



UNIVERSITY OF MALAWI

KAMUZU COLLEGE OF NURSING

**A QUALITATIVE STUDY ON THE SCHOOL FEEDING PROGRAMME AT
MZOBWE PRIMARY SCHOOL.**

**PRESENTED BY
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**A RESEARCH PROPOSAL SUBMITTED TO THE FACULTY OF NURSING IN
PARTIAL FULFILLMENT OF THE BACHELOR OF SCIENCE DEGREE IN
NURSING.**

**SUPERVISED BY
MR. N.S. CHIMBALANGONDO.**

**DATE
12 JUNE, 2009.**

DECLARATION


I hereby declare that this proposal is solely my own work and that it has not been submitted for any degree programme at any other institution.

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ABBREVIATIONS

CP:	Country Programme
CSFII:	Continuing Survey of Food Intakes by Individual
HPM:	Health Promotion Model
IFPRI:	International Food Policy Research Institute
MDG:	Millennium Development Goals
MoE:	Ministry of Education
MVAC:	Malawi Vulnerability Assessment Committee
PST:	Primary School Teachers
SFP:	School Feeding Programme
THR:	Take Home Ration
UK:	United Kingdom
UNICEF:	United Nations Children's Funds
USA:	United State of America
USDA:	United State Department of Agriculture
VAM:	Vulnerability Assessment Mapping
WFP:	World Food Programme

DEFINITION OF TERMS:

HEALTH

A holistic state of well being that includes soundness of mind, body, and spirit (Allender & Spradley, 2005).

NUTRITION

The process of consuming, absorbing and using nutrients needed by the body for growth, development, and the maintenance of life (The Meck manual, 1997).

CHAPTER ONE

1.0 INTRODUCTION

The School Feeding Programme is an integrated component of the school health and nutrition Programme of the Ministry of Education (Tallant, 2007). The school feeding programme works towards achieving several Millennium Development Goals (MDGs). The Programme directly addresses the goals of reducing hunger by half and achieving universal primary education by 2015. The School Feeding Programme not only contributes to the long-term goal of combating poverty but it also helps to reduce the incidence of diseases. It provides a platform of addressing child health and nutrition (WFP 2009).

The nutrition and health status are powerful influences on a child's learning and how well a child performs in school. Children who lack certain nutrients in their diet (particularly iron and iodine) or who suffer from protein-energy malnutrition, parasitic infections or other diseases, do not have the same potential for learning as compared to healthy and well-nourished children. Weak health and poor nutrition among school-aged children diminishes their cognitive development either through physiological changes or by reducing their ability to participate in learning experience. Poor health and nutrition among school children also contributes to the inefficiency of the education system. Children with impaired cognitive abilities naturally perform less well and are more likely to repeat classes and to drop out of school than children who are not impaired (Del Rosso, 1999).

Malawi is one of the countries in Sub-Saharan Africa, which has been implementing the School Feeding Programme since 1999 with support from the World Food Programme through the Ministry of Education under development programme 10581. From January 2008 to 2011, the school feeding programme is targeting 635,000 pupils in 679 primary schools which are in 13 districts. The programme currently provides a daily wet ration of Corn-Soya blend to all pupils and a take home ration of maize for girls and orphan boys in standards 5 to 8 in the lean season (Tallant, 2007).

As Malawi is scaling up the School Feeding Programme delivery, there is need for primary school teachers to have adequate knowledge on food nutrition in order to ensure that the meals given to pupils are nutritious enough to meet their cognitive development. This is significant because, like parents, primary school teachers are also in a position to promote positive health practices in their classrooms. There is therefore, a need to establish the knowledge base and perceptions of primary school teacher's about the School Feeding Programme as it relates to improving and maintaining the cognitive function of primary school children (Galal, 2005).

1.1. BACKGROUND

GLOBALLY

School feeding has its origins in the 1920s when schemes were introduced in the United Kingdom (UK) and the United States of America (USA) with the explicit aim of improving the growth of children. In the United Kingdom, a Programme that subsidized milk for school going children was initiated in 1934 and milk was provided for free from 1944 onwards. In the late 1960s and the early 70s this services was withdrawn, except for those children considered to be particularly needy (Tomlinson, 2007).

MALAWI

Education equips children with the skills and the confidence needed to meet life's challenges and to lead productive lives. In Malawi, education is for all following the introduction of free primary education in October in 1994 (Riddell 2003). Education for all means ensuring that all children have access to good quality basic education. The Ministry of Education is mandated to improve and maintain the quality of education in Malawi, but it is hampered by factors like, food insecurity and poor health status of school-aged children. This affects the attendance and performance of children at school. It was on this basis that a two year pilot school feeding programme was started by the Ministry of Education in 1999. The goal is to have healthy, well nourished school-aged children to achieve the optimal potential. Initially the programme targeted 23, 000 pupils in 24 schools in Dedza district. In 2002 the pilot programme was extended and became part of the country programme (CP) 10106 (2002-2007) (Tallant, 2007) targeting

additional 31 500 pupils in 37 schools making a total of 54 500 pupils in 61 schools. Since then, the programme has grown dramatically following an in-depth appraisal of the School Feeding Programme in November 2006. And now the programme is targeting 635,000 pupils in 679 schools in 13 districts across the country (WFP, 2008).

TARGETING

Food Security Assessment reports that are produced annually by the Malawi Vulnerability Assessment Committee (MVAC) of which WFP's Vulnerability Assessment Mapping (VAM) unit is a member, provides the data for geographical targeting. Schools are chosen in consultation with the Ministry of Education according to their vulnerability to food insecurity, enrolment, drop-out rates, and the gender-disparities (Tallant, 2007).

1.2. STATEMENT OF THE PROBLEM

Malawi has a high primary school enrolment rate of 80%, but about 61% of these children do not complete their primary school education. A study commissioned by UNICEF in 2002, found that food shortages increased pupils absenteeism and drop out rates, particularly during the lean season between January and March. About 70 % of the children go to school without breakfast. This influences their health and nutrition status that later affects their ability to concentrate on what they are learning (MASENDA 2007).

The Ministry of Education, in conjunction with the World Food Programme is addressing this problem through the School Feeding Programme. In order for the teachers to provide quality school feeding services, there is need for them to be well trained on food nutrition so that they coordinate the Programme at the school level. The problem that provoked the interest of the researcher to conduct this study is to find out the knowledge base and perceptions of the teachers towards the School Feeding Programme which may influence them in meeting the nutrition needs of the growing school children because having food is one thing and having a balanced and nutritious food is another.

1.3. SIGNIFICANCE OF THE STUDY

The findings of this study will help primary school teachers who are in schools where the School Feeding Programme is being implemented to have adequate knowledge on food nutrition. This will assist them to either maintain or improve the quality of food that is provided in the feeding programme.

The findings will assist the Ministry of Education and other stakeholders involved in the pre-service training of primary school teachers to:

- Assess their training curriculum.
- Train competent teachers that would implement the School Feeding Programme.
- Provide in-service training to those teachers that are currently implementing the School Feeding Programme to enable them perform their duties well.
- To look at the School Feeding Programme as a direct way of addressing not only the short-term and long-term hunger but also the nutrition status of the growing school child.

1.4. OBJECTIVES OF THE STUDY

BROAD OBJECTIVE

To explore the knowledge base and perceptions of teachers at Mzobwe Primary School towards the School Feeding Programme.

SPECIFIC OBJECTIVES

- 1 To assess:
 - The perceptions of teachers on the school feeding programme.
 - The knowledge base of teachers on food nutrition.
 - Whether the meals are nutritious enough for the growing school children.
- 2 To find out the type of meals prepared for the growing school children at Mzobwe Primary School.

CHAPTER TWO

LITERATURE REVIEW

2.0. INTRODUCTION

Literature review is an organized written presentation of what has been published on the topic by scholars. Its purpose is to convey to the researcher what is currently known and what is not known about the topic under study (Burns and Grove 2005). This chapter explains the researcher's general information about the School Feeding Programme. It will concentrate on the knowledge base, perceptions of primary school teachers about the School Feeding Programme, and the impact of the School Feeding Programme on;

- The nutrition status of the school growing children.
- The attendance rate of students.
- The performance of the students

2.1. STUDIES DONE GLOBALLY ON THE SCHOOL FEEDING PROGRAMME

The rapid development of the brain during the early months and years in life is crucial and influences learning, behaviors, and health throughout the life cycle. Nutrition is a major environmental influence on mental growth and development in early life. Poor diet during the early childhood period can stunt the basic cognitive and physical abilities from developing properly. This is a serious problem because these abilities create a foundation upon which the development of skills in later stages of childhood rest (WFP 2006).

Hunger negatively affects the brain development of children and sets back their chances of educational success later on. Studies have shown how even a short-term lack of food (such as breakfast) affects children's success at school, attention span, behavior in class, and educational outcomes. Deficiencies in critical micronutrients impair learning in school-age children. In particular, deficiencies in iron, iodine, and vitamin A cause growth retardation, brain damage, learning disabilities, and visual impairment. There is also some evidence that hunger leads to psychosocial dysfunction of children, particularly increasing their levels of aggression and anxiety. This means that hungry children are at

greater risk of developing non-productive behaviors in class.

Schools offer more effective, efficient and equal opportunities than any other setting to promote health and healthy eating habits among school-aged children. This is because teachers are in contact with young people at a critical age of their development during which lifestyles, including eating patterns, are developed, tested, and adopted through social interactions within families and with peers, teachers, and other adults (WHO 1998). Food served at school can alleviate the short-term hunger that interferes with children's learning, while food sent home can boost a family's commitment to enroll their children in school and keep them there. Such programmes are most effective in poor areas where under nutrition is high, school enrollment, and attendance are low (Fritschel, 2004).

In order to counter the harmful effects of micronutrients malnutrition following hunger, a School Feeding Programme should provide fortified food (Ahmed in Jacob et al 2004). The provision of such food was shown to increase the dietary intake of micronutrients in school-aged children. For example in Peru, where researchers studied the effect of a breakfast Programme that included iron-fortified rations, there was an increased dietary intake of iron by 46 %, energy by 25 %, and protein by 28%.

The United State Department of Agriculture (USDA) in collaboration with the Continuing Survey of Food Intakes by Individual (CSFII) assessed dietary intake in more than 5, 000 school children aged 6 to 18 who were enrolled in a School Feeding Programme. One objective was to examine relationships between their participation in school meal programmes and their dietary intake. Researchers reported that children who ate both breakfast and lunch at school on any given day received over 50 % of their daily food energy from these meals (Boyle 2006).

In Jamaica two studies were done that evaluated the School Feeding Programme. The first study focused on the dietary impact of school breakfast. Results showed that the Programme provided 32 % of energy and 45 % of protein that is required of school

growing children. The other study examined 115 children aged between 12 and 13 years who were enrolled in three classes in a poor, rural school. One class was served the standard school meal at 09:00 am whereas the other two classes served as controls. The outcome variables were school achievement and attendance. After one semester, the class receiving the meal showed improved arithmetic scores and school attendance compared with the control classes. It was therefore concluded that the gains in arithmetic scores result from the alleviation of short-term hunger (Simeon 1989).

In Israel, children were tested on one occasion to find out the effect of eating school breakfast on school performance. The children were given school breakfast for 2 weeks. They were then given a cognitive test on the speed of information processing. The findings showed that the children who ate a school breakfast performed better on tests of memory compared with children who did not have breakfast (Grantham-McGregor 2005).

A study conducted by the International Food Policy Research Institute (IFPRI) in 2003 found that the School Feeding Programme in Bangladesh:

- Raised gross school enrolment rates by 14 %.
- Reduced the probability of dropping out of school by 7 %.
- Improved academic achievement by 15 % (Lamber, 2008).

In Egypt a study was conducted to find out the knowledge base on food nutrition and the perceptions of school teachers on the School Feeding Programme which consisted of fortified biscuits. The study found that most of the teachers believed that the School Programme was insufficient, inadequate, and ineffective in providing children with sufficient dietary needs. They also believed that the biscuits were nutritionally poor.

It was also found that the primary school teacher's overall knowledge of food nutrition was very limited and non specific regardless of their background on science. The teachers were unable to identify any of the nutrition needs of neither school children, or an appropriate diet for them to consume regularly (Galal, 2005).

2.2. STUDIES DONE IN MALAWI

In Malawi, a baseline survey was done by the Ministry of Education in 2007 with the aim of establishing the influence the School Feeding Programme has on the targeted schools and beneficiaries. The survey compared two types of schools: New schools yet to be targeted by the Programme and Existing schools which had been receiving school feeding services for more than a year. The survey found that the School Feeding Programme was meeting its objectives and significantly increased enrollment and attendance, particularly that of girls. The overall enrollment was 41 % higher. Girls' enrollment alone was 57 % higher in the existing schools compared to new schools that were not yet targeted. The overall attendance rate in the targeted schools was 3 % higher. Girl's attendance alone was 4 % higher in Existing schools compared to New schools.

2.3. SUMMARY OF LITERATURE REVIEW

The studies that were conducted in other countries show that much was done on the evaluation of the School Feeding Programme but not on the perceptions and knowledge of school teachers towards the Programme. This is why there is a need to research on this. Primary School Teachers play pivotal role in meeting the nutrition needs of the school growing children. They are in contact with the children at a critical stage of their life, during which nutrition is a major concern on their physical, mental growth, and development. The teacher's knowledge on food nutrition and perceptions towards the School Feeding Programme will have influence on the provision of nutritious meals to their students not only to overcome short-term hunger but also to improve their nutrition and health status.

CHAPTER THREE

THEORETICAL FRAMEWORK

3.0. THE HEALTH PROMOTION MODEL

The theoretical framework that will be used in this study is the revised health promotion model by Nola J Pender (2001). Basically theoretical frameworks are useful in guiding and organizing knowledge in educational programmes, nursing management, research, and practice. In nursing research, theoretic framework offers a systematic approach for identifying a research question, selecting appropriate variables, and interpreting the findings (Creasia & Parker 1991). The purpose of using a model therefore is to order, clarify, and analyze selected concepts (Stanhope & Lancaster 2004).

The health promotion model (HPM) focuses on explaining health promoting behaviors, using a wellness orientation rather than disease focused (Clemen-stone et al, 2002). The model defines health as a positive dynamic state not merely the absence of disease, and health promotion, as those activities directed to move people closer to optimal well-being or higher levels of wellness (Polit & Hungler, 1991). The health promotion model describes the multidimensional nature of persons as they interact within their environment to pursue health. It focuses on the following five areas (Fig 1);

- Individual characteristics and experience
- Behavior-specific cognition and affect
- Commitment to a plan of action
- Immediate competing demands and preferences
- Behavioral outcomes.

3.1. DEFINITION OF THE CONCEPTS USED

3.1.1. Individual Characteristics and Experience

The health promotion model notes that each person has unique personal characteristics and experiences that affect subsequent actions. Personal factors are categorized as biological (age, strength, balance), psychological (self-esteem, self motivation), and socio-cultural (race, ethnicity, education, socioeconomic status). Prior related behavior

includes previous experience, knowledge, and skill in health promoting actions.

3.1.2. Behavior-Specific Cognitions and Affect

These are motivational mechanisms for acquiring and maintaining health promoting behaviors. Behavior-specific cognitions and affect constitute a critical “core” for interventions because they can be modified. They include the following;

a) Perceived benefits of action

These are anticipated benefits or positive results of a behavior such as physical fitness, stress reduction, and good nutrition. These affect the person’s plan to participate in health promoting behavior and may facilitate continued practice. Prior experience with the behavior or observations of others engaged in the behavior is a motivational factor

b) Perceived barriers to action

A person’s perceptions about available time, inconveniences, expense, and difficulty in performing the activity act as barriers. Perceived barriers to action affect health promoting behaviors by decreasing the individual’s commitment to a plan of action.

c) Perceived self-efficacy

This concept refers to the conviction that a person can successfully carry out the behavior necessary to achieve a desired outcome, such as maintaining an exercise programme to lose weight. Often people who have serious doubts about their capabilities decrease their efforts and give up, whereas those with a strong sense of efficacy exert greater effort to solve the problem or face the challenges. Perceived self-efficacy influences perceived barriers to actions. Higher self-efficacy results in lowered perceptions of barriers to the performance of the behavior.

d) Activity-related affect

These are subjective feelings that occur before, during, and following an activity. They can influence whether that person will repeat, maintain or avoid the behavior. A behavior associated with a positive affect or emotional response is likely to be repeated, and

behaviors associated with a negative affect are usually avoided.

e) Interpersonal influences

These are cognition concerning behaviors, belief, or attitude of others. Interpersonal influences include norms (expectations of significant others), social support (instrumental and emotional encouragement), and learning through observing or modeling others. Sources of interpersonal influences include families, peers, and health care providers.

f) Situational influences

These are personal perceptions and cognitions of any given situation or context that can facilitate or impede behavior. Such influences include perceptions of options, demand characteristics, and aesthetic features available within the environment in which a given health promoting activity is proposed to take place. Situational influences have both direct and indirect influences on health promoting behavior. Individuals are more apt to perform health promoting behavior if they are comfortable in the environment. Environments that are considered safe as well as interesting are also desirable aesthetic features that facilitate health promoting behaviors.

3.1.3. Commitment to a Plan of Action

Commitment to a plan of action involves two processes; commitment, and identifying specific strategies for carrying out and reinforcing the behavior. Strategies are important because commitment alone often results in “good intentions”, and not actual performance of the behavior.

3.1.4. Immediate Competing Demands and Preferences

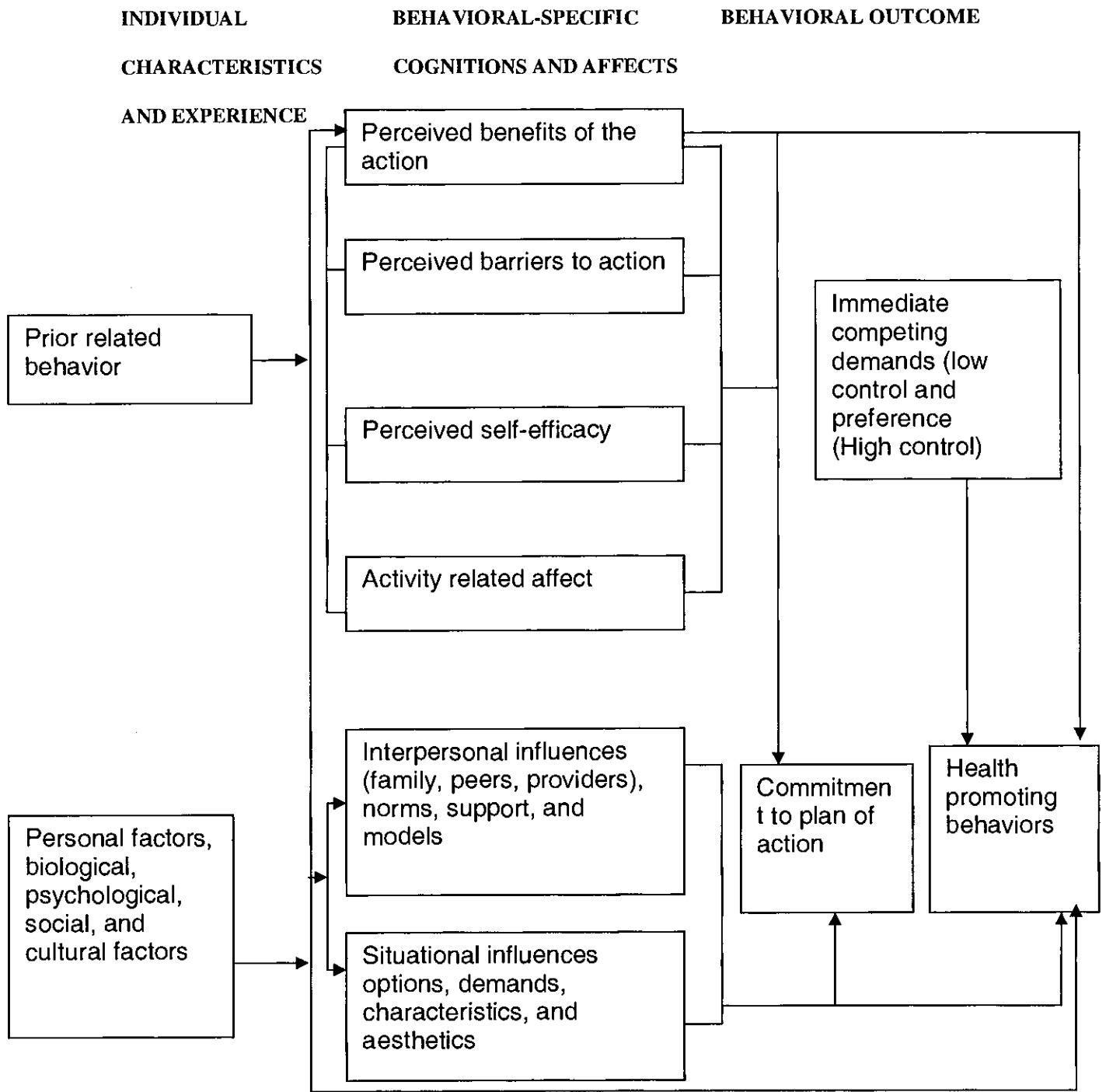
Competing demands are those behaviors over which an individual has a low level of control. For example, an unexpected work or family responsibility may compete with a planned action. Not responding to this responsibility may cause a negative outcome. Competing preferences are behaviors over which an individual has a high level of control. However, this control depends on the individual’s ability to be self-regulating or to not “give in”. For example, a person who chooses a high-fat food over a low-fat food

because it tastes better has “given in” to an urge based on a competing preference.

3.1.5. Behavioral Outcome

These are the results of a health promoting behavior. Health promotion model is directed towards attaining positive health behavior outcomes for the client. Health promoting behaviors should result in improved nutrition and health, enhanced functional ability, and better quality of life at all stages of development (Kozier et al, 2008).

3.2. Fig 1: Diagrammatic representation of Pender's Health Promotion Model



Revised Health Promotion Model; Source: (Kozier et al, 2008).

3.3. APPLICATION OF THE MODEL TO THE STUDY

Like parents, primary school teachers play a major role in enhancing the nutrition and health status of school growing children. The knowledge that these teacher's have on food nutrition acts as a push to performing health promoting behaviors. They will use this knowledge in teaching the women who have volunteered to prepare meals for the pupils not to overcook the food. This is important because it will prevent the depletion of nutrients that are present in the Corn- Soya blend flour.

Perceived barriers to action have negative influence on the teachers to engage in health promoting behaviors. If the teachers perceive that incorporating the School Feeding Programme in their school programme will take much of their time, it will act as a barrier to health promoting behavior. But if they feel they can successfully incorporate the School Feeding Programme in their school programme, the perceived barrier of time will be out weighed by the perceived benefits and self-efficacy. Often teachers who have serious doubts about their capabilities decrease their efforts and give up, whereas those with a strong sense of efficacy exert greater effort to face the challenges.

Interpersonal influences that are proposed within the model as behavior-specific cognitions and affect influences on health promoting behaviors include the parents of the school growing children. The positive feedback that the parents give on the School Feeding Programme will encourage the teachers to continue with the delivery of the school feeding services in collaboration with the Ministry of Education and other stakeholders. This will result in improved nutrition and health status of the children, enhance their functional ability, and better quality of life at all stages of development.

CHAPTER FOUR

METHODOLOGY

4.0. INTRODUCTION

This chapter describes the methodological techniques that will be employed to carry out the study. The chapter gives the description of the study design, setting, sample selection, instruments, data collection, data analysis, pilot study, ethical considerations, dissemination of the research findings, and limitations of the study.

4.1. RESEARCH DESIGN

A research design is a blue print for conducting the study that maximizes control over factors that could interfere with the findings. The study will use a descriptive qualitative design. A qualitative research is an inquiry approach which is useful for exploring and understanding a central phenomenon (Creswell, 2002). This approach is appropriate for this study because it will help the researcher to explore the depth, richness, and complexity inherent in the phenomena. A qualitative approach captures a social world of “live experience” and facilitates understanding of the phenomenon.

4.2. SETTING

The study will be conducted at Mzobwe Primary School in Lilongwe Rural. It is a government primary school that is implementing the school feeding programme in collaboration with the Ministry of Education and other stakeholders. This school has been chosen because of its convenience to the researcher in terms of funds and time for conducting the study.

4.3. SAMPLING

The study will use purposive sampling technique. According to Streubert and Carpenter (1995), purposive sampling is a type of convenient sampling which is most commonly used in qualitative studies in order to access selected participants who can provide a rich data base. It involves conscious selection by the researcher of certain subjects to include in the study. This type of sampling will be used because it allows the researcher to select

subjects who are willing and able to share their perceptions of the School Feeding Programme based on the knowledge they have on food nutrition. The study will involve 10 subjects comprising 5 male teachers and 5 female teachers.

4.4. INSTRUMENTS

In-depth interviews will be used during data collection using close and open-ended questions in an interview guide. The interview guide will be used to remind the researcher on the important points to be covered. The interviews will be on one to one basis in a private room to allow participant express their opinions freely and avoid disturbances. Probing questions will be used to search for elaboration, meaning, and reasons on points raised.

The interview guide will be in English for easy communication with the participants. It will have five sections as follows:

1. Demographic data.
2. Perceptions of teachers on the School Feeding Programme.
3. Sources of information regarding food nutrition.
4. Nutrition content of Corn-Soya blend flour.
5. Types of meals prepared for the school children.

4.5. DATA COLLECTION

Data will be collected using an interview guide (Appendix 1). The interviews will be recorded using a tape recorder while jotting down some short notes. The tape recorder will be used because tapes contain exact words of the interviewees. This will assist the researcher during data analysis.

4.6. DATA ANALYSIS

Data will be analyzed manually using descriptive content analysis. Descriptive content analysis helps in gathering information or views that are similar in nature (Sally, 2001).

4.7. PILOT STUDY

Before conducting the main study, a pilot study will be conducted on three teachers at

Mpandula Primary School which is also implementing the school feeding programme. According to Burns and Grove 2005, a pilot study determines whether the proposed study is feasible, gives the researcher experience with the participants, and responds accordingly.

4.8. ETHICAL CONSIDERATION

Clearance to conduct the study will be sought from relevant authorities such as Kamuzu College of Nursing Research and Publication Committee (Appendix 2), The District Educational office (Appendix 3), and the Head teacher of Mzobwe Primary School (Appendix 4).

There are no known risks involved in the study. There will be no direct benefits in the study to the teachers involved, but the results will be useful for future planning of the School Feeding Programme regarding teacher's knowledge on food nutrition and their perceptions on the programme. Participants will be informed about the purpose of the study, the procedures, and its significance. They will be told about their right to participate or not. They will be free to withdraw from the study should they feel like doing so. They will also be assured of confidentiality and privacy on the information they will give and that their names will not be used on the interview guide.

Because participants will be asked to participate voluntarily, they will sign an informed consent form, (Appendix 5).

4.9. DISSEMINATION OF THE RESULTS

The research results will be disseminated through a written report. One copy of the research study will be placed in the libraries of each of the following institutions: Kamuzu College of Nursing, Ministry of Education, Lilongwe District Education office, and Mzobwe Primary School.

5.0. LIMITATION OF THE STUDY

This research is being conducted in partial fulfillment of a Bachelor of Science degree in Nursing. Therefore, the researcher has limited time and other resources to conduct a large-scale study that is generalisable.

TIME FRAME FOR THE RESEARCH

Activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov
Formulating topic / objectives		■	■								
Proposal writing				■	■						
Proposal submission						■					
Clearance							■				
Pre-testing								■			
Data collection									■		
Data analysis									■		
Dissertation writing										■	
Binding											■
Dissertation submission											■

RESEARCH BUDGET

QUANTITY	ITEM	UNIT COST IN MALAWI KWACHA	TOTAL COST IN MALAWI KWACHA
2	Reams of A4 paper	900.00	1,800.00
4	Pens	25.00	100.00
2	Pencils	10.00	20.00
1	Rubber	30.00	30.00
1	Sharpener	100.00	100.00
5	Small envelops	10.00	50.00
3	Large envelops	20.00	60.00
1	Flash disk	4,000.00	4,000.00
1	Tape recorder	4,000.00	4,000.00
	Internet services	2,000.00	2,000.00
4 copies of 45 pages each	Printing proposal	10.00 per page	1,800.00
4 copies of 45 pages each	Binding proposal	300.00 per page	1,200.00
4 copies of 60 pages each	Printing dissertation	10.00 per page	2,400.00
4 copies of 60 pages each	Binding dissertation	300.00 per page	1,200.00
4	Transport for data collection		5,000.00
	Local running to resource centers		3,000.00
SUB TOTAL			26,760.00
Contingency	10 %		2,676.00
GLAND TOTAL			29,436.00

JUSTIFICATION OF THE BUDGET

STATIONARY

- The flash disc will be used to store data that will be typed. It will also be used to transfer the information for printing.
- Tape recorder will be used to collect data during interviews
- Supplies such as plain papers, pens, pencils, and rubbers are needed for drafting the proposal and dissertation and during interviews.
- The envelopes will be used for sending letters to seek permission for conducting the research.

SECRETARIAL SERVICES

Funds will be required to pay for secretarial services, which include printing and binding research proposal and dissertation.

TRANSPORT

Funds will be needed to pay for transport for local running to various resource centers to collect information for compiling up the proposal and dissertation. Transport will also be needed when going to Mzobwe Primary School to collect data.

COMMUNICATION

Funds will be needed to pay for internet services to collect information.

CONTINGENCY

In every transaction, there are always some unforeseen circumstances that befall a business at unexpected time. Though unknown, these need to be pre-planned for too. If not planned for in advance, there may be diversion of funds meant for some important activities hence distorting the original purpose for which the money was intended. Therefore, there is need to set aside money for unbudgeted things and any other problem which may rise during the research period.

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APPENDIX: 1

INTERVIEW GUIDE

Topic: A qualitative study on the School Feeding Programme at Mzobwe
Primary School

Instructions: Tick the most appropriate box for the chosen answer or write your responses in the spaces provided. Do not write your name on the interview guide.

Identification code number:

Date of interview:

SECTION 1: DEMOGRAPHIC DATA

1. Sex;

- (a) Male []
- (b) Female []

2. Age groups of interviewees;

- (a) 20 – 25 []
- (b) 26 – 31 []
- (c) 32 – 37 []
- (d) 38 – 43 []
- (e) 44 – 49 []

3. Tribe;

- (a) Chewa []

- (b) Tumbuka []
- (c) Yao []
- (d) Lomwe []
- (e) Sena []
- (f) Ngoni []
- (g) Tonga []
- (h) Other specify..... []

4. Denomination;

- (a) C.C.A.P []
- (b) Roman Catholic []
- (c) Anglican []
- (d) Seventh Day Adventist []
- (e) Islam []
- (f) Other specify..... []

SECTION 2: PERCEPTION OF PRIMARY SCHOOL TEACHERS ON THE SCHOOL FEEDING PROGRAMME

5. How do you look at the School Feeding Programme?

6. Do you feel there are any benefits on the school children following the introduction of the School Feeding Programme?

7. Are you satisfied with the way the programme is being managed?

8. What can be done to improve the school feeding services?

SECTION 3: SOURCES OF INFORMATION REGARDING FOOD NUTRITION

9. What do you know about food nutrition?

10. Where did you get the information on food nutrition?

11. Were you trained on food nutrition before the introduction of the School Feeding Programme at your school?

12. In what way do you think the School Feeding Programme affects the nutrition and health status of the children?

SECTION 4: NUTRITION CONTENT OF CORN-SOYA BLEND FLOUR.

13. What nutrients are there in the Corn-Soya blend flour?

14. In what proportion is the Corn-Soya blend flour?

15. Is the Corn-Soya blend flour nutritious enough to meet the needs of the growing children?

16. What is the importance of providing the nutritious meal to the school children?

SECTION 5: TYPES OF MEALS PREPARED

17. What types of meals are prepared for the children?

18. Who prepares the meals?

19. How long does it take to prepare the meal?

20. What is the recommended time for preparing the meal?

21. At what time do the students receive the meal?

APPENDIX: 2

University of Malawi,
Kamuzu College of Nursing,
Private Bag 1,
Lilongwe.
June, 2009.

The Chairperson,
Research and Publication Committee,
Kamuzu College of Nursing,
Private Bag 1,
Lilongwe.

Dear Sir / Madam,

**APPLICATION FOR PERMISSION TO CONDUCT A RESEARCH STUDY AT
MZOBWE PRIMARY SCHOOL.**

I am a fourth year student at Kamuzu College of Nursing pursuing a Bachelor of Science Degree in Nursing (Generic Programme). In partial fulfillment of the requirements of the degree programme, I am required to conduct a research project. The title of my research project is **“A qualitative study on the School Feeding Programme at Mzobwe Primary School”**.

The purpose of my writing this letter is to request your office to grant me clearance to undertake the study. The proposal for the study is enclosed for your approval.

Your favorable consideration will be highly appreciated.

Yours sincerely,

Tabitha Yankho Msukunika (Miss.)

APPENDIX: 3

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

The District Educational Officer,
Private Bag A94,
Lilongwe.

Dear Sir / Madam,

APPLICATION FOR PERMISSION TO CONDUCT A RESEARCH STUDY AT MZOBWE PRIMARY SCHOOL.

I am a fourth year student at Kamuzu College of Nursing pursuing a Bachelor of Science Degree in Nursing (Generic Programme). This programme requires that I conduct a research study in partial fulfillment of the requirements of the degree programme. My research title is “**A qualitative study on the School Feeding Programme at Mzobwe Primary School**”.

The purpose of my writing this letter is to ask for your consideration to grant me permission to undertake the study at Mzobwe Primary School. The results of the study will help government and other stakeholders to take necessary measures in the provision of the School Feeding Programme in relation to food nutrition that will ensure both the correct perception of the teachers, and adequacy of proper food nutrients in the meals being prepared. I propose to carry out the study between the months of August and September, 2009.

I am looking forward to hear from you soon.

Yours faithfully,

Tabitha Yankho Msukunika (Miss.)

APPENDIX: 4

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

The Head Teacher,
Mzobwe Primary School,
P.O. Box 411,
Namitete.

Dear Sir,

**REQUEST FOR PERMISSION TO CONDUCT A STUDY AT MZOBWE
PRIMARY SCHOOL**

I am a fourth year student at Kamuzu College of Nursing studying for a Bachelor of Science Degree in Nursing. In partial fulfillment of the requirement of the award of a degree, I am expected to conduct a research in any area of my interest.

I therefore write to ask for your permission to conduct a research study at your school. As discussed with you earlier on, the title of my research is **“A qualitative study on the School Feeding Programme at Mzobwe Primary School”**.

I am looking forward to hear from you soon.

Yours faithfully,

Tabitha Yankho Msukunika (Miss.)

APPENDIX 5: CONSENT FORM

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

Dear Participant,

I am Tabitha Yankho Msukunika, a fourth year student at Kamuzu College of Nursing. Currently, I am pursuing a Bachelor of Science Degree in Nursing (Generic Programme). In partial fulfillment of the requirements of the degree programme, I am requested to conduct a research project. The title of my research is **“A qualitative study on the School Feeding Programme at Mzobwe Primary School”**. The results of the study will assist in finding solutions to some of the problems that the school is facing in implementing the programme.

I would like to get your consent for you to be included in the study. You will be asked some questions and you are expected to answer freely and truthfully. You will be free to withdraw from participation in the study any time you feel like doing so without any personal implications.

I want to assured you that the information collected will be confidential. You will not be required to write your name on the interview guide. Only the researcher and no one else will have access to the information. There are no specific direct benefits to you personally as I believe that the results of the research will benefit whole country, it is my hope that you will be willing to participate.

.....

DECLARATION

I have read the information above and I have well understood. I therefore give my consent to participate in the study.

Participant’s signature..... Date.....