University of Malawi

KAMUZU COLLEGE OF NURSING

A RESEARCH PROPOSAL ON

KNOWLEDGE AND ATTITUDE OF TEACHERS AT MCHESI L.E.A PRIMARY SCHOOL TOWARDS SCHOOL HEALTH PROGRAM

BY

ERNEST YAMIE MOYA

SUBMITTED TO FACULTY OF NURSING

SUPERVISED BY

MRS. W. CHILEMBA

12TH JUNE, 2009

Declaration

I declare that this proposal is solely out of my own work. It has not been presented anywhere for any degree and is not currently been submitted elsewhere for any academic purposes.

Signature..... date 12th June 2009.

Student: Ernest Yamie Moya

Signature..... Date.....

Supervisor: Mrs. W. Chilemba

ACKNOWLEDGEMENT

I would like to express my heartfelt gratitude to Mrs. W. Chilemba, my research supervisor for her untiring efforts in directing and encouraging me throughout the research process. The comments, suggestions and critics assisted me in coming up with this proposal. I appreciated.

I also extend my thanks to Abiti D, my mother for the financial support. My fellow students, I appreciated for both material and emotional support you offered to me during the period of developing this proposal.

Above all, I extort the Almighty God for the guidance and healthy life He had given to me during the entire period. Father I do not take that for granted.

LIST OF ABBREVIATION

AIDS: Acquired Immunodeficiency Syndrome

HIV: Human Immunodeficiency Virus

KCN.R.P.C: Kamuzu College of Nursing Research and Publication Committee

L.E.A: Local Education Authority

RH: Reproductive health

SHN: School health and Nutrition

SHP: School Health Program

USAID: United States Aid for International Development

WHO: World Health Organisation

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CHAPTER FOUR

ABSTRACT

Teachers play a great role in the implementation of School Health Program. However, little is known about their knowledge on and attitude towards the program which may either facilitate or obstruct the success of the program. This study proposes to assess teachers` knowledge and attitude regarding School Health Program. Quantitative data concerning knowledge and attitude of teachers regarding SHP will be collected from a total of 30 samples using self administered structured questionnaire and analysed statistically. The findings will assist in identifying gaps which might be filled to strength SHP and will also be used as pilot study for future studies. Results of the study will be communicated to Kamuzu College of Nursing Research and Publication Committee and a copy of dissertation will be available at Kamuzu College of Nursing Library.

CHAPTER ONE

TOPIC

KNOWLEDGE AND ATTITUDE OF TEACHERS AT MCHESI L.E.A PRIMARY SCHOOL TOWARDS SCHOOL HEALTH PROGRAM.

1.0 Introduction

Children spend a considerable part of their life in school exposed to a variety of environmental, physical, emotion and social influence. Therefore, to benefit maximally from education system, children need to be physically, mentally, and emotionally healthy while exposure during school hours to various hazards such as physical injuries, infections, emotional problems should be minimal if not totally prevented. It is for this reason that school health program was established (www.unesco.doc).

School health programs are various actions that are taken by health team in conjunction with the school authorities, teachers and parents to promote the highest possible level of health for the school children throughout their years of study. The school health services varies in their scope, it includes health education, physical education, health services, nutrition services, counseling, psychological and social services, healthy school environment, health promotion for staffs, families and the community involved (Stanhope, 2008). The objectives of school health program are; to ensure early detection and care of learners with health problems, to develop healthy attitudes and healthy behaviours among the learners, to ensure a healthy environment for children at school and finally to ensure prevention of communicable diseases. This is done in order to maintain, promote and improve the health of school going children (www.moh.gov.cy/moh/moh.).

In developing countries such as Malawi where literacy rate is low and childhood mortality rate high and for the universal basic education to succeed, a good and properly organized school health program is essential. It is in the light of the foregoing that this study is proposed to be undertaken to assess the knowledge and attitude of school health programs by teachers at Mchesi L.E.A primary school. Information gathered in this study will be used in planning and

strengthening of school health program as done by KCN students at Mchesi primary school as well as other schools.

1.1 Background

Kamuzu College of Nursing was opened in 1979. Since its opening, its students have been doing school health activities in various schools in Blantyre and Lilongwe. By then it was the diploma class who were doing the activities. However, after introducing a bachelor in nursing program, it was the generic third year students and mature entry second year community group who were doing the activities until in 2008 due to curriculum changes, generic first year students and the mature year two community students are the ones doing the school health activities. The mature group includes the program as part of their project.

In 2007, the college agreed with authorities of Mchesi L.E.A primary school to be in a parternership so that the college should be doing school health activities in this school. The school was chosen because it is within the college catchment's area and also openness of the authorities to the program. As of now, a total of four groups from the college have visited the school; 2007 mature community group, 2008 generic third year group, 2008 mature community group and 2008 generic first year group. The KCN school health program includes the following activities; health education, school health services, safe and healthful school environment, counseling, psychological and social services, and health promotion for staff (Year two mature report, 2007). During these sessions teachers has been playing the role of the facilitator; thus making sure that all learners are benefiting from the program as well as supervising health educations and other activities. No study has been done at Mchesi L.E.A primary school to assess teacher's knowledge and attitude to the program.

1.2 Problem statement

Teachers are a crucial link in coordinating the learning environment; therefore, their knowledge and attitude may either facilitate or obstruct the success of a school health program. In a research that was done in Nigeria, it indicated that inadequate knowledge and bad attitudes in primary school head teachers towards school health program led to poor sanitation of the school

environment (Tinjuana, 2007). It is in this accord that the researcher is interested in finding out the knowledge and attitude of teachers at Mchesi L.E.A primary school as in assumption that inadequate knowledge and bad attitude can obstruct the effectiveness of the program.

1.3 Significance of study

The study will be conducted to assess knowledge and attitudes of Mchesi primary school teachers on school health program done by KCN students. The findings of the research will assist in identifying the existing gaps in the program that can be filled so that the program can be strengthened based on the recommendation made. It will also acts as a pilot study for future studies.

1.4 Broad objectives

- To determine the level of knowledge and attitude of Mchesi primary school teachers on school health programs conducted by KCN students.

1.5 Specific objectives

I. To assess teachers level of knowledge on school health program
II. To identify sources of information to teachers on school health program.
III. To describe challenges which teachers face during the implementation of the school health program.
IV. To find out teachers attitude towards school health program conducted by KCN students.

CHAPTER TWO

2.0 Introduction

The concept of the health promoting schools (HPS) evolved in 1980s and has been regularly advocated for an effective approach to promote health in schools (Listen-Sharp, 1999). It embodies a whole school approach to personal and community health promotion in which a broad health education curriculum is supported by the environment and ethos of the school (Parson, 1996). Such a comprehensive approach has been widely accepted by the school health professionals as an effective and important method of implementing school health (Marshall, 2000). It has been suggested that well-developed school health promotion programs are effective in encouraging children to adopt health enhancing behaviours and in reducing health compromising behaviour (Patton, 2006). A coordinated SHP consists of eight interactive components; health education, physical education, health services, nutrition services, counseling and psychological services, healthy school environment, health promotion for staffs and the community involved.

2.1 Related studies on SHP

Not much study has been done on teacher's knowledge and attitude towards school health program as the whole. However, several researchers have done studies on teacher's knowledge and attitude towards components of school health programs. There is a comprehensive body of literature which shows that schools have a major role to play in addressing children health as well as enhancing educational outcomes (Ward, 2003). Research also shows that teacher's knowledge on school health programs increases the likelihood to implement the program which improves student's academic achievement (WHO, 1996, Symons, 1997).

In a survey that was carried out in Thailand to find out the effect of teacher's knowledge on SHP, it was found that teachers training (knowledge) can positively affect teacher's attitude towards health education component and participatory technique. A total of 35 teachers received training that emphasises a better understanding of young people and their environment, the teachers own attitude and values towards HIV and AIDS, and sexuality (which is component of health

education). Using pre- and post-test interviews, researchers found that, 97.8 percent of teachers had more knowledge and understanding of HIV and AIDS. All teachers had positive attitude towards the young people's sexuality and increased willingness to use participatory methods, increased communication and better relationships with pupils, and a greater commitment towards teaching about sexuality and HIV and AIDS. It was concluded that there was a need to train teachers' on SHP inorder for them to be actively involved in health education as they all demonstrated positive attitude to the program (Tinjuana, 2003).

In another survey that was carried out in Sorati district, Uganda aiming at finding out the effects of teachers` knowledge on SHP on students' behaviour, it was noted that teachers` knowledge on SHP influenced students` behaviuor. A total sample of 1000 students (within the age of 13 to 14) and 100 teachers in the existing structure of the school district were involved in the study. Teachers` were trained on reproductive health and HIV and AIDS which is the component of SHP, using a health educator, the local teachers training college, and other resources and then teachers were asked to teach the students in their respective schools. Two years after a baseline survey, 98 percent of students whose teachers had received training reported a significant decline both in having sexual intercourse in the past month and in the average number of sexual partners. The control group did not have the similar reduction as only 46 percent had a decline both in having sexual intercourse and number of sexual partners. It was concluded that increasing the level of teachers` knowledge on RH and AIDS can influence learners' behaviour as teachers play a mentoring role to students in SHP (Shuey, 1999).

Research has also indicated that head teachers` knowledge and attitude towards SHP in primary schools in Nigeria had an impact on school health programs. The study was aiming at finding out the impact of head teachers` knowledge and attitude towards SHP on healthy of the school environment and provision of health services. A sample of 133 head teachers were taken; 104 head teachers from private schools and 29 from public schools to be involved in the study, it was noted that none of the head teachers had adequate knowledge of school health program; 93.1 percent from a private compared to 48.3 percent from public school had poor knowledge, however a favourable attitude towards SHP was demonstrated by all teachers. Overall 27.7 percent of schools had no toilet facility, 33.3 percent had pit latrine while 40 percent had water

closet. Only 25.6 percent of the public schools performed medical inspection of the pupils. A total of 16.5 percent of the schools undertook medical screening of food handlers/vendors. In conclusion, it was noted that poor status of S.H.P in Nigeria may be attributed to failure of policy enunciation, and inadequate teachers` knowledge on school health program. However, all teachers had a favourable attitude towards the program as all expressed it is a desirable and a necessary program for the schools (Ofovwe, 2007).

Researchers also point out other factors that may affect or impair SHP. A project was carried out in Uganda, rural Masaka, aiming at identifying factors other than teachers` knowledge and attitude that affect effectiveness of SHP. Teachers were trained for five days, adopting a portion of an AIDS prevention curriculum developed by WHO and then they were asked to train learners in their respective schools on AIDS prevention. A total sample of 2000 students were involved in the survey (equally divided into intervention and control sites), plus 12 focus groups with 93 students. The findings of the study showed very little impact on students as only 10 percent changed their risk behaviours. It was noted that the program was not fully implemented and class time was too short. Also, teachers did not address some of the major preventive issues due to fear of community disapproval, and controversy and lack of supportive guidance. It was concluded that teachers only cannot reduce health compromising behaviour, teachers need to have adequate time to educate learners and there is a need of family and community involvement in the program (Kinsman, 2001).

Evidence of mutual benefit between education and health have been interpreted by some Ministries of Education and Developing Agencies as a mandate to systematically link education and health programs by training teachers to provide simple health intervention at schools such as administration of deworming medicine, and macro-nutrients, provision of clean water and sanitation. The program also includes strengthening health education curriculum and teachers training such as curriculum training on HIV and AIDS prevention, nutrition and hygiene, malaria prevention etc. In Malawi, an example of USAID education and health program that support the Ministry of Education in mainstreaming health activities to the benefit of both sector include USAID/Malawi's Teachers Training Activity (Demographic and Health Survey, 2001-2002).

In 2007, Malawi's Ministry of Education launched a national SHN program that is currently rolling out across the country. In a comparative survey done by Save the Children in Mangochi in 1998 and 2007 using the same methodology; the surveys showed that children were substantially healthier in 2007 than they had been in 1998. The prevalence of bilharzias fell nearly 90 percent, likely a direct result of routine bilharzias treatment schools. The prevalence of anaemia and stunting is approximately half what it was in 1998. The same survey also showed that the portion of students under the age 15 who have had sex fell from 33 percent to 13 percent in Mangochi. Among boys the rate dropped from 51 to 21 percent. The results also showed that number of sexual partners in a student's life time dropped from 4.1 in 1998 to 2.3 in 2007. An analysis of mortality data among school children in Mangochi prior to after the introduction of Pupil Kits for malaria found that malaria-specific mortality rates fell from 1.28 deaths per 1000 children to 0.44 deaths per 1000 children (Save the Children-Malawi, 2007).

In another survey done in Zomba district (Malawi), by Save the Children-Malawi, aiming at identifying challenges of school health and nutrition program, it was noted that inadequate teacher's knowledge on school health programs led to ineffective school health programs. According to supervisory visits in 22 primary schools and a total of 220 subjects (teachers), it was found that none of the teachers knew on the distribution procedures of drugs such as what type of a drug to administer to a particular learner, how many tablets and after how long. It was recommended that there was a need in training teachers on the distribution procedure for the program to be effective (Save the Children-Malawi, 2008).

2.2 Summery

It has been observed throughout the literature that teachers' knowledge and attitude is a determinant to successful school health program. However, there are still inconsistencies in the study, with other factors also hindering the effectiveness of the program. It is in this view that the researcher is interested in identifying gaps that can be filled so that KCN school health programs can be improved.

CHAPTER THREE

3.0 CONCEPTUAL MODELS

A conceptual frame work is a set of concepts integrated into a meaningful explanation that helps one to interpret human behaviours or situations (Allender and Spradley, 2005). The conceptual framework relevant and applicable to this study is Health Belief Model (HBM).

3.1 HEALTH BELIEF MODEL

Health belief model is a theory that focuses on the individual as the locus of change. The model evolved from the premises that the world of the perceiver determines action. The HBM is based on social psychology and has undergone much empirical testing to predict compliance on singular preventive measures. The initial purpose of HBM was to explain why people did not participate in health education program to prevent, or detect diseases. Subsequent studies addressed other preventive actions and factors related to adherence to medical regimens (Mc Ewen and Nies, 2007).

Primarily, the HBM is a value expectancy theory that addresses factors that promote health enhancing behaviour. It is disease specific and focuses on avoidance orientation. The major components of the model include; modifying factors, perceived susceptibility, perceived severity, perceived benefits, perceived costs and motivation. According to Clemen-Stone (2002), the premise for the conceptual base of the model is that an individual's perceived susceptibility and perceived severity of the disease determine a perceived threat that will increase the likelihood of the perceived action or participation in health intervention that lowers or decrease that perceived threat. It is important to note that one has to acknowledge the existence of both perceived susceptibility and perceived severity first before any perceived threat become adequate to motivate willingness of action and behaviour change. The model defines the following components;

3.1.1 Modifying factors

These factors include age, sex, personality, and socio-economic status, level of understanding, education, gender, culture and overall readiness for action (Mc Ewen and Nies, 2007). All these can affect a person`s perceived susceptibility or seriousness of a health program.

3.1.2 Perceived susceptibility

This refers to individual`s opinion and acceptance of the possibility of getting the illness, which may vary from complete denial to an open expression of fear regarding the perceived vulnerability (Bourne, 1999).

3.1.3 Perceived severity

This refers to ones opinion on how serious a condition is and its consequences. This also depends on the degree to which a person is aroused emotionally about an illness (Mc Ewen and Nies, 2007).

3.1.4 Perceived benefits

This refers to the beliefs a person holds about the efficacy of preventive action he might take to prevent illness. Perceived barriers to taking preventive action may relate to an individual`s beliefs which stand in his way (Clemen-stone, 2002).

3.1.5 Perceived barriers

These are beliefs that health action would be associated with hindrance such as cost. If the costs outweigh the benefits, the likelihood for an individual not to take preventive health action is high (Mc Ewen and Nies, 2007).

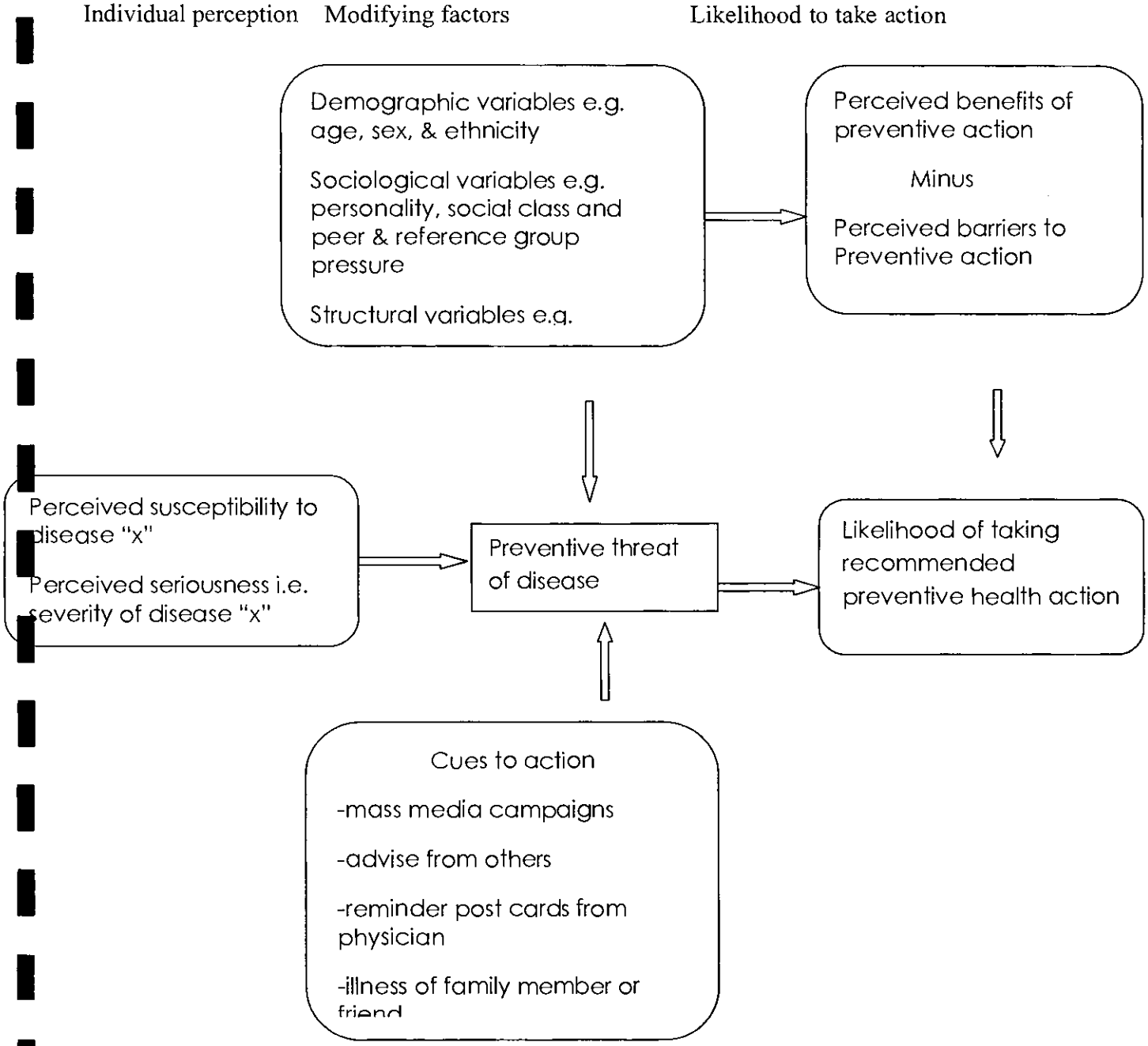
3.1.6 Motivation

These are internal drivers and factors such as self esteem, life goals and responsibility that make individual to do things. It is a concern about health matters. As such, it determines the

preparedness and willingness of an individual to seek and adhere to caregivers` support and attention and hence engage in health living. Cues to action may also help motivate clients to take preventive health measures (Mc Ewen and Nies, 2007).

In general the HBM postulates that health seeking behaviour is influenced by a persons` perception of a threat posed by a health problem and the value associated with the action aimed at reducing the threat (Polit, 2008). The figure below illustrates the variables and the relationships in the HBM.

HEALTH BELIEF MODEL



Variables and relationship in HBM (Redrawn from Mc Ewen, 2008).

3.2 APPLICATION OF THE MODEL TO THE STUDY

Teachers play great role in achieving an effective SHP. Therefore, HBM will assist in identifying teachers' level of knowledge on SHP according their cues to action. These cues to action might be school health program message they might get from friends, mass media or postcards. Messages may assist teachers recognise the importance of SHP as the result increase their willingness to participate in the program.

The model will also assist to see how Mchesi primary school teachers perceive SHP as this will determine their level of participation. Though, teachers may perceive SHP as important, there might be barriers that hinder them to fully participate. Since HBM recognizes that, it is the resultant of subtracting perceived barriers from perceived benefits that motivates an individual to take preventive action, therefore the model will assist in identifying reasons that make other teachers refrain from the program.

Stanhope and Lancaster (2005, state that the HBM is helpful in organizing information about clients' view of their state of health and factors that may influence the change of behaviour. It also helps in developing programs that can be implemented to better meet the needs of the client such as primary school teachers.

Demographic variables will affect how a teacher weighs the benefits of and barriers to School Health Programme. If the benefits outweigh the barriers, there is high likelihood that teachers will actively be involved in School Health Programme and vise-versa.

Sociological variables such as personality and social class can affect the way teachers portray their attitude to the programme. If the teacher has adequate knowledge about the school health programme, he/she is more likely to have a positive attitude towards it and actively participate.

CHAPTER FOUR

4. O METHODOLOGY

4.1 RESEARCH DESIGN

For the purpose of this study, the researcher will use quantitative methods. Quantitative researchers use deductive reasoning to generate prediction that is tested in the real world. Researchers attempt to measure phenomenon that is to attach numerical values that express quantity (Polit, 2008). In this case, to find out proportion of teachers who have adequate knowledge about SHP and a ratio of teachers who have a positive attitude to those who have a negative attitude towards the program.

4.2 Sample size

This refers to the number of subjects needed in the sample. The sample size to be used in this study will be a total of 30 respondents composed of both female and male primary school teachers at Mchesi L.E.A primary school. The sample of 30 participants has been chosen because it is adequate for the purpose of the study. The sample size will decrease the sampling error as it is indicated that the larger the sample, the smaller the sampling error (Burns and Grove, 2005).

4.3 Research setting

The study will be carried out at Mchesi L.E.A primary school. The school was chosen as the setting of the study because KCN students have been doing SHP for several years, and the place is convenient to the researcher in terms of transport cost and distance.

4.4 Sample selection

Sampling is the process of selecting subjects from the population being studied (Burns and Grove, 2005). Convenience sampling will be used to recruit individuals to participate in the study. Convenience sampling is the collection of data from subjects or objects readily available or accessible to the researcher (Polit, 2008). The researcher will collect data from whoever is available and meets the study criteria.

4.5 Data collection

A structured self-administered questionnaire will be used as an instrument for collecting data. The questionnaire will contain both open-ended and close-ended questions. The questionnaire has been chosen because of the possibility of complete anonymity which is there when using it since there is no direct contact between the researcher and the respondents, and also it minimises bias which can occur if an interview guide is used since the school is in a relationship with KCN. On the other hand the researcher will benefit as the tool is less costly and less time and energy is required to administer the questionnaire. However, the questionnaire is limited in case when there is a need for clarification, answers are not immediate available and respondents can skip other questions since nobody watches them (Polit, 2008). The instrument will be developed in English since the respondents are able to read and write in English.

4.6 Pre-testing

This refers to trial administration of a newly developed instrument to identify flaws or assess the requirements. It ensures that plans will work smoothly and it also assesses the adequacy of the measuring instruments (Polit, 2008). In this case the instrument will be pre-tested at Chitsime full primary school (Ndirande) in Blantyre district as this school has also been visited by KCN students. A total of five questionnaires will be administered to five teachers for the pre-test.

4.7 Data analysis and results dissemination

Data analysis will be done manually using descriptive statistics. Descriptive statistics are used to describe and synthesise data. Averages and percentages will be calculated (Polit, 2008).

The research findings will be communicated through a written report. Copies of the research work will be available at Kamuzu College of Nursing Library.

4.8 Ethical consideration

The proposal will be presented to KCN.R.P.C for the clearance to carry out the study. Letters will be written to the headmistress of Mchesi L.E.A primary school and to the District Education

Manager for the permission to carry out the research study at the school (see appendices A and B).

The subjects will be assured of anonymity and confidentiality of the information they are going to provide. Anonymity will be achieved by sending a questionnaire to respondents in the closed envelop. Inorder to maintain confidentiality, an identification number will be assigned on each questionnaire, gathered information will be kept in a locked file, the identifying information will be destroyed as quickly as practical and no names will be used.

Detailed information about the study will be given to obtain the consent. The subjects will be informed that no form of harm is involved in the study and that there are no direct benefits in participating in the study. However, the study will assist in identifying gaps that can be filled to achieve successful SHP (see appendix C). This will ensures voluntary participation of the subjects in the study.

Those individuals who will be willing to be subjects in the study will be required to sign consent form (see appendix D) indicating that they have understood the purpose of the study, costs and benefits of the study. Consent form will protect both researcher and the subjects legally.

4.9 Limitations of the study

The results of the findings can not be generalised since 30 respondents is a small sample. The small sample size will be used because of inadequate time and funds to conduct the study at the larger scale.

The relationship which is there between the college and school can affect the results; however, the researcher still believes that the results obtained will assist in modifying the program as participants will be assured of confidentiality and anonymity.

5.O TIME TABLE

TASK TO BE PERFORMED	MARH	APRIL	MAY	JUNE	JULY	AUGUST	SEPT	OCT	NOV	DEC
Identification of research title and literature.										
Proposal writing and submission.										
Pilot study.										
Data collection and analysis.										
Writing dissertation.										
Submission of dissertation.										

6.0 PROPOSED BUDGET

	ITEM	KWACHA
	STATIONERY	
3	Reams of A4 papers @ K900 each	2700.00
1	Flash disk @ K3000	3000.00
2	Folder files @ K100 each	200.00
6	Mail envelopes @ K15 each	90.00
6	Envelopes @ K30 each	180.00
6	Stamps @ K40 each	240.00
3	Ball point pens @ K270	270.00
1	Rubber @ K100	I00.00
1	Sharpener @K150	150.00
1	Tipex and Thinner @ K250	250.00
1	Stapler machine@ K700	700.00
1	Ruler@ K50	50.00
1	Hard cover@ K350	350.00
1	Staple wires@ K150/box	150.00
	Subtotal	8430.00
	TRANSPORT AND TELEPHONE BILLS	
1	Transport to Mchesi L.E.A primary school @ K2700/full trip	5400.00

	Telephone bills	2500.00
	SUBTOTAL	7900.00
	PRINTING, BINDING AND PHOTOCOPYING	
	Printing proposals and dissertations (2 copies) @ K500/copy	1000.00
	Printing questionnaires, consent forms @ K10/page x200	2000.00
	Photocopying questionnaires & consent forms@ K7/page x 300	2100.00
	Photocopying proposals (3 copies) @ K500 each	1500.00
	Photocopying dissertations (2 copies) @ K500 each	1000.00
	Binding proposals and dissertations (4 copies) @ K300 each	1200.00
	SUBTOTAL	8800 .00
	Contingency x 10%	3293.00
	GRAND TOTAL	**36723.00**

JUSTIFICATION OF THE BUDGET

Stationery Costs:

The project requires enough papers for drafting and printing copies of both proposal and dissertation for the supervisor to review and also printing and photocopying final copies of the proposal and dissertation for submission.

Drafting, printing and photocopying of the questionnaires and consent forms for both teachers and pilot study and also the various application letters will require paper as well.

Some accessories such as pens, pencils and rubbers will be used for drafting the proposal and the dissertation and also during data collection.

The envelopes and postage stamps will be for posting of the application letters.

The flash disk will be used for data storage.

Printing, Photocopying, Binding, and Internet Services:

Money will be required for printing, photocopying, and binding of the research proposals and dissertations (thus copies for the supervisor to review and the final ones to be submitted).

Internet services for searching articles for literature review will also need money.

Travelling Costs and Telephone Bills

Money will be required for travelling to Mchesi L.E.A School for administering questionnaire and collecting statistical data since the researcher will be based in Blantyre.

Telephone will be required for making appointments with various persons involved in the project.

Contingency

This will cater for all the unforeseen costs which will be encountered throughout the span of the project.

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APPENDIX A

TITLE: KNOWLEDGE AND ATTITUDE OF TEACHERS TOWARDS SCHOOL HEALTH PROGRAM AT MCHESI L.E.A PRIMALY SCHOOL

The University of Malawi

Kamuzu College of Nursing

Private bag 1

Lilongwe.

Dear Participant,

INFORMATION FOR PERMISSION

I am a fourth year student pursuing a bachelor of science in Nursing at Kamuzu College of Nursing, a constituent college in the University Of Malawi. In partial fulfillment of the program, I am required to do a research study in my area of interest in the field of nursing which is the above title. The findings of the research will assist in identifying gaps which can be filled to achieve a successful and effective school health program that is conducted by KCN students at your school as well as other schools.

The information that will be collected will be confidential and will only be used for education purposes. You are no required to write your name on the questionnaire inorder to maintain your identity anonymous. Participation in this study is voluntary and you are free to withdraw at any time you wish to without any penalties.

Your participation will be greatly appreciated.

Yours faithfully,

Ernest Yamie Moya

APPENDIX B

TITLE: KNOWLEDGE AND ATTITUDE OF TEACHERS AT MCHESI L.E.A PRIMARY SCHOOLTOWARDS SCHOOL HEALTH PROGRAM

CONSENT FORM

I have understood all the explanations given and the consequences concerning participation in this study. I understand that my participation or non-participation will not have any effect on me. I understand that I am free to withdraw my consent and discontinue in the study at any time without any penalties. I have also understood that the information I will give will be treated with privacy.

I understand that I may ask for further information concerning the study if there is a need to. I therefore give my consent to participate in the study.

.....

.....

Signature of participant **Date**

.....

.....

Signature of the researcher **Date**

APPENDIX C

University of Malawi
Kamuzu College of Nursing
Private bag 1
Lilongwe
May, 2009

The Headmistress
Mchesi L.E.A primary school
Post office box 453
Lilongwe.

Dear Madam,

APPLICATION FOR PERMISSION TO CONDUCT A RESEARCH STUDY AT YOUR SCHOOL

I am a fourth year Bachelor of Science in nursing student at the above mentioned college. As part of partial fulfillment of the program, a research project is required in the area of interest. In view of this, I would like to ask for permission to conduct the research study at your school. The title of the research study is **"Knowledge and Attitude of Mchesi L.E.A primary school teachers towards school health program".**

A questionnaire will be administered to each participant together with information consent and a consent form. The findings will assist in identifying gaps in the program that can be filled so that the program will be effective at your school as well as other schools that KCN students visit.

Your acceptance to this request will be highly appreciated.

Yours faithfully,
Ernest Yamie Moya

APPENDIX D

The University of Malawi
Kamuzu College of Nursing
Private bag 1
Lilongwe
June, 2009

The District Education Manager
Post Office box 1254
Lilongwe

Dear Sir,

REQUEST FOR PERMISSION TO CONDUCT A STUDY AT MCHESI PRIMARY SCHOOL

I am a fourth year generic nursing student. In partial fulfillment of my bachelors degree, am supposed to conduct a research study in my area of interest. My research topic is "**Knowledge and Attitude of Mchesi L.E.A primary school teachers towards school health program**".

The purpose of this letter therefore, is to ask for your permission to conduct the study at the mentioned school.

Your acceptance to this request will be highly appreciated.

Yours faithfully,

Ernest Yamie Moya.

APPINDIX E

TOPIC: KNOWLEDGE AND ATTITUDE OF TEACHERS AT MCHESI L.E.A PRIMARY SCHOOL TOWARDS SCHOOL HEALTH PROGRAM (SHP)

QUESTIONNAIRE **IDENTIFICATION NO:**

Instructions: Please tick where appropriate in the box and give detailed information in the space provided.

PART A: General information

1. Age:
   a. 25-34 [ ]
   b. 35-44 [ ]
   c. 45-54 [ ]
   d. Above 54 [ ]

2. Denomination
   a. Christianity [ ]
   b. Islamic [ ]
   c. Others (specify)
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   .....

3. Sex
   a. Male [ ]
   b. Female [ ]

4. Marital status

a. Single [ ]
b. Married [ ]
c. Divorced [ ]
d. Separated [ ]
e. Others (specify)

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5. Level of qualification
   a. T2 [ ]
   b. T3 [ ]
   c. Others (specify)

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6. Working experience
   a. 1-5 years [ ]
   b. 6-10 years [ ]
   c. 11-15 years [ ]
   d. 16-20 years [ ]
   e. Above 20 years [ ]

PART 2: information on Knowledge and Attitude

1. Have you ever heard about School Health Program (SHP)?
   a. Yes [ ]
   b. No [ ]

2. If yes, what was the source of information?
   a. Kamuzu College of Nursing (KCN) students [ ]

b. Fellow teachers [ ]
c. Media [ ]
d. In college [ ]
e. Others (specify)

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3. Do you know activities that are carried out in SHP?
   a. Yes [ ]
   b. No [ ]

4. If yes, what are the activities?
   a. Health education [ ]
   b. Physical education [ ]
   c. Health services [ ]
   d. Nutrition services [ ]
   e. Counseling, psychological and social services [ ]
   f. Healthy school environment [ ]
   g. Health promotion for staffs, family and community involved [ ]
   h. Others (specify)

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5. As a teacher, do you think you have a role to play in SHP?
   a. Yes [ ]
   b. No [ ]

6. If yes, what is your role?
   a. Role model to learners [ ]

b. Source of accurate information to learners [ ]
c. Advocates for school healthy environment [ ]
d. Guide for learners in need of health services [ ]
e. Mentor/ effective instructor [ ]
f. Protect your own health [ ]
g. Others (specify)

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7. Do you think SHP is important?
   a. Yes [ ]
   b. No [ ]

8. If yes, how is the program important?
   a. It promotes highest level of health of learners [ ]
   b. It ensures early detection and care of learners with health problems [ ]
   c. Helps learners develop healthy attitude and behaviours [ ]
   d. It increases learners level of participation and class performance [ ]
   e. Others (specify)

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9. Have you ever heard of SHP that is being implemented by KCN students at this school
   a. Yes [ ]
   b. No [ ]

10. If yes, do you think the program is assisting your school?

    a. Yes [ ]

    In what ways?

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    b. No [ ]

    How?

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11. Do you think that there are other areas in the program that needs improvement?

    a. Yes [ ]

    What are these areas?

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    How best should the areas be addressed?

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12. Do you face any challenges during the implementation of the program?

a. Yes [ ]

b. No [ ]

13. If yes, what are the challenges?

a. Lack of concise policy on SHP at a national level [ ]

b. Inadequate knowledge and skills in teachers [ ]

c. Lack of support from educational system and broader community [ ]

d. Lack of supplies such as medication [ ]

e. Negative attitude of some teachers towards the program [ ]

f. Others (specify)

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14. As a teacher, do you like the program?

a. Yes [ ]

Why do you like the program?

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b. No [ ]

Why do you dislike the program?

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END OF QUESTIONNAIRE.