IOSR Journal of Nursing and Health Science (IOSR-JNHS)
e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 15, Issue 1 Ser. 2 (Jan. – Feb. 2026), PP 80-88
www.iosrjournals.org

Teachers' Perceptions Of The Healthcare Needs Of Special Pupils: A Descriptive Qualitative Study

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Abstract:
Background*: Inclusive education aims at providing equitable learning opportunities for all pupils, regardless of their health status. Teachers play an important role in inclusive education as they are often front liners in identifying and addressing the healthcare needs of special pupils. However, there is dearth of research regarding how teachers perceive and respond to the healthcare needs of special pupils in inclusive schools.*
Materials and Methods*: An explorative descriptive qualitative design was employed. Data were collected using face-to-face semi-structured interviews from seven purposively selected participants working in the inclusive school. The data were analyzed using Colaizzi's method of thematic analysis.*
Results*: Three main themes emerged from the data. Participants identified diverse and complex healthcare needs of special pupils which included chronic illnesses, developmental disorders, and psychosocial challenges. Challenges of living with special needs expressed by the participants included poor access to healthcare services, stigmatisation, lack of special education training, and inadequate infrastructure. Perceived need for support towards inclusivity highlighted by participants included the need for consistent healthcare provision, parental involvement, and building of school clinics and boarding facilities.*
Conclusion: *Teachers play a vital role in identifying and addressing the healthcare needs of special pupils. However, limited resources, training gaps, and infrastructural barriers constrain their capacity to provide adequate support. Strengthening nurse-teacher collaboration, integrating school health services, and policy reforms are critical to improving healthcare provision for special pupils in inclusive schools. Future research should explore healthcare needs of special pupils in Western contexts and implement interventions to address the identified needs.*
Key Word: *Healthcare, needs, inclusive, perceptions, special, pupils.*

Date of Submission: 15-02-2026 Date of Acceptance: 25-02-2026

I. Introduction

Inclusive education integrates learners with special needs into mainstream classrooms, which is a global priority endorsed by the United Nations Sustainable Development Goal 4. The approach of inclusive education aims to provide equitable learning opportunities for all pupils, regardless of physical, emotional, or cognitive differences[1]. Teachers are key facilitators of inclusive education and often the first to recognize special pupils' unique needs[2]. Special pupils, also known as pupils with special needs, are defined as children with long-term impairments that affect their learning[3]. Living with special needs often exposes the pupils to stigma and exclusion in school and in the society[4]. For example, Panicker[4] highlights that misconceptions about disabilities lead to negative attitudes and isolation of learners. The special pupils frequently present with healthcare problems requiring additional support. The healthcare problems include chronic diseases such as epilepsy, mellitus, and developmental disorders such as autism. Additionally, the pupils present with sensory impairments such as hearing or visual loss, and psychological alterations that impact their learning and well-being[5,6]. Nutritional deficits and hygiene problems are also common as one study reported that special pupils often lack adequate nutrition and personal care which worsens their health outcomes[7]. Globally, 16% of children have a disability[8] while access to healthcare for disabled people is limited[9]. Financial barriers, transportation difficulties, and shortage of services hinder timely and quality care for people with disabilities[10] which include special pupils in Eswatini. Teachers' perceptions of special pupils' healthcare needs can greatly influence support in schools. However, there is dearth of research that specifically explored teachers' perceptions of the healthcare needs of special pupils within the context of Eswatini's education system and in the school where the study was conducted. Most research focuses on clinical or parental viewpoints[11] or on education interventions[12]. Understanding teachers' perceptions on the healthcare needs of special pupils is critical to enhance comprehensive inclusivity and to provide a supportive learning environment which fosters better academic performance, wellbeing and social integration among the pupils. Therefore, the study explored the perceptions of teachers regarding special pupils' healthcare needs in one inclusive school in Eswatini. The insights will raise awareness about inclusive

education and healthcare related challenges from a resource-limited setting and highlight the support required in these contexts.

II. Material And Methods

Study Design: An explorative descriptive qualitative design was adopted. The explorative descriptive qualitative design enhanced the collection of in-depth data and provided an accurate and clear picture about the little-known phenomenon of teachers' perceptions of special pupils' healthcare needs, as supported by Creswell & Creswell[13]. The Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines were used to report this qualitative study[14].

Study Location: The study was conducted at an inclusive primary school in Hhohho Region of Eswatini. The school has an enrolment of about 550 pupils including those with physical, cognitive, or sensory impairments. Sixteen teachers currently work at the school, four of whom have an additional qualification in inclusive education. The school was conveniently selected because the researcher had attached there for his school health clinical practicum during his undergraduate studies.

Study Duration: August 2025 to September 2025.
Sample size: 7 participants.
Sample size calculation: The sample size was determined by data saturation.
Subjects & selection method: Purposive sampling was used to select participants.

Inclusion criteria:

1. Participants who were included in the study were full-time teachers (male and female) who had at least six months' work experience at the school and interacted daily with special pupils.

Exclusion criteria:

1. Teachers who had worked at the school for less than six months were excluded from the study because they did not have adequate exposure or understanding of the inclusive setting hence that limited the depth and reliability of their insights regarding healthcare needs of special pupils.
2. Administrative and support staff as well as part-time teachers were not included in the study because they had no direct and consistent classroom interaction with special pupils.

Procedure methodology

To recruit participants, the researcher visited the school administration to explain the value of the study and seek permission. The researcher then requested to visit the school during a teachers' meeting to explain the purpose of the study. During the meeting, teachers who were willing to participate and meet the inclusion criteria were requested to indicate to the researcher in a designated office as provided by the school to the researcher. Then, the researcher compiled a list of teachers who had expressed their willingness to participate. After compiling the list, the researcher reached out to these teachers individually through visiting them in the school to give them the study's information leaflet document and explained to them the informed consent and the participants signed a hard copy of the informed consent form. Interviews were scheduled at participants convenience and were conducted.

The final sample included seven participants of which four were female and three were male. Their age range was 37–51 years, with a mean of 44.2 years (± 6.58 standard deviation [SD]). Additionally, the participants' mean duration of working in the inclusive school was 12.1 years (± 2.48 SD). The sample size was guided by data saturation which occurred in the sixth interview, and an additional interview was conducted to confirm the saturation[13].

Data Collection and Management

Two pilot interviews were conducted by the lead author who is an undergraduate nursing student with clinical practicum experience in medical-surgical and community mental health nursing. The pilot interviews were conducted using a semi-structured interview guide developed by the research team. Questions included in the interview guide were: 1) According to your understanding, who are special pupils? 2) What are the healthcare needs of special pupils that are enrolled in this school? 3) What strategies do you currently use to address the healthcare needs of special pupils in the school? And, 4) What interventions do you think can be implemented to holistically address special pupils' healthcare needs at the school? The interview guide was not changed after the pilot interviews, hence, the data collected were included in the analysis. Data were collected by the lead author through individual, face-to-face interviews using the semi-structured interview guide. The interviews were conducted during the second term in the Eswatini school calendar, between July and September 2025. The lead

author conducted the interviews in a private room at the school during teachers' free periods to avoid class disruptions. Each interview lasted approximately 30 to 45 minutes.

The interviews were audio recorded with the participants' permission. Probing questions were used to explore participants' responses in depth[15]. The lead author-maintained researcher reflexivity by utilising active listening skills, and gaining understanding without imposing his own views on participants. The researcher also reviewed how his behaviour or phrasing of words may have influenced the participants responses. Following reflection, the lead author recorded his observations and personal reactions in a reflective journal, noting areas of improvement and adjusted for future interviews. Owusu Sarfo and Attigah[16] describe reflexivity as an approach in which a researcher uses active listening during interviews and reflects after each interview on how their tone, behaviour or wording may have influenced the participant hence adjusting future interviews accordingly. At the end of data collection, the interviews were transcribed verbatim by the lead author. Verbatim transcription is important because it ensures that the data collected during interviews reflects exactly what was said by participants and enable researchers to understand the context behind statements[17]. The audio recordings and interview transcripts were saved in an encrypted digital folder in a password protected laptop only accessible to the researcher and supervisor.

Data Analysis

Data were analyzed thematically using Colaizzi's method[18]. The lead author read and re-read the transcripts to gain familiarity, then extracted significant statements about pupils' healthcare needs. The significant statements formed the codes. Similar codes were then clustered into categories. Themes were then derived from consolidating similar categories. The lead author then synthesized exhaustive descriptions of each theme which were reviewed and validated by the second author. Consensus was then reached on the themes by the research team.

Trustworthiness

The strategies of credibility, dependability, confirmability, and transferability suggested by Lincoln and Guba[19] were applied to maintain trustworthiness. To maintain credibility, prolonged engagement was promoted by having conversations with the participants before data collection to explain purpose of the study and during the interviews. Member checking was performed when the collected data were verified with the participants, who confirmed that the transcripts and findings reflected their perceptions. To maintain transferability, a thick description of the context and characteristics of the participants was provided. To maintain confirmability the researcher provided an audit trail which is a detailed account of each step taken during the study, as supported by Adler[20] who asserts that a detailed record of all research processes enhances others to follow the research journey and understand how conclusions were reached. To maintain dependability, the data collection process, analysis, and findings of the study were examined by the second author who is a make university lecturer with clinical and research experience in medical-surgical nursing science.

Ethical Considerations

The Belmont Report (1978) compiled by the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research[21] guided the study. Ethical approval was obtained from the Eswatini Health and Human Research Review Board (approval number: SHR 067/2025). Permission for the study was granted by the school administration. Participants provided written informed consent after receiving information about the value and aim of the study from the lead author. To maintain autonomy, participants were informed that they were free to withdraw from the study at any time without facing consequences. No personal identifiers were recorded and transcripts were labeled by participant numbers in order to maintain anonymity. Data were stored securely in password-protected devices to maintain confidentiality. The principle of non-maleficence was maintained in the sense that the interview questions did not cause psychological and emotional harm to the participants. To maintain the principle of beneficence, interviews were conducted in a quiet environment where participants felt safe sharing their perceptions to enhance positive outcomes for special pupils. In addition, the researcher did not ask questions that harmed the participants emotionally and psychologically. The principle of beneficence was also maintained in that the findings of the study may enhance the implementation of strategies to address healthcare needs of pupils enrolled in schools all over the country.

III. Results

Themes and Categories

The data analysis process generated 58 initial codes which led to the formulation of nine categories. Three themes emerged from the categories. Table 1 depicts the categories and themes that emerged from the data.

Table 1 Summary of themes and categories

Categories	Themes
Diverse and complex healthcare needs	**Perceived healthcare needs**
Nutritional and hygiene requirements for the pupils	
Poor access to healthcare services	**Challenges of living with special needs**
Stigmatization and social exclusion of special pupils	
Limited special needs capacitation and emotional burden experienced by teachers	
Inadequate inclusive infrastructure at school	
Need for consistent healthcare provision and support for the pupils	**Perceived need for support towards inclusivity**
Need for parental support and involvement.	
Proposed interventions and systemic reforms to address healthcare needs of pupils.	

Theme 1: Perceived Healthcare Needs

This theme describes the healthcare needs of special pupils as perceived by the participants. The healthcare needs included chronic physical and mental illnesses as well as nutritional and hygiene requirements that directly affect pupils' learning, wellbeing, and social inclusion. The theme comprises two categories, namely, diverse and complex healthcare needs as well as nutritional and hygiene requirements.

Category 1: Diverse and Complex Healthcare Needs

Participants verbalised that learners presented with a wide range of chronic, developmental, and infectious conditions that required ongoing healthcare support. The conditions included physical, sensory, cognitive, mental and emotional disorders:

"Some of our learners have chronic conditions like epilepsy, cerebral palsy, autism, emotional behaviour disorders and mental disorders." (Participant 1)

"Some learners have chronic conditions like epilepsy, autism, HIV/AIDS, Down syndrome, Attention Deficit/Hyperactivity Disorder (ADHD), emotional behaviours." (Participant 2)

"We have different learners with autism, dyslexia, intellectual disability, ADHD, and physical disabilities, which are those in wheelchairs, albinism, visual and hearing impairments." (Participant 4)

"We have those learners with hearing impairments, visual impairments, speech problems, those on wheelchairs and those with their intellect being very low." (Participant 5).

The participants' responses jointly highlight the different conditions affecting the special pupils and their related healthcare needs. Additionally, the conditions reflect the support that may need to be provided to the pupils and the gap in healthcare provision as teachers may not be adequately equipped to meet those needs.

Category 2: Nutritional and Hygiene Requirements

Participants expressed that poor nutrition and inadequate hygiene experienced by the pupils posed significant barriers to their well-being. The pupils often experienced food shortage, insecurity, lack of toiletries, and insufficient clothing, which not only affected their health but also contributed to stigma, low self-esteem, and social exclusion:

"Sometimes there is no water in school and pupils fetch it from the nearby river for cooking in the school's kitchen." (Participant 3)

"Pupils need toiletries such as pads and training in toiletry activities. Some are dirty, smelling, not befriended, and thus isolated." (Participant 7)

These insights by participants point out the need for pupils' nutritional and hygiene support to enhance their learning and improve their wellbeing.

Theme 2: Challenges of Living with Special Needs

This theme describes the challenges faced by pupils living with special needs in the school as per the participants' perceptions. The challenges identified are perceived to directly affect pupils' learning, social inclusion, and wellbeing, while also impacting the teachers who support them. The theme encompasses four categories, namely poor access to healthcare services, stigmatization and social exclusion of special pupils, limited special needs capacitation and emotional burden experienced by teachers as well as inadequate inclusive infrastructure at school.

Category 1: Poor access to healthcare services

Participants expressed that the pupils often struggle to access adequate and timely healthcare services. The participants verbalised that parents of the pupils faced financial limitations, and that there was limited availability of specialised healthcare services, and delays in receiving care from hospitals and specialists. Participants also highlighted the lack of consistent school-based nurses and multidisciplinary teams for the pupils to constantly access healthcare services:

"The pupils' parents have no money to get medications in pharmacies as the Government hospitals cannot provide the medications. Additionally, no nurses come to the school to cater for the children's healthcare needs." (Participant 1)

"School health nurses sometimes come to the school to provide healthcare services, mostly when requested. However, they are not always on standby." (Participant 2)

"A learner sent for therapy in January was appointed a date in 28 June in 2024 hence the time in-between was too much." (Participant 4)

"There is a need for regular presence of school health nurses within the school. Psychologists and occupational therapists should be accessible for special pupils' needs." (Participant 6)

The collective responses by participants put forth the poor access to healthcare services which is experienced by the special pupils, not only in the school but also in hospitals. Hence, the poor access to the healthcare services may worsen the pupils' existing health problems leading to negative outcomes.

Category 2: Stigmatisation and social exclusion of special pupils

Participants reported that the pupils often experienced stigma and social exclusion as they were sometimes mocked by peers, isolated due to their conditions, and discriminated in the school and in the community. Therefore, this contributed to low self-esteem, loneliness and social withdrawal among the pupils:

"There's stigma towards the special pupils from other people as they said to be crazy. They are also stigmatized as they defecate on themselves" (Participant 1)

"Children with special needs feel lonely and excluded." (Participant 3)

"Special pupils have a low self-esteem as learners laugh at them hence, they become reserved." (Participant 5)

"Low self-esteem and shame from poverty and appearance make pupils withdraw socially." (Participant 7)

The participants' verbatim responses all highlight the stigmatisation and social exclusion that special pupils often face in their daily lives. Such experiences may negatively affect their functioning in the society as these pupils may view themselves as less human who have no place in the social strata.

Category 3: Limited special needs capacitation and emotional burden experienced by teachers

The participants reported that they lacked specialised training to manage the diverse healthcare and educational needs of the pupils. This limited capacitation, along with the daily responsibility of managing complex special pupils' conditions, caused emotional burden among the participants. The participants further reported that they often felt overwhelmed when dealing with emergencies such as seizures and behavioural alterations of the pupils:

"Special pupils need healthcare professionals like occupational therapist and psychologists, to care for them in the school as we are only educationally trained not health trained." (Participant 1)

"It's traumatic for us as teachers such as when the child is having seizures." (Participant 2)

"No teachers are trained on sign language for children with auditory problems." (Participant 3)

"Few teachers have special education qualifications." (Participant 3)

"Teachers feel bad for pupils and try to find donors for uniforms, clothes, and sanitary pads." (Participant 7)

The participants' responses provide insight into the fact that teachers are only trained to cater for the educational needs of the special pupils not their healthcare needs. Hence, the participants experienced emotional strain as they could not meet the healthcare needs of the pupils. The participants' responses also demonstrate a dire need for the deployment of qualified healthcare personnel in the school to cater for the pupils' needs.

Category 4: Inadequate inclusive infrastructure at school

The participants highlighted that the school infrastructure does not adequately support pupils with special needs. For instance, wheelchair users often struggle with accessibility as there are no steep ramps in the school, and there are no specialized facilities such as therapy rooms, and learning materials for visually and hearing-impaired pupils are insufficient. These inadequacies limit participation in academic and extracurricular activities for pupils with special needs:

"Sloppy school ground prevents wheelchair users from playing sports." (Participant 3)

"The government didn't provide materials to support children in school, for example steep ramps, no house room for rest for those with autism." (Participant 4)

The reported inadequacies clearly point out that there is a need for an inclusive infrastructure in the school. The inadequate infrastructure pushes the special pupils to a corner where they have to always rely on others or accept their social exclusion in some activities in the school.

Theme 3: Perceived Need for Support Towards Inclusivity

This theme highlights the participants' perceptions of the support required to strengthen the inclusivity of special pupils within the school. The participants expressed that while they strive to support the pupils as per

their needs, greater collaboration and provision of resources by parents, the government, and other stakeholders are essential. The theme comprises three categories, namely need for consistent healthcare provision and support for the pupils, need for parental support and involvement, and proposed interventions and systemic reforms to address the healthcare needs of pupils.

Category 1: Need for consistent healthcare provision and support for the pupils

Participants verbalised the importance of continuous and accessible healthcare support for special pupils. They highlighted the role of school health nurses, psychologists, occupational therapists, and multidisciplinary teams in ensuring that pupils receive adequate care without losing valuable time for education:

"Special pupils need healthcare professionals like occupational therapists, and psychologists, to care for the pupils in the school as we are only educationally trained not health trained." (Participant 1)

"The Government needs to add a multi-disciplinary team with therapists in the school so the children may receive immediate care in the school and eliminate the consumption of school days while going for checkups in hospital." (Participant 2)

"Special pupils should go to therapy for more than twice a year, frequently at least once in 2 months." (Participant 5)

"There's a need for regular presence of school health nurses within the school. Psychologists and occupational therapists should be accessible for special pupils' needs." (Participant 6)

"Government should build a clinic at school for special pupils' check-ups and treatment. Nurses should be deployed in school permanently." (Participant 7)

These insights by the participants point out the need for consistent healthcare provision and support for the special pupils as the provided healthcare is not adequate to meet the pupil's healthcare needs. The consistent healthcare provision will lead to significant notable improvements in the healthcare needs of the special pupils.

Category 2: Need for parental support and involvement

Participants expressed that the role of parents is essential in providing support to their children with special needs. Some parents were reported to lack awareness, resources, or willingness to consistently take their children for healthcare services. Participants emphasised the need for parental education to enhance acceptance of their children, and their active collaboration with the school.

"Parents are not mentally fit to care for their special children with the different conditions. Health education of parents on their children's conditions is needed so parents may accept their children" (Participant 1)

"Parents expect teachers to send children to hospital, though it is the parents duty." (Participant 7)

The participants' responses express the need for parental involvement in the healthcare of pupils as parents are the ones that live with the pupils once they are outside of school. Therefore, active collaboration between parents and teachers will lead to the improvement of the pupils' lives both academically and socially while at school and home.

Category 3: Proposed interventions and systemic reforms to address the healthcare needs of pupils.

Participants recommended several interventions and systemic reforms to improve inclusivity and healthcare provision for the special pupils. The suggestions included building special hospitals and schools for the pupils, deploying more healthcare professionals at the school, enhancing teacher training, and introducing practical subjects to prepare learners for life beyond school:

"Rules such as making sure that there is no queuing for special pupils in hospital should be made." (Participant 1)

"There is a need to train teachers in inclusive education." (Participant 3)

"Government should provide transport and glasses for pupils." (Participant 3)

"Special hospitals and schools need to be built by the government in the four regions of the country for special learners." (Participant 4)

"Government should build a boarding facility to house special pupils so that they stay away from problems that may experience at home." (Participant 7)

"Special pupils should go for occupational therapy more frequently, at least once in 2 months." (Participant 5)

These proposed interventions reflect the need for structural and policy-level support to create an inclusive and enabling environment where special pupils will be able to freely live like every other pupil in the inclusive school. Henceforth, these interventions will combat most of the pupils' healthcare needs and the challenges they have due to having special needs.

IV. Discussion

The study raised awareness of the healthcare needs of special pupils in a developing country. Participants perceived the special pupils' healthcare needs as diverse and interlinked with educational inclusion. The participants reported chronic physical, sensory, and developmental conditions they had identified among their pupils. This report aligns with previous research that children with disabilities often have complex medical needs requiring ongoing care. For instance, Ogundele and Morton[5] noted that neurodevelopmental disorders in children demanded integrated care models, while Noyek[6] emphasized the mental health and communication support that these children required. Teachers also identified nutritional and hygiene needs which reinforce reports that poverty and food insecurity exacerbate health problems in vulnerable school children[22]. The participants verbalized that unmet needs like hunger or lack of clean water had direct effects on learning. This broad understanding of healthcare needs suggests that teachers recognize the linear relationship between physical well-being and educational outcomes among special pupils. This understanding is further supported by Özkan and Kale[23] who asserts that improved physical well-being such as motor skills and quality of life for pupils with intellectual disability has been linked with better educational engagement and attention for special pupils.

Participants perceived systemic barriers to healthcare experienced by special pupils. Poor access to healthcare services is a known issue in Eswatini. For instance, Masuku[9] reported financial barriers and limited specialist availability for people with disabilities. The participants' reports about parents lacking healthcare funding and delayed referrals for special pupils to higher level facilities mirror these findings. The lack of healthcare funding and delays may exacerbate the pupils' existing health problems leading to negative outcomes[10]. Participants highlighted the absence of full-time school health nurses, echoing the WHO recommendations that school health services are vital for early intervention[8]. Stigma experienced by special pupils emerged as a significant challenge which was in line with Panicker's[4] observation that societal attitudes toward disabilities lead to exclusion. The participants verbalized how they witnessed special pupils' isolation and low self-esteem resulting from being stigmatized. These social factors compound health needs by discouraging families from seeking help or by limiting peer support[4]. Additionally, stigma may affect the learning experiences of special pupils by reducing their confidence, leading to higher rates of depression and isolation as they are often mocked about their disabilities and hence, they might end up hating school[24]. The emotional burden on teachers due to insufficient inclusive education training and support was also reported by participants. Billingsley[25] argued that teachers of special pupils required a supportive environment to be effective in dispensing their duties. Additionally, participants verbalized feelings of unpreparedness and distress brought by special pupils' medical emergencies. This report underscores a training gap as few participants had and additional inclusive education qualification, suggesting a dire need for professional development in that area of specialization. Additionally, the report by participants raises the need for teachers to receive training to administer first aid to pupils experiencing medical emergencies. Provision of first aid and disability-specific training may alleviate the emotional burden, as confirmed by studies urging cross-disciplinary training[26]. The inadequate inclusive infrastructure such as lack of ramps and therapy spaces reported by participants also aligns with research that many schools lack the physical adaptations needed for inclusion[9]. Without ramps and resources such as sign language materials, pupils' mobility and communication remain restricted, further exacerbating exclusion.

Participants proposed the need for regular school-based health services which is consistent with Zwiebel and Thompson's[27] description of effective school health clinics. The participants' call for multidisciplinary teams comprising nurses and therapists mirrors the suggestion by Verger[28] that coordination between healthcare and education personnel improves inclusion and health for children with special needs. Participants also stressed parental engagement, echoing literature that parent-teacher collaboration enhances outcomes for disabled learners[29]. Systemic reforms such as policy changes, resource allocation, and transportation assistance were reported as necessary by the participants. These insights reflect a holistic view that beyond classroom strategies, structural changes such as accessible infrastructure are needed to meet SDG4's vision of inclusive education. To leverage this, policymakers should implement integrated school health programmes. For example, deploying full-time school nurses and therapists would directly address many identified needs. Training programs in inclusive education and health (e.g., basic sign language, first aid, disability awareness) should be made mandatory for all teachers.

V. Conclusion

Participants highlighted that special pupils had diverse and complex healthcare needs, arising from chronic medical conditions to basic nutrition and hygiene requirements which all directly affected their learning and social life. The participants also identified significant barriers to healthcare which included limited access to care, social stigma, lack of resources, and insufficient training. Strategies suggested by participants to address the healthcare needs of special pupils included continuous on-site health support, multidisciplinary collaboration, and parental involvement. These findings underscore the pivotal role teachers can play as advocates and partners in school health. Additionally, these insights clearly suggest that in order to achieve inclusive education, Eswatini

must strengthen school health services, support teacher training in healthcare related issues, and implement supportive policies. Nurses and teachers should collaborate closely, for example, by deploying nurses and integrating health screening into the school system. Curriculum adaptation such as adding practical life skills should be considered to enhance the physical health of special pupils. Empowering teachers with adequate resources and training will enhance the well-being and educational success of special pupils in inclusive schools. Additionally, community education campaigns have the potential to reduce stigma and promote the acceptance of special pupils in schools.

VI. Strengths And Limitations

The qualitative approach allowed for in-depth exploration of the teachers' perceptions of the healthcare needs of special pupils. The study serves as a foundation for policy advocacy and intersectoral collaboration in paving a way towards healthcare provision for special pupils in schools. One limitation was that the study was conducted in one inclusive school, hence healthcare needs from other inclusive and general schools could not be explored. The sample size was small; hence the findings do not fully represent diverse teachers' perceptions on the healthcare needs of special pupils. The findings solely comprised teachers' self-reported perceptions and excluded the pupils' and parents' perspectives, thus providing a limited holistic understanding of the healthcare needs of special pupils. Additionally, the qualitative approach adopted in the study limited the generalizability of the findings.

VII. Implications Of The Study

The findings of the study reflect the need for full-time integration of school health services in inclusive schools which can be achieved through employment of school health nurses. The school health nurses will be able to assess, diagnose, and address health problems faced by special pupils. Moreover, there is a need to train teachers in basic first aid to capacitate them with knowledge and skills to assist special pupils who present with health problems. Healthcare problems of special pupils need to be incorporated into inclusive education curricula to raise awareness to teachers about these problems which can enhance prompt therapeutic interventions.

Acknowledgments
We would like to express our sincere gratitude to the participants who shared their perceptions with us.

Generative AI Statement
The authors would like to declare that no Gen AI was used in the creation of this manuscript.

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