organization, 2018). The following recommendations are based on the findings as discussed in this chapter.

### **5.5.1 Recommendation on Learners' Nutrition**

One of the findings in this study is the culture of parents relying on fast food, therefore failing to provide cooked meals for their young children. It is, therefore, recommended that parents and tuckshop owners in the community or representatives thereof be invited to participate in health-promotion initiatives targeted at the school community. Such campaigns should first aim at creating awareness and proceed to involve parents in nutrition-related activities such as the establishment of food gardens. The school gardens should also be used to encourage the consumption of vegetables in homes where parents rely on fast food while enhancing the inclusion of vegetables in family meals where efforts are made to provide cooked meals for their families.

Based on this study's findings, the school nutrition programme serves as a source of healthy food for FP learners through the NSNP. However, there were menu items that learners did not like and tended to replace or enhance such menus with alternative unhealthy food. It is recommended that the DBE undertake a food preference test among learners and educators before introducing food items. In the current situation, the food preference test can be targeted at the less preferred meals using various approaches such as questionnaires and/or focus group interviews facilitated by the school feeding committee and tuckshop owners.

The findings in this study revealed that both the tuckshop and street vendors around the schools sold unhealthy food and snacks. It was also reported that what was sold by these suppliers was driven by learners' demands as consumers. It is therefore recommended that this item be linked to Recommendation 1, that is, creating awareness of the benefits of healthy eating. It is also recommended that in addition to awareness creation, the DBE guidelines for school tuckshop operators be adapted and be part of the contract between the school and tuckshop owners. The schools' SMTs and SGBs should also ensure that food and snacks supplied to learners on both the school premises and in the immediate environment follow good nutrition guidelines

while promoting a healthy lifestyle. On the other hand, the departmental health and safety officers could use the tuckshop guidelines as a reference when monitoring what the school tuckshop supplies to learners. The street vendors need to also be invited to participate in the schools' nutrition campaigns and be recognised as an important part of the school community to influence the kind of food they offer to learners.

Findings from both schools were that there were no strategies to advertise healthy eating within and around the school premises. It is, therefore, recommended that the schools go on a drive to create healthy-eating awareness through:

- Displaying of signs, posters, and boards on the exterior school walls or anywhere where learners will constantly be exposed to such messages. Some of these posters can be accessed on the DBE website.
- Linking NSNP menus to the curriculum through the inclusion of NSNP menus in nutrition charts displayed in Foundation Phase classrooms.
- Planning of "field trips" to the school kitchen to integrate what is taught in class with what is offered through the school feeding scheme.
- Intentional use of educators as role models for eating healthy.
- Educators spending lunchtime with learners and using the time for positive dialogue about healthy food while the children are eating.

### **5.5.2 Recommendation regarding Physical Activities**

Both parents and educators expressed their dissatisfaction with the level at which learners engage in both informal and formal physical activities. Built environment factors were found to be one of the main barriers to learners' ability to engage in PA both at home and at School A. It is, therefore, recommended that both parents and teachers introduce indigenous games that require little space but provide high PA intensity for learners. The schools can also organise cultural days and invite the SA Department of Sports, Arts and Culture (DSAC) division that promotes indigenous games to encourage learners to engage in a variety of these games.

Regarding unused and neglected sports fields in School B, it is recommended that the school forge relationships with private companies that sponsor coaching programmes where unemployed youth in the community could be trained in sports coaching. These should ultimately lead to using youth from the community as school sports coaches.

### **5.5.3 Recommendation on Learners' Mental and Social Wellbeing Aspect**

Based on the findings from this study, several learners struggle with emotional issues most of which are carried from their home environment. Of concern were factors that acted as barriers in the provision of support to such learners including educators' incapacity to manage and support learners faced with traumatic experiences at home even when such cases were reported at school. On the other hand, there were indications that even in cases where educators tried to intervene in suspected or reported abuse cases, the educators were limited from intervening because of potential threats to their lives by the perpetrators and family members. Regarding educators' incapacity to deal with emotional issues, it is recommended that the district social workers design intervention programmes to empower educators on how to handle learners' mental and emotional issues. Additionally, the SBST in both schools could use social workers and NGOs attached to the school to recruit retired social workers and psychiatrists to be members of the SBST. The social workers' task may include:

- Consultation with others in the school system as a member of a team.
- Assist educators in understanding various social barriers to child development that educators come across in their classrooms.
- Involvement with children and parents in individual, group, and family mental health-related treatments.
- Provision of support with programme development.

When it comes to learners who were reported to display violent behaviours including resolving disagreements through fistfights, age-appropriate workshops on conflict management and the decision-making process could be organised while infusing the same skills into the school curriculum where possible.

To heed stakeholders' requests to influence learners' attitudes towards delinquent behaviour, schools could draw up quarterly programmes where motivational speeches and talks on gender-based violence could be accommodated. The programmes could also include excursions to places such as prisons where learners can be exposed to the consequences for criminals.

Conversations regarding external assistance such as interventions by NGOs and donations towards sporting facilities as an example revealed that some educators have

limited knowledge about such donations and how they are executed. It is, therefore, recommended that the participating schools draw up a policy on processes and procedures to be followed with regard to external assistance. Such a policy could include the school's right to request and direct interventions w needed the most.

#### **5.5.4 Recommendation on Maximizing Existing and Future Support Schools**

The findings on external support to the participating schools indicated that learners derive various benefits from such support such as relief on basic needs through donations and academic support provided by NGOs stationed in one school for instance. There were also confirmations of support received from the police, nurses, and social workers from the community. It is recommended that such support be organised in a way that the assistance given can be in a coordinated manner. These structures could be provided with a platform where all health-related challenges, initiatives and solutions are executed by all relevant support structures in unison.

#### **5.6 RECOMMENDATIONS FOR FUTURE RESEARCH**

Further research is required to quantify through quantitative methods, the health-related behaviours of FP learners to build further scientific evidence regarding factors leading to FP learners' behaviours, such as the link between learners' choice of unhealthy food and what is offered at home, determining the percentage of families that serve healthy meals in the area of study and the extent to which parenting styles and parents' ages impact learners' health-related lifestyle behaviours.

There is also a need for further studies to quantify the level of food wastage among learners and reasons behind such behaviour among learners.

The extent to which atchar or spices is used at home is a topic for further research.

There is a need for further research where learners 'voices' can be sought regarding their health-related lifestyle behaviours and factors leading to such behaviours.

A comparative study could be conducted exploring the difference between high-income FP learners' lifestyle behaviours and low-to-middle income FP learners' lifestyle behaviours

## 5.7 A REFLECTION ON LESSONS LEARNED

The lessons learned from this study are that:

- the home and community environment has the most impact on the learners' health-related lifestyle behaviours.
- societal values determine the functioning of the school in all aspects.
- parents' lifestyle behaviours impact learners' health choices even where there are interventions that can improve learners' quality of life
- despite poverty levels at home, parents knowledge has the power to change learners' diets and physical activities for the better.
- providing schools with facilities is not sufficient but further support is needed for such facilities to improve learners' PA levels; and
- there is a correlation between poverty and children as well as affected adults' mental and social wellbeing ranging from exposure to emotional risks to the support for those affected by violence, crime, poverty, and other socioeconomic hazards.

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# ANNEXURE A: ETHICAL CLEARANCE



## UNISA COLLEGE OF EDUCATION ETHICS REVIEW COMMITTEE

Date: 2020/04/08

Ref: 2020/04/08/06334482/16/AM

Name: Ms MM Manyaka

Student No.: 06334482

Dear Ms MM Manyaka

**Decision:** Ethics Approval from  
2020/04/08 to 2025/04/08

**Researcher(s):** Name: Ms MM Manyaka  
E-mail address: emanyamm@unisa.ac.za  
Telephone: 012 429 6521

**Supervisor(s):** Name: Prof MZ Ramorola  
E-mail address: ramormz@unisa.ac.za  
Telephone: 012 429 6965

**Title of research:**

**AN EXPLORATION OF HEALTH-RELATED LIFESTYLE BEHAVIOURS OF FOUNDATION  
PHASE LEARNERS: A SOCIO-ECOLOGICAL PERSPECTIVE**

**Qualification:** PhD Early Childhood Development

Thank you for the application for research ethics clearance by the UNISA College of Education Ethics Review Committee for the above mentioned research. Ethics approval is granted for the period 2020/04/08 to 2025/04/08.

*The **medium risk** application was reviewed by the Ethics Review Committee on 2020/04/08 in compliance with the UNISA Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.*

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the UNISA College of Education Ethics Review Committee.



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**ANNEXURE B: PERMISSION FROM THE GAUTENG DEPARTMENT OF  
EDUCATION TO CONDUCT RESEARCH**

**GAUTENG PROVINCE**

REPUBLIC OF SOUTH AFRICA

8/4/4/1/2



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**GOE RESEARCH APPROVAL LETTER**

Date:	08 September 2020
Validity of Research Approval:	04 February 2020 - 30 September 2020 2019/602
Name of Researcher:	Manyaka MM
Address of Researcher:	85 Lindfield Road Lynwood Manor
Telephone Number:	<b>0823350072/0124296521</b>
Email address:	<a href="mailto:emanyamm@unisa.ac.za">emanyamm(@unisa.ac.za)</a>
Research Topic:	An Exploration of health related lifestyle behaviours of Foundation Phase learners : A socio-ecological perspective
Type of qualification	PHD
Number and type of schools:	2 Primary Schools
District/s/HO	Tshwane South

**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 to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission abeen granted for the research to be conducted.

**The following conditions apply to GDE research. The researcher 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:**

1. *Letter that would indicate that the said researcher/s has/have been granted permission from the Gauteng Department of Education to conduct the research study.*

*Making education a societal priority*

**Office of the Director: Education Research and Knowledge Management**

7<sup>th</sup> Floor, 17 Simmonds Street, Johannesburg, 2001  
Tel (011) 355 0488

Email:

Faith.Tshabalala@gauteng.gov.za  
Website: [www.education.gpg.gov.za](http://www.education.gpg.gov.za)

## PERMISSION LETTER TO CONDUCT RESEARCH (PRINCIPAL AND/OR SGB)

### Request for permission to conduct research at Philena Primary School

Title of the title of your research "An exploration of health-related lifestyle behaviours of foundation phase learners: a socio-ecological perspective"

Date: Tuesday, 14 July 2020

The Acting Principal: Ms R Sibasa

### Contact details of the person (Tel and email address)

Telephone: 082 557 6356

Email address:

Dear Acting Principal

I, Mmapeu Manyaka am doing research under supervision of Professor MZ Ramorola, a Professor in the Department of Science and Technology towards a PHD (Education) degree at the University of South Africa. I would like to conduct a research in a study entitled "An **exploration of health-related lifestyle behaviours of foundation phase learners: a socio-ecological perspective**"

The aim of the study is to explore and analyze foundation phase learner's health- related lifestyle behaviors.

Your school has been selected because its location and also that it has foundation phase learners attending the school.

The study will entail grade 1 to 3 Life skills lessons observation, observation of the school environment as well as stakeholder interviews.

The benefits of this study are identification and analysis of learner's health- related lifestyle behaviors that could be targeted in health education and health promotion initiatives in the school. There will be no potential risk involved in the study.

There will be no reimbursement or any incentives for participation in the research.

Feedback procedure will entail presenting the findings to the school management and interested participants in a workshop. Participants will be given further information by contacting the researcher about any aspect of this study using the following contact details [emanyamm@unisa.ac.za](mailto:emanyamm@unisa.ac.za) and tel. (012) 429 6521.

Yours sincerely

Manyeu Manyaka (insert signature of researcher)

[Signature] (insert name of the above signatory)

School Principal

[Signature] (insert signature of the Principal)

Rose Sibasa (insert name of the above signatory)

## COVID19 RESPONSE



Dear Acting Principal.

Below are actions that will be taken to ensure the safety of both the researchers and the participants against COVID19:

- Informed consent will be discussed online with 4 participants - researcher with a witness and on the other side the participants with a witness
- Online interviews will be conducted with any online mode convenient for the participants (zoom, whatsapp video or teams' meeting)
- Appointments will be scheduled with participants and data will be provided by researcher where necessary
- Should face-to-face interviews be feasible, appointments will be schedule for after school hours and ALL COVID regulations will be observed including wearing of face masks, social distancing and continuous sanitation.

Researcher

 (insert signature of researcher)

Mmapetu Manyaka (insert name of the above signatory)

School Principal

 (insert signature of the Acting Principal)

Rose Sibasa (insert name of the above signatory)

ANNEXURE D: LETTER TO PARTICIPANTS (PRINCIPAL, EDUCATORS AND PARENTS)

Dear Participant



**Re: ‘An exploration of health-related lifestyle behaviours of Foundation Phase learners: a socioecological perspective’**

My name is **Mmapeu Margret Manyaka**, a student at UNISA, registered for PhD (Early Childhood Education). I am doing research entitled “**An exploration of health-related lifestyle behaviours of foundation phase learners: a socioecological perspective**” under Professor MZ Ramorola. I have applied for permission to the GDE Research Coordination Unit, and on being granted approval, I would like to conduct this study in your school. I therefore request your permission to participate in the study. I also need to access your school health policies, School Based Support Team (SBST) policy learner, worksheets, and learners’ school disciplinary records.

The main purpose of this study is to get an understanding of Foundation Phase learners (Grade 1 to 3 ) learner’s lifestyle behaviours and factors that influence learner’s lifestyle choices both at school and home. There are no anticipated risks involved in conducting this study and no sensitive information will be collected. If given permission, you will be interviewed through semi-structured interviews, which will be tape-recorded with your permission.

You are hereby requested for your voluntary participation, and you have the right to withdraw at any time should you wish to do so. The interview will be for approximately 45 -60 minutes, and meetings will be arranged at a time that is convenient for you, preferably after school. A consent letter is attached for you to sign as an indication of your agreement to participate in the study.

The data collected for this study will only be used for the researcher’s PhD degree. Transcripts of responses will be made available to you for member checking. Under no circumstances will your name and the schools’ names be mentioned in the report. A copy of the formal findings of the research project can be made available upon

request. Your assistance in this matter will be highly appreciated. Please do not hesitate to contact me or my supervisor for any clarity regarding this study.

Yours Sincerely

Mmapeu Margret Manyaka

Email: [emanyamm@unisa.ac.za](mailto:emanyamm@unisa.ac.za)

Supervisor: Prof MZ Ramorola

E-mail: [ramormz@unisa.ac.za](mailto:ramormz@unisa.ac.za)

012 429 6542

**ANNEXURE E: CONSENT FORM**



**CONSENT TO PARTICIPATE IN THIS STUDY (Return slip)**

I,..... (participant name), confirm that the person asking my consent to take part in this research, has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation in this study. I have read (and it was explained to me), and I understand the nature, procedure, potential benefits and anticipated inconvenience of participation in this study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty.

I have had enough opportunity to ask questions and hereby give consent to participate.

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree/do not agree to the recording of the semi-structured interview.

I have received a signed copy of the informed consent agreement.

**Mmapeu Manyaka** .....

.....

Participant 's Name (print)

Participant' s signature

Date:

.....

.....

Researcher's Name

Researcher's signature:

Date

## **ANNEXURE F: FOUNDATION PHASE EDUCATORS - INDIVIDUAL SEMI-STRUCTURED QUESTIONNAIRE**

### **INTRODUCTION**

I would like to thank you for availing yourself for this interview. My name is Mmapeu Manyaka. I am studying for a doctoral degree with the University of South Africa. The objective of my study is to explore learner's lifestyle behaviors and the factors influencing such lifestyle behaviors. My topic is **“An exploration of health-related lifestyle behaviours of foundation phase learners: a socioecological perspective”**

The reason for this interview is for me to gather information on your learner's lifestyle behaviors which you might be able to share due to the time you spend with the learners here at school. The information shared here is strictly for my studies and will not be shared or used for any other purpose. This means that your identity and information shared will be treated as confidential and your identity will not be revealed anywhere in my study. You are welcome to respond in a language of your choice and to ask for clarity in any language you are comfortable with.

The purpose of this interview is for me to:

- Gain knowledge from your experience on the kind of lifestyle that your learners lead. This will range from what the learner regularly eats at school or packed lunch from home as well as how these children spend their time outside the classrooms
- How learners relate to one another and how the school support the learners, physically, emotionally, socially or in any other form.

I will record our conversation just to make sure I have captured all that was discussed. The recording will only be used for my study and will not be shared with anyone. I therefore ask that you relax and pay no attention to the recording.

#### **Icebreaker.**

- How long have you been working in this school and with young children?
- How many learners do you have in your classroom?
  1. Please share with me the kind of food that the learners eat at school and what they seem to enjoy most from your experience and observation.

- What do you think influences the choices of food that the learners eat both at home, school and in between?
- (If there is a tuck-shop or food vendors) Share with us the kind of food sold to learners from the tuck-shop or vendors within the school.
- What is your feeling and opinion about the food sold to learners at school?
- From your observation and experience, how do learners spend their time when not in class?
  - What are your views on the learner's activity level?
    - Why do you think so?
    - What is your opinion of the space that is available for learners to play and do sports at school? At home?
- Kindly share with me the kind of formal sports that learners engage in at the school?
  - How often do the learners partake in these sports?
- 2. What is your opinion regarding the time allocated for physical activity in the CAPS Life skills subject?
  - What are the reasons for your opinion?
- 3. What is the relationship between the school and parents when it comes to learner's lifestyle behaviors?
- 4. Apart from the school and family, are there any structures attached to the school that focus on learner's lifestyle behaviors and/or development?
  - If so, how are these structures working together?
- 5. In what ways do you think the community culture and beliefs, school policies for teachers have a bearing on learners lifestyle behaviors?
- 6. What is your general view of learner's health status? Reasons for your views?
- 7. What more can you share on .....

This brings us to the end of our conversation.

Thank you for your contributions.

## **ANNEXURE G: PARENTS - INDIVIDUAL SEMI-STRUCTURED QUESTIONNAIRE**

I would like to thank you for availing yourself for this interview. My name is Mmapeu Manyaka. I am studying for a doctoral degree with the University of South Africa. I am therefore collecting data (information) for personal use in my studies. The information shared here is strictly for my studies and will not be shared or used for any other purpose. This means that your identity and information shared will be treated as confidential and your identity will not be revealed anywhere in my study. You are welcome to respond in a language of your choice and to ask for clarity in any language you are comfortable with.

The purpose of this interview is to find out about your child/children's health -related lifestyle as well as factors that influence such a lifestyle. The questions asked are aimed at:

- Understanding what your children eat
- How they spend time,
- Their sleeping patterns
- The relationships they form with others.
- Understand the structures that are available to support your child/children on the areas mentioned.

I will record our conversation just to make sure I have captured all that was discussed. The recording will only be used for my study and will not be shared with anyone. I therefore ask that you relax and not pay much attention to the recording.

### **Ice breaker:**

- How many of your children are attending this school?
- Are they all staying with you?

### **Questions:**

1. Can you please share with me your daily routines with your child/children during the week and over the weekend?

2. What do you usually prepare for your children for breakfast, lunch and supper (including snacks during the day)?
3. What influences your choices on:
  - Kind of food to serve
  - Level of activities
  - Children's relationships
4. How do you does your child/children spend their free time at home?
5. Please explain what you think is the school and community culture or practices concerning health-related lifestyle behaviors
6. Share with me how the family, school, and other structures in the community work together in the development of learner's lifestyle behaviors?
7. In your opinion, do you think poor lifestyle behaviors have impact on young children/learners?
  - if yes, how?

## **ANNEXURE H: SCHOOL MANAGEMENT TEAM QUESTIONNAIRE - FOCUS GROUP SEMI-STRUCTURED QUESTIONNAIRES**

My name is Mmapeu Manyaka. Thank you for consenting to participate in this research entitled “**An exploration of health-related lifestyle behaviours of foundation phase learners: a socioecological perspective** and for being available for this interview. I would like to ask you some questions about how your school manage and run health related matters. The information shared here is strictly for my studies and will not be shared or used for any other purpose. This means that your identity and information shared will be treated as confidential and your identity will not be revealed anywhere in my study. You are welcome to respond in a language of your choice and to ask for clarity in any language you are comfortable with. This interview will last for 45 to 60 minutes.

I will record our conversation just to make sure I have captured all that was discussed. The recording will only be used for my study and will not be shared with anyone. I therefore ask that you relax and not pay much attention to the recording.

Let me start by asking you:

1. Kindly share with me your experience of the community where this school is situated.
  - How does the school relate with the community? Please give examples
2. What do you see as your most important responsibility towards foundation phase learner’s lifestyle behaviors and any other health related matters?
3. Share with us how you keep foundation phase learners active and healthy.
  - How do learners and educators respond to such imitative?
4. Share with us the decision process on the kind of food to be served to learners through the feeding scheme? What influence the decisions taken? Are there ways that the school tries to complement what is served to the learners?
5. Share with us how the school deal with disruptive learners?

6. What kind of external support does the school get on health-related matters?  
What is your assessment of such collaboration?
7. Is there anything you want to share with me on the issues discussed here.....

## **ANNEXURE I: SCHOOL BASED SUPPORT TEAM (SBST) – FOCUS GROUP SEMI-STRUCTURED QUESTIONNAIRES**

### **Introduction**

I would like to thank you for availing yourself for this interview. My name is Mmapeu Manyaka. I am studying for a doctoral degree with the University of South Africa. The purpose of this study is to explore foundation phase learner's health related lifestyle behavior so as to contribute to parties that are interested in young children health promotion initiatives. The topic of my study is: **“An exploration of health-related lifestyle behaviours of foundation phase learners: a socioecological perspective”**

You are welcome to respond in a language of your choice and to ask for clarity in any language you are comfortable with. I will also request that we apply group discussion rules which include:

- Participation by all present and
- Respecting of each other's views

Various questions asked here will be directed to you as a team and where necessary some question will be directed at certain members of the team according to the relevance of the response required. The overall aim of this discussion is to:

- Understand the role and responsibilities of the team regarding learner's health related matters
- Get your views on foundation phase learner's lifestyle behaviors as well as the school and community culture regarding learner's lifestyle behavior
- School policies on learner's health-related lifestyle behaviors and how they are implemented
- How different structures within the schoolwork together to support learner's health related lifestyle

I will record our conversation just to make sure I have captured all that was discussed. The recording will only be used for my study and will not be shared with anyone. I therefore ask that you relax and not pay attention to the recording.

1. May you please share with me who the constituents of the team are?
2. And what are the roles and responsibilities of the SBST.
3. Share with us the kind of cases that are referred to or dealt in the SBST? Are you able to share with any cases that affect the children wellbeing?
4. What are your views on the kind of diet that foundation phase learners follow? Which factors would you say influence the learner's diet both at home and the school?
5. What are your views and observation of children's activity levels? Substantiate your response.
6. In your opinion, what are the effects of children who lead an unhealthy lifestyle
7. May you please share with me the kind of structures that are in place to support both the school and foundation phase learner's lifestyle behaviors? How do such structures work together?
8. How would you describe the community culture and practices and the impact that they have on learner's lifestyle behaviors? How about policies that are directed at teaching, teachers and learning environment?

Are there any contributions related to the topic under discussion that members would like to add?

This brings us to the end of our discussions, and I would like to thank you all for your valued contributions.

## **ANNEXURE J: FEEDING SCHOOL COMMITTEE – SEMI-STRUCTURED FOCUS GROUP QUESTIONNAIRE**

My name is Mmapeu Manyaka. Thank you for consenting to participate in this research entitled **“An exploration of health-related lifestyle behaviours of foundation phase learners: a socioecological perspective”** and for being available for this interview. I would like to ask you some questions about how your school manage and run health related matters. The information shared here is strictly for my studies and will not be shared or used for any other purpose. This means that your identity and information shared will be treated as confidential and your identity will not be revealed anywhere in my study. You are welcome to respond in a language of your choice and to ask for clarity in any language you are comfortable with. This interview will last for 45 to 60 minutes.

I will record our conversation just to make sure I have captured all that was discussed. The recording will only be used for my study and will not be shared with anyone. I therefore ask that you relax and not pay much attention to the recording.

Let me start by asking you:

1. Please share with me what your responsibilities are as far as the school feeding scheme programme is concerned. How to do carry those responsibilities on daily basis.
2. Share with us how you develop the school feeding scheme policy?
3. Share with us who the members of the committee and what their roles are?
4. What kind of menus are served to the learners? What is your opinion of the school menu and why? What are your opinions on the menus served?
5. What is your experience on foundation phase learners' attitudes towards the food served?
6. Tell us about what guide your operations? What is your opinion on how the feeding scheme is run?
7. Are there things you would improve if given the opportunity to? What disables you to carry out the changes you would like to make?
8. Tell us how you work with life skills teachers to integrating what you serve and the curriculum

9. What kind of support and collaboration does that community have within the school and externally?

## **ANNEXURE K: TUCK-SHOP OWNER'S SEMI-STRUCTURED QUESTIONNAIRE**

**(Adjusted if tuck shop is owned by the school)**

### **Introduction**

I would like to thank you for availing yourself for this interview. My name is Mmapetu Manyaka. I am studying for a doctoral degree with the University of South Africa. I am collecting data (information) for personal use in my studies. The information shared here is strictly for my studies and will not be shared or used for any other purpose. This means that your identity and information shared will be treated as confidential and your identity will not be revealed anywhere in my study. You are welcome to respond in a language of your choice and to ask for clarity in any language you are comfortable with.

The purpose of this interview is for me to understand what learners purchase from the tuck-shop so as to understand their lifestyle when it comes to food intake.

I will record our conversation just to make sure I have captured all that was discussed. The recording will only be used for my study and will not be shared with anyone. I therefore ask that you relax and not pay attention to the recording.

**Ice breaker:** How long have you been running your business in the school?

1. Please share with me the kind of food you stock for the school children. What informs your decision on what kind of food to sell to learners?
2. What kind of food do these learners seem to buy the most?
3. In your opinion, what informs or influence learners lifestyle behaviors?
4. What kind of relationship do you have with the school in running your business?
5. Share with us the kind of policies or guidelines that assist you in running the school tuck-shop
6. What is your opinion regarding learners' lifestyle including their nutrition

Is there any more information that you would like to add regarding the issues discussed?

I would like to thank you for the opportunity you for your time and valued contributions you shared.

## **ANNEXURE L: SENIOR EDUCATION SPECIALIST: FOUNDATION PHASE LIFE SKILLS – INDIVIDUAL SEMI-STRUCTURED QUESTIONNAIRE**

### **INTRODUCTION**

I would like to thank you for availing yourself for this interview. My name is Mmapeu Manyaka. I am studying for a doctoral degree with the University of South Africa. The objective of my study is to explore learner's lifestyle behaviors and the factors influencing such lifestyle behaviors. I am collecting data (information) for personal use in my studies. The information shared here is strictly for my studies and will not be shared or used for any other purpose. This means that your identity and information shared will be treated as confidential and your identity will not be revealed anywhere in my study. You are welcome to respond in a language of your choice and to ask for clarity in any language you are comfortable with.

Our discussion is aimed at understanding your role regarding foundation phase life skills subject and your views on these learner's lifestyle behaviors as well as teachers. It will be beneficial to understand the school health- related activities that may impact on learner's lifestyle behaviors.

I will record our conversation just to make sure I have captured all that was discussed. The recording will only be used for my study and will not be shared with anyone. I therefore ask that you relax and pay no attention to the recording.

#### **Ice breaker:**

- How long have you been working in this area?
- How many schools are you responsible for?

#### Questions

1. Share with us your responsibilities as a subject specialist?
2. Do you provide any support at policy level (SBST) constitution of these committees?
3. What is your opinion of learner's lifestyle behaviors in the schools you work with?

4. According to your knowledge, what role should teachers and the school play regarding learner's lifestyle behaviors?
5. What kind of support does the government (DBE) provide to schools regarding health- related lifestyle behaviors?
6. Share with us government acts, policies and programmes that impact on learner's lifestyle behaviors.
7. What are your views on the community cultures in the rea and how it impacts on learners' health related lifestyle behaviours?
8. What kind of support do you think schools need in order to influence learner's lifestyle behaviours positively?

## ANNEXURE M: DOCUMENT ANALYSIS REPORT – SCHOOL A AND B

### Document Analysis Report Tool – School A

Item	Source document	Findings
<b>The socio-economic and cultural background of the community and parents/caregivers</b>		
	<b>The School Background Documents</b>	The school is an area that has high rates of unemployment. The society is poor, and the majority of household depend on government social grants. This school is classified as a non-fee-paying school as it is reported that more than 90% of the learners' parents/ caregivers are unemployed. The school was built as a temporary structure as such all building are in the form of mobile units
<b>Promotion of lifestyle behavior in the school</b>		
	<b>School Health Policy</b>	School A has no school health policy
	<b>Tuck-shop Guidelines</b>	No written evidence of adopting the DBE NSPN guidelines for tuck-shop operators
	<b>School Nutrition Scheme/ Feeding Scheme Policy</b>	The school has no School Nutrition Scheme Policy Only a government prescribed menu was available
	<b>Sports, Art and Culture Policy</b>	School A sports and culture policy encompasses principles and practices to be adhered to when playing matches, sporting and art and culture codes, sports and extra mural activities, equipment's, and attire as well parental notifications regarding learner activities. The sports, art and culture policy includes sports and extra- murals days and times
	<b>School Sports Plan</b>	The school has a copy of the Department of Education School Sport Policy with the school emblem attached however, the school has not developed a school sport plan as required by the DBE school sport plan.
	<b>School Based Support Team (SBST) Policy</b>	The school has no School Based Support Team (SBST) policy
	<b>Code of conduct</b>	School A code of conduct for learners addresses rights and responsibilities of learners, school attendance, general learner neatness and grooming, general order of discipline, punishment procedures and educator responsibilities
	<b>School Safety Policy</b>	School A Safety and security policy was established to promote a safe school environment which includes measures to prevent all forms violence, rape, assaults, bullying and gangsterism. The policy also addresses learner control in case of late coming, early dismissal, pick up and drop off points as well as child protection and care

Item	Source document	Findings
	<b>School Record Book</b>	The school has a record book and uses to record incidents including teachers absenteeism and incidents pertaining to learners behaviours
<b>Curriculum and Assessment Policy Statement (CAPS) based classroom activities</b>		
	<b>Life Skills Lesson Plans</b>	<p>Foundation phase lessons are completed on a template provided by the district. Teachers adapt the lessons to what they intend to do in the classroom. The following can be deducted from the lesson plans:</p> <ul style="list-style-type: none"> <li>• The Life Skills lessons in School A include other study areas namely, beginning knowledge, personal, social well-being, visual arts and physical education</li> <li>• Grade 2 lessons study areas are spread over different days in a week. For instance, physical education is dedicated to one day in week.</li> <li>• Grade 2 lesson template has a section where the teacher has to indicate lesson integration, assessment activities and expanded opportunities. This is left blank on the lesson plans.</li> <li>• In all the Life Skills lesson plans assessed there is no evidence of how educators use the NSNP resource materials to support curriculum</li> <li>• Though some lessons are taught in home language, the lesson plans are written in English</li> </ul>
	<b>Learner Life skills worksheets</b>	<ul style="list-style-type: none"> <li>• Grade 2 learners Life Skills worksheets are written in home language</li> <li>• No evidence of integration with other Life skills study areas no is any evidence of integration with other subjects within the grade</li> </ul>

## Document Analysis Tool Report – School B

Item	Source document	Findings
<b>The socio-economic and cultural background of the community and parents/caregivers</b>		
	<b>The School's Background Documents</b>	The community where School B is situated is poverty stricken with high unemployment rate. Most learners come to school hungry and cannot afford to pay for sports excursions or obtain any additional learning resources This school is classified as a non-fee-paying school. The school is declared a full-service school 75% of learners depend on the School Nutritional Programme of which 15% have nothing else to eat at home except for what they have at school.
<b>Promotion of lifestyle behavior in the school</b>		
	<b>School Health Policy</b>	School B has no school health policy
	<b>Tuck-shop Guidelines</b>	No written evidence of adopting the DBE NSPN guidelines for tuck-shop operators
	<b>School Nutrition Scheme/ Feeding Scheme Policy</b>	The school has no School Nutrition Scheme Policy Only a government prescribed menu was available
	<b>Sports, Art and Culture Policy</b>	No sports, art and culture policy provided
	<b>Inclusion within the context of the school and the SBST Policy</b>	The school does not have a standalone SBST policy but have the SBST policy embedded in the inclusive policy. The objective of the policy is to provide guidance to the school management in respect of identification of learners with barriers, supporting learners with barriers for learning, assessment, adaptation, and modification of the curriculum to the level of learners who are at the school. Other objectives include development of institutional level support team at school, process of referral to the LSE by teachers and district Based Support Team by the ILST and LSE. The policy addresses operational and training requirements for each staff personnel and partners as expected from Full-Service schools.
	<b>School Safety Policy</b>	The school safety policy was established to ensure that the school is safe for all and effective measures are put in place to address issues related to discipline, drugs, dangerous objects, violence, rape. Assault, sexual abuse, theft and robbery.
	<b>School Record book</b>	The school has a record book and use the record book to record all incidents including teachers absenteeism and learners disciplinary issues. Examples of records: <ul style="list-style-type: none"> <li>• A record of a learner who brought a butcher knife to school was record and action taken thereof.</li> <li>• A record of a teacher who could not come to school due to illness was also recorded</li> </ul>
<b>Curriculum and Assessment Policy Statement (CAPS) based classroom activities</b>		
	<b>Life Skills Lesson Plans</b>	Foundation phase lessons are completed on a template provided by the District. Teachers adapt the lessons to what they intend to do in the classroom. The following can be deducted from the lesson plans:

		<ul style="list-style-type: none"> <li>• There is evidence on integration in Grade 1 and 2 . The integration is more apparent in Grade 3 learner's worksheet.</li> <li>• In all the Life Skills lesson plans assessed there is no evidence of how educators use the NSNP resource materials to support curriculum</li> </ul>
	<b>Learner Worksheets</b>	<ul style="list-style-type: none"> <li>• There is evidence on integration in Grade 2 learner worksheets.</li> <li>• The integration is more apparent in Grade 3 learner's worksheet.</li> <li>• The Grade 3 worksheets includes English First Additional language and has no evidence of other Life Skills study areas as indicated on the lesson plans.</li> <li>• The learners worksheets are written in both English and Home Language</li> </ul>

## ANNEXURE N: SCHOOL ENVIRONMENT OBSERVATION REPORT – SCHOOL A AND B

### School Environment Assessment Tool - School A

Area	Standard	Yes/No	Comment/Remarks
Secure and Protective Environment	<b>Micro level</b> Appropriate, enough and secure buildings	<b>Yes</b>	<b>Space:</b> The school is made of mobile structures (portable classrooms) with limited space <b>Secured building:</b> The school building is secured with a fence surrounding the school building with one access.
	Healthy, clean, secure and learner protecting environment	<b>Yes</b>	The school is clean and has a secure fence and a gate entrance controlled at all time. Access control is solid
	Adequate and appropriate equipment that support learner Physical activity	<b>No</b>	<ul style="list-style-type: none"> <li>The Grade R outdoor play area has been compressed between classes which affects Grade R learners' outdoor play especially when the Inter phase and Senior phases learners are writing tests and assignments.</li> <li>The school has no space for formal physical activity (no sports fields)</li> </ul>
	<b>Macro level</b> Structure to promote bicycle and walking to and from school	<b>No</b>	<ul style="list-style-type: none"> <li>The roads enroute to school are not structured for bicycle rides</li> <li>Learners walk on the sidewalk (pavements) by the housing structures</li> </ul>
Physical Activity	Availability of sports field	<b>No</b>	There are no sports fields in the school yard The school uses the community sport field during athletics season
	Individual and small group activities space	<b>Yes</b>	The space between classes can be used for group activities. One area between the management offices and the classrooms has a build in shelter
	Availability of indoor	<b>No – only for Grade R</b>	The classroom has a maximum of 50 learners as such have limited space for group activities
Food sources	Micro level	<b>No</b>	The school used to have a tuck-shop ran by a fundraising committee comprising of school staff members – teachers and one cleaning lady

Area	Standard	Yes/No	Comment/Remarks
	Provision of healthy food in tuck-shops or by food vendors within the school premises		There were no healthy food sold as the committee referred those learners could not buy the health food but preferred junk foods
	Availability of food gardens in the school premise	<b>No</b>	There are no school food gardens
	Availability of healthy food advertisements (charts etc)	<b>No</b>	There are no healthy food advertisements
	Macro level Location and density of fast-food restaurants at community level	<b>Yes</b>	Fast food is mainly obtained from spaza shops and street vendors. Some taverns not only sell liquor but also offer barbeque spaces where customers buy meat and braai. The owner sells pap and salads that goes with the meat.
School-based Health Services	Availability of dedicated health school services	<b>No</b>	Only a nurse attached to a clinic
	Availability of health personnel	<b>Yes</b>	It reported that there is a nurse from the community clinic dedicated to the schools
	Accommodation for health conditions	<b>Yes</b>	There is a room that accommodated children who are not well while waiting for assistance
Classroom arrangements	Desk structures that allow standing while working	<b>Yes</b>	The classes have a minimum of 45 learners and 50 learners per class. Though there is space for the children to stand, the space limits learners to freely do work while all standing
	Average number of learners per classroom for free movement	<b>No</b>	The recommended <b>learner</b> -teacher ratios and <b>class</b> size for primary schools in <b>South Africa</b> are 40 <b>learners per</b> teacher and 40 <b>learners per class</b>

## School Environment Assessment Tool Report - School B

Area	Standard	Yes/No	Comment/Remarks
Secure and Protective Environment	<b>Micro level</b> Appropriate, enough, and secure buildings	<b>Yes</b> <b>(With one exception)</b>	<ul style="list-style-type: none"> <li>The school is made of mobile structures and</li> </ul>
	Healthy, clean, secure and learner protecting environment	<b>Yes</b>	The school yard is protected with palisade fence and the Grade R and Grade 1 extension also is well protected. The environment is healthy, secure and learners are protected.
	Adequate and appropriate equipment that support learner Physical activity	<b>Yes</b> <b>(with one exception)</b>	<p>The school has sporting facilities that include:</p> <ul style="list-style-type: none"> <li>a soccer field</li> <li>basketball field</li> <li>tennis court</li> </ul> <p><b>All looked unkept and not utilized</b> <b>Grade R and Grade 1 extension</b></p> <ul style="list-style-type: none"> <li>✓ Grade R – sufficient equipment available</li> <li>✓ <b>Grade1 - None</b></li> </ul>
	<b>Macro level</b> Structure to promote bicycle and walking to and from school	<b>No</b>	<p>The macro environment is crowded with limited space.</p> <ul style="list-style-type: none"> <li>Only vehicles are catered for</li> <li>Learners can walk on pavements</li> <li>There is no demarcated space for bicycles</li> </ul>
Physical Activity	Availability of sports field	<b>Yes</b>	The classroom only has sitting space but the space between classes is sufficient for outdoor activities
	Individual and small group activities space	<b>Yes</b>	
	Availability of indoor	<b>No – only for Grade R</b>	
Food sources	Micro level Provision of healthy food in tuck-shops or by food	<b>No</b>	The tuck-shop stock what sells and healthy food like fruits are very few. It is reported that such food gets rotten as learners do not buy them There are vendors around the school premises where learners get junk food.

Area	Standard	Yes/No	Comment/Remarks
	vendors within the school premises	<b>No</b>	There are no food gardens  No advertisements for healthy food (charts and billboard) except in some classes  The fast food is mostly at malls but there are plenty spaza shop (an informal convenience shop business in South Africa, usually run from home) where fast food or junk food are sol .
	Availability of food gardens in the school premise		
	Availability of healthy food advertisements (charts etc)		
	Macro level Location and density of fast-food restaurants at community level		
School-based Health Services	Availability of dedicated health school services	<b>No</b>	No health services dedicated to the school
	Availability of health personnel		
	Accommodation for health conditions	<b>Yes</b>	
Classroom arrangements	Desk structures that allow standing while working	<b>Yes</b>	The classes have a minimum of 45 learners per class. Though there is space to stand – there are limits
	Average number of learners per classroom for free movement	<b>Yes</b>	According to South African public-school standards – the number of learners is average

## ANNEXURE O: DECLARATION OF PROFESSIONAL EDITING

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16 December 2021

#### Declaration of professional edit

AN EXPLORATION OF HEALTH-RELATED LIFESTYLE BEHAVIOURS OF FOUNDATION PHASE LEARNERS: A SOCIO-ECOLOGICAL PERSPECTIVE

by

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**MMAPEU MANYAKA**

I declare that I have edited and proofread this thesis. My involvement was restricted to language usage and spelling, completeness and consistency and referencing style. I did no structural re-writing of the content.

I am qualified to have done such editing, being in possession of a Bachelor's degree with a major in English, having taught English to matriculation, and having a Certificate in Copy Editing from the University of Cape Town. I have edited more than 300 Masters and Doctoral theses, as well as articles, books and reports.

As the copy editor, I am not responsible for detecting, or removing, passages in the document that closely resemble other texts and could thus be viewed as plagiarism. I am not accountable for any changes made to this document by the author or any other party subsequent to the date of this declaration. The academic content is the sole responsibility of the student.

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