

Exploring the Hurdles of Implementing National School Health Policy in Namibian Schools: Insights from Stakeholders

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Abstract

This qualitative study delves into stakeholder perspectives on the challenges of implementing Namibia's National School Health Policy (NSHP) in schools. The primary goal of the NSHP is to nurture a healthy future generation by enhancing the social, mental, and physical well-being of teachers, staff, and students. The study assesses the policy's impact on health, school attendance, academic performance, and the overall well-being of the school community. Through semi-structured interviews with 20 stakeholders from three regions - Khomas, Oshana, and Kavango in Namibia, including educators, nurses, principals, and health program administrators, the study uncovers key implementation barriers, such as staffing shortages, inadequate resources, and limited student awareness of their health rights.

Keywords: school health policy; stakeholders; resources; challenges

Introduction

Schools play a crucial role in the comprehensive development of children and youth, serving as primary platforms for both education and health promotion. Recognizing this, many nations have aimed to integrate health policies within educational settings. In the context of Namibia, the National School Health Policy was introduced in 2018, representing a significant step in this direction. According to Pillay (2023), this policy was developed with the overarching goal of enhancing the health and well-being of learners, educators, and other school personnel. Existing literature highlights the significant impact of health on educational outcomes. A healthy student is more likely to be attentive, engaged, and academically productive, underscoring the interconnectedness of health and education (Rababah 2019). However, while the importance of health in schools is universally acknowledged, the challenges of implementing comprehensive health policies in educational settings are manifold. These challenges range from resource constraints to the complexities of coordinating between educational and health sectors.

Namibia's National School Health Policy is a testament to the country's commitment to addressing these challenges. By aiming to provide both academic and medical support to learners, the policy embodies a holistic approach to student welfare. Such initiatives

are not just about treating illnesses or ensuring physical well-being; they encompass mental, social, and emotional health, factors that are intrinsically linked to academic success.

The introduction of the policy was a commendable step; however, its effective implementation requires a deep understanding of the ground realities, challenges, and the diverse needs of stakeholders. This study aims to explore these nuances by delving into the challenges faced by various stakeholders in the policy's implementation (Asada 2020). By doing so, it seeks to contribute to the existing body of knowledge, offering insights that could guide future policy refinements and implementation strategies for school health programs in Namibia. The research questions this study seeks to address are: what are the challenges of implementing NSHP in Namibian schools? By gaining a deeper understanding of the stakeholders' perspectives on the implementation of NSHP, the researcher will be able to recommend ways to improve the implementation of NSHP in Namibian schools.

Research Questions

What specific challenges do stakeholders face in implementing the National School Health Policy in Namibian schools?

Literature Review

Creating a protective and conducive environment for the health and well-being of both students and staff members is the primary focus of the national school health policy, which also aims to promote good health (UNGEI, 2018). Despite the fact that health education in Namibian schools' dates back to 1993, it was not until the year 2000 that the foundation was laid for a more comprehensive program. This was accomplished through the adaptation of the comprehensive life skills curriculum, which included health education for all students throughout the country (LAC and WHO, 2020). Equity and access to resources that are supposed to promote learning and coordination among stakeholders are some of the most common challenges. This is because the primary concern of all the stakeholder parts involved in policy implementation is to effectively promote learning and coordination among stakeholders.

Mulkeen and Chen (2018) examine the issue of stakeholder involvement within the framework of education for all. They underscore the significant difficulty of effectively implementing policies when faced with imbalances among stakeholders due to differences in available resources. The literature underscores the crucial role of stakeholder participation and management capacity in policy implementation, adding to the existing challenges (Theron, 2023). Additionally, they contend that overlooking stakeholder capacity in the policy implementation process would lead to a situation where everyone suffers. The primary concern raised is whether those responsible for implementing education policies possess the necessary capabilities to make well-informed decisions.

Overview of National School Health Policy

The National School Health Policy of Namibia (2008) lays the groundwork for cultivating healthy and empowered school communities. This policy forms the basis for comprehensive, inclusive programs within schools that aim to enhance the health and well-being of students, teachers, and other school community members. It offers a broad framework to steer school health promotion practices, strengthen health-promoting aspects in the education and health systems, and facilitate close collaboration between the health and education sectors, parents, communities, and other government and civil society stakeholders in promoting the health of school-aged children. The policy goals (National School Health Policy of Namibia, 2008) outline a gradual unfolding and implementation of the health-promoting school

framework in line with various school programs and projects. The Ministry of Education, Arts, and Culture, in partnership with the Ministry of Health and Social Services, along with other government bodies, civil society organizations, development partners, and stakeholders, will provide the essential leadership, technical, and financial support for the policy's execution (Theron, 2023).

The policy advocates for a culture of continuous improvement through total quality management, with support from program monitoring, evaluation, and review (National School Health Policy of Namibia, 2008). Annually, each school will conduct a thorough and systematic assessment of its environment and activities as part of the quality management process and utilize the results for future enhancements. The coordination of the school health program review and implementation will be the responsibility of the school health program management team, which includes the school head, senior teacher, school health nurse, youth health advisor, a teacher specializing in health matters, and a parent, as outlined in Namibia's National School Health Policy (2008).

Methodology

To thoroughly understand stakeholders' perspectives and experiences regarding the implementation of the National School Health Policy (NSHP), this study utilized a qualitative, exploratory methodology. Based on Neuman's approach (2000), this design enabled the formulation of hypotheses, exploration of uncharted areas, and identification of critical variables for further investigation. The discussions were carried out through semi-structured interviews using predetermined questions, allowing for the exploration of unforeseen themes and experiences (Para & Henry, 2010). This approach was aimed at ensuring the validity and reliability of data collection.

Participants

This study employed purposive sampling to recruit a diverse group of 20 participants representing various key stakeholder categories involved in the implementation of the National School Health Policy (NSHP), as detailed in Table 1, from three primary regions: Khomas, Oshana, and Kavango in Namibia. Purposive sampling allowed for the selection of information-rich cases that provided comprehensive insights into the phenomenon of interest (Patton, 2002). The participants engaged in semi-structured

interviews to share their perspectives and experiences concerning the implementation of the National School Health Policy (NSHP). The stakeholders

involved in the study included school principals, health program administrators, teachers, and nurses (refer to Table 1).

Table 1: Attributes of study Participants.

Stakeholder Group	Number of Participants	Years of Experience (Range)	Specialty
School Principals	5	10-20 years	- Elementary (2), Middle (2), High School (1)
Health Program Administrators	5	5-15 years	District (3), Regional (2)
Teachers	5	3-10 years	Life skills (2), Health Education (1), Physical Education (2)
Nurses	5	7-15 years	School-based nurses only

Data Collection

Twenty participants were purposefully selected, as outlined in the Participants section, to explore stakeholders. The study utilized an interview guide with open-ended questions to allow participants to share additional insights from their experiences, while ensuring that essential topics were addressed. Interviews were conducted by trained researchers well-versed in qualitative research methods and the specific study context. Prior to each interview, participants provided written informed consent, and with their permission, the interviews were recorded on audio. The recordings were then transcribed verbatim to ensure an accurate record for subsequent analysis.

Data Analysis

To analyze the interview data, we utilized thematic analysis, which involves identifying, analyzing, and reporting recurring themes or patterns within the data. The method includes processes such as data familiarization, during which the research team

reviewed all collected data, including interview transcripts, field notes, and relevant materials.

Coding and Categorization: The qualitative data was then coded to identify key themes and sub-themes. These codes were organized into categories based on similar meanings.

Thematic analysis was used to analyze the interview transcripts to identify recurring patterns and perspectives from participants' responses. This method aimed to capture the participants' experiences in-depth and ensure the validity of the findings, thereby enhancing the depth and validity of the results. By using this analytical framework, we delved into various elements found in the participants' stories, ensuring that our interpretation accurately captured the essence they described (Sawyer, 2017:10).

One Theme: Challenges with the implementation of NSHIP, along with four subthemes, emerged from the data as shown in Table 2 below.

Table 2: Themes and Subthemes.

Theme	Subtheme	Categories
Implementation Challenges	Resource Limitations	Lack of Manpower
		Insufficient Funds
	Staff Awareness and Training	Limited Knowledge or Understanding of the NSHP
		Limited Opportunity for Professional Training and Development
	Top-Down Approach	Lack of Consultation
		Imposed Demands
	National School Health Program Focus Limitation	Student Centered vs Teacher Centered
		Discrepancy in Coverage of Entire School Environment

Findings

Please Take Note of the Following Text:

In this section, we will further explore the theme of "Implementation Challenges" identified in the data analysis. We will study this theme by considering the

following subthemes: staff awareness and training, top-down approach, resource limitations, and student focus.

Resource Limitations

All stakeholders (including school principals, health program administrators, teachers, and nurses) expressed concerns regarding the shortage of professionals (such as nurses, counsellors, and teachers) necessary for the successful implementation of the NSHP.

This shortage hinders program delivery and the provision of personalized support to students. The policy is good on paper, but we simply don't have enough nurses to properly screen all the students and follow up on identified health issues. - School Principal. The participants emphasized the detrimental effects of inconsistent and insufficient funding for program execution and supplies. Program terminations and a shortage of supplies for necessary materials were the results of donor funding delays.

We can't run effective health education sessions without basic supplies. The lack of funding makes it difficult to even provide learners with informative pamphlets. -Teacher

Staff Awareness and Training

Limited Knowledge of the NSHP: Stakeholder interviews exposed a knowledge gap among certain staff employees regarding the objectives and workings of the NSHP. This lack of understanding could make implementation less successful. There seems to be a lot of confusion among some teachers about their specific roles and responsibilities under the NSHP. More training would be helpful. - School Principal

Top-Down Approach

Lack of Consultation: Concerns regarding the top-down approach to policy development were raised by stakeholders, who believed that the Ministry of Education was imposing demands and that there had been little opportunity for consultation.

We, the ones who are on the ground and see the daily challenges, were not involved in shaping the policy. It feels like a one-size-fits-all approach that doesn't consider our specific school context. - Teacher

Imposed Demands: Feelings of being overburdened with extra work without enough resources or assistance resulted from this alleged lack of consultation.

The Ministry keeps adding new programs and policies without considering our already stretched workload.

It's overwhelming and makes it difficult to prioritize the NSHP effectively. - Administrator

National School Health Program Focus Limitation

To give employees, the information and abilities they need to successfully implement the NSHP, stakeholders stressed the importance of providing professional development opportunities.

I would love to see more training workshops on adolescent mental health. It would be beneficial for both teachers and support staff in identifying and addressing learner needs. - Nurse

The NSHP's contempt for the health and welfare of educators was brought to the attention of stakeholders. The policy prioritizes the health needs of students over the needs of a teaching staff that is both supportive and in good health.

Teachers are constantly expected to support student well-being, but there's no focus on our own well-being. We also experience stress and need access to mental health resources. -Teacher.

Stakeholders voiced concerns about the limited funding for programs aimed at supporting teachers' health and wellness, which in turn hinders their ability to effectively promote students' well-being. They also expressed worries about the potential impact of funding disruptions on the sustainability of these programs. Additionally, a key source highlighted the potential unintended consequences of insufficient oversight due to financial uncertainties. A healthy teacher is a more effective teacher. Investing in programs that address teacher stress and burnout would benefit both teachers and students in the long run. - School Principal.

According to a Senior Educator and Policy Implementer:

You know our education and health sectors are donor-funded. The moment there are delays in the allocation of funds, everything is interrupted. The difficult part of it is that we don't know the time frame for such interruptions.

Stakeholders expressed concern about the impact of funding interruptions on program integrity. A key informant explained how the lack of monitoring due to funding issues could lead to unintended consequences:

If there is no monitoring, as it is happening now, there is a likelihood of teachers doing what they are not supposed to do. Some of them are already selling the food in the tuck shops. You know we have a

government-assisted food program. But you can't catch them red-handed because there is no monitoring.

Teachers have shared similar concerns, expressing the challenges they face in fulfilling their responsibilities effectively due to inadequate resources and monitoring tools. One educator highlighted how interruptions, particularly during health education sessions, disrupt the scheduled curriculum delivery: You go to the ends of preparing your mind for the health session and then you find it has been cancelled. It's very disappointing because at the end of the day, you will end up following other subjects and abandon the health message. -Principal.

Discussion

The study delved into the viewpoints of stakeholders involved in the implementation of the National School Health Policy (NSHP) in Namibia. The findings correspond with the theme of "Implementation Challenges" identified during data analysis. All stakeholders (n=20), including teachers and support staff, emphasized that inadequate and interrupted funding poses a significant barrier to effective policy implementation. Participants noted that health programs heavily rely on donor funding, and any delays in disbursement result in complete interruptions of unknown duration. This not only obstructs monitoring and evaluation efforts but also presents challenges for program execution.

The findings underscore a range of implementation challenges that impede the effectiveness of the policy. These challenges can be broadly categorized into four key subthemes.

Please Take Note of the Following Points

Resource Limitations: Stakeholders frequently cited insufficient funding for program implementation and materials, as well as a lack of staff (teachers, nurses, and counselors), as major obstacles. The lack of resources directly impacts the scope of the policy and the support provided to students (WHO, 2020).

Staff Awareness and Training: The study identified a need for professional development opportunities and gaps in some staff members' knowledge of the NSHP (WHO, 2020). It is crucial for staff to have the necessary knowledge and skills to effectively implement policies.

Top-Down Method: Stakeholders expressed feeling disenfranchised due to the Ministry of Education's top-down approach and apparent lack of consultation

during policy development. A more collaborative strategy that considers stakeholder feedback could improve implementation and increase ownership.

Emphasis on Students: While the NSHP prioritizes student health, it seems to overlook the needs of teachers as well (Lawrence & Fakuade, 2021) (WHO, 2020). Recognizing the significant role teachers play in promoting student health, stakeholders stressed the need for initiatives addressing the health and well-being of teachers.

Linking the Results to Published Literature: These results align with previous studies on policy implementation in educational settings (Nutbeam & Muscat, 2021) (Samuel et al. 2020). Research has shown that top-down approaches, inadequate training, lack of resources, and neglect of teachers' well-being can hinder the effective execution of educational policies (Reitz et al. 2020) (Kamil et al. 2020).

Recommendations

1. **Increased Resource Allocation:** Adequate and consistent funding is crucial for the success of the NSHP. This includes funding for expanding the workforce, procuring necessary supplies, and conducting continuous monitoring and evaluation (Sheetheni, 2021; Nande, 2023).
2. **Comprehensive Training Programs:** The development and implementation of comprehensive training programs for all stakeholders involved in the NSHP are imperative, as suggested by Magumba, Mbulangina, & Kibuule (2013). These programs should cover the objectives, protocols, and best practices for implementing the policy.
3. **Collaborative Policy Development:** Involving educators, administrators, and other stakeholders in the policy development process can foster a sense of ownership and improve implementation outcomes, according to Kilag et al. (2023).
4. **Teacher Well-Being:** Considering the importance of teacher well-being, the NSHP should incorporate programs addressing stress and burnout among educators. This may involve providing access to mental health services and initiatives supporting a positive work-life balance (Ashipala & Shapopi, 2022).
5. **Legal Considerations:** Section 11 of the Education Act, 2001 (Act No. 16 of 2001) stipulates that teacher must take reasonable precautions to ensure students' safety from health hazards at all times. Additionally, teachers should

not be held personally liable in civil proceedings for actions taken in good faith to prevent injury, unless in cases of bad faith.

Conclusion

In this study, we carefully examine the implementation of the National School Health Policy in Namibian schools, with a focus on addressing the challenges faced by stakeholders. The conclusion underscores the report's findings and offers constructive policy implications, emphasizing the importance of strong leadership and decisive decision-making. The study's recommendations have played a vital role in influencing the government to implement essential policies, highlighting the significance of clearly defined research questions and a well-structured conclusion. The conclusion also provides a constructive analysis, ensuring a comprehensive and insightful assessment.

Declarations

Ethical Declaration

The study was conducted under the Declaration of Helsinki and ethical standards outlined by the University of South Africa Ethical Committee, the Ministry of Education, Sport and Culture, and the Namibia Ministry of Health and Social Services. This study received ethical approval from the University of South Africa Ethical Committee, the Ministry of Education, Sport and Culture, and the Namibia Ministry of Health and Social Service. Before participating in the study, all individuals provided voluntary informed consent. The research objectives, voluntary participation, and confidentiality measures were communicated to all participants.

Consent for Publication

All participants provided their written consent to include anonymized quotes from their interviews in published materials. It should be emphasized that no personal or identifiable information has been incorporated into any of the publications.

Availability of Data and Materials

Due to confidentiality agreements, the datasets generated and examined in this study are not publicly accessible. However, interested parties may obtain the datasets by submitting a reasonable request to the corresponding author.

Competing Interests

The authors affirm that they do not have any conflicting interests.

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