

UNIVERSITY OF CAPE COAST

STAKEHOLDERS' PERCEPTION OF THE RE-INTRODUCTION OF IN-
SCHOOL FEEDING AT ANKAFUL PSYCHIATRIC NURSING
TRAINING COLLEGE

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TRAINING COLLEGE

BY

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DECLARATION

Candidate's Declaration

I hereby declare that this thesis is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's Signature: Date:

Name: Ruth Djaban

Supervisors' Declaration

We hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

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ABSTRACT

The School Feeding Programme (SFP) has benefited pupils in the basic level of education worldwide. It served as safety nest to reduce hunger and reduce nutritional disorder. In the nursing training colleges in Ghana, SFP were adopted to ensure that trainee nurses are not unnecessarily hungry throughout the training period hence improve their cognitive functioning. However, after about 43 years into the programme, the Ankaful Psychiatric Nurses Training College (APNTC) suspended the school feeding programme. After about four years of suspension, the management is considering reintroducing the school feeding programme. This study examined the perception of stakeholders regarding the reintroduction of the school feeding at the APNTC. The study employed the descriptive survey design and drew samples from APNTC. Questionnaire was the main instrument used to gather data. The main findings of the study were that, students go through stress in cooking by themselves, students contract several ailments as a result of eating food outside the school and waste a lot of time on cooking. The study further revealed that reintroduction of school feeding will help reduce electricity bills as a result of the use of electrical appliance for cooking meals, school feeding will help improve on teaching and learning activities in the college. It was recommended that Management of the nursing training colleges should engage trainee nurses in the menu planning to enhance efficient implementation of the feeding programme and the policy makers should come out with a policy to standardize feeding in all nursing training colleges in the country, hence making school feeding formal and its usefulness to the trainee nurses clearly stated.

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DEDICATION

To my husband Richmond and children; Louis and Emmanuella.

TABLE OF CONTENTS

| Content | Page |
|--|------|
| DECLARATION | ii |
| ABSTRACT | iii |
| ACKNOWLEDGMENTS | iv |
| DEDICATION | v |
| TABLE OF CONTENTS | vi |
| LIST OF TABLES | ix |
| LIST OF FIGURES | x |
| LIST OF ACRONYMS | xi |
| CHAPTER ONE: INTRODUCTION | |
| Background to the Study | 1 |
| Statement of the Problem | 8 |
| Purpose of the Study | 10 |
| Research Questions | 10 |
| Significance of the Study | 11 |
| Delimitations | 11 |
| Limitations | 12 |
| Definition of Terms | 12 |
| Organisation of the Study | 13 |
| CHAPTER TWO: LITERATURE REVIEW | |
| Introduction | 14 |
| Theoretical Review | 14 |
| History of School Feeding | 15 |
| School Feeding Programme from a Global Perspective | 17 |
| Education and the School Feeding Programme | 22 |

| | |
|--|----|
| History of School Feeding in the Nursing Training Colleges in Ghana | 27 |
| School Feeding Programmes | 28 |
| Aims of a School Feeding Programme (SFP) at the Basic School Level | 29 |
| Benefit of School Feeding Programme to Educational Institutions | 30 |
| Types of School Feeding Programmes | 34 |
| School feeding improves child cognitive development | 37 |
| School feeding as short and long terms food security | 38 |
| The World Food Programme (WFP) and School Feeding Programmes (SFPs) in Education in Ghana | 39 |
| Empirical Review | 41 |
| Impact of the School Feeding Programme on Academic Performance | 41 |
| Stakeholders' Perception about the School Feeding Programme | 45 |
| Impact of School Feeding Programme on Teaching and Learning | 47 |
| Challenges faced by the School Feeding Programme | 49 |
| School Feeding: Improving Learning and Cognition | 51 |
| Measures to Sustain the School Feeding Programme | 56 |
| Chapter Summary | 58 |
| CHAPTER THREE: RESEARCH METHODS | |
| Introduction | 60 |
| Research Design | 60 |
| Study Area | 62 |
| Population | 62 |
| Sampling Procedures | 63 |
| Data Collection Instruments | 65 |
| Data Collection Procedures | 68 |

| | |
|---|-----|
| Data Processing and Analysis | 70 |
| CHAPTER FOUR: RESULTS AND DISCUSSION | |
| Introduction | 72 |
| Background Information of the Respondents | 72 |
| Discussion of Main Findings | 75 |
| Research Question One | 75 |
| Research Question Two | 80 |
| Research Question Three | 85 |
| Research Question Four | 90 |
| CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS | |
| Introduction | 94 |
| Summary of the Research Process | 94 |
| Summary of Key Findings | 95 |
| Conclusions | 97 |
| Recommendations | 98 |
| Suggestions for Further Research | 98 |
| REFERENCES | 99 |
| APPENDICES | 112 |
| APPENDIX A: Questionnaire for Nursing Tutors | 113 |
| APPENDIX B: Questionnaire for Trainee Nurses | 120 |
| APPENDIX C: Pilot Study Report | 126 |
| APPENDIX D: Introductory Letter | 129 |

LIST OF TABLES

| Table | | Page |
|-------|---|------|
| 1 | Distribution of Trainee Nursing by Level and Gender | 63 |
| 2 | Distribution of Respondents by their Level of Study and Gender | 65 |
| 3 | Decision Rule for Mean Values | 71 |
| 4 | Summary of Data Processing and Analysis | 71 |
| 5 | Cross Tabulation of Gender and Age of Trainee Nurses | 72 |
| 6 | Cross Tabulation of the Programme of Study and Level of | 74 |
| 7 | Factors that has Accounted for the Re-introduction of the School | 76 |
| 8 | Nursing Tutors Views on Factors that have Accounted for the | 78 |
| 9 | Views of Training Nurses on The Role of Re-Introduction of The | 80 |
| 10 | Views of Tutors on the Role of Reintroduction of the School | 83 |
| 11 | Views of Trainee Nurses on the Influence of the | 86 |
| 12 | Views of Nursing Tutors on the Influence of the Re-Introduction of In-School Feeding on the Teaching and Learning Activities | 88 |
| 13 | Views of Trainee Nurses on the Readiness to Re-Introduced | 91 |
| 14 | Nursing Tutors' Views on the Readiness of Ankaful PNTC to | 92 |

LIST OF FIGURES

| Figure | | Page |
|--------|--|------|
| 1 | Relationship between SFP and Potential Outcomes and Impacts on Students in Tertiary Institutions | 54 |

LIST OF ACRONYMS

| | |
|--------|---|
| PNTC | Psychiatric Nurses Training College |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| WFP | World Food Programme |
| GSFP | Ghana School Feeding Programme |
| SRC | Students' Representative Council |
| NMTC | Nurses and Midwifery Training College |
| NMC | Nursing and Midwifery Council |
| MME | Management, Monitoring, and Evaluation |
| SFC | School Feeding Sub-Committee |
| SMC | School Management Committee |
| NSP | Nursing Society of Philadelphia |
| WHO | World Health Organization |
| MDGs | Millennium Development Goals |
| GFE | Global Food for Education |
| PNTC | Psychiatric Nurses Training College |

CHAPTER ONE

INTRODUCTION

The school feeding policy was adopted in most nursing training colleges in Ghana. This is because, the programme has been perceived as very beneficial to students at all levels of their education. Despite the numerous benefits of the school feeding programme in the provision of education in Ghana, some management of tertiary educational institutions have begun to abolish the programme in their schools. After many years of operating the feeding programme at the Ankaful PNTC, the management of the college suspended the feeding programme and introduced the self-feeding system where students have to prepare their own meal. After four years of cancelling the school feeding programme, the management of Ankaful PNTC has considered re-introducing the school feeding programme. It is evident from literature that the school feeding programme has several benefits that student get when they are provided meals at school and trainee nurses are not exception. This study is relevant to explore what stakeholders perceive of the re-introduction of the school feeding programme and suggest measures that could be put in place by management to sustain the school feeding programme at the Ankaful PNTC.

Background to the Study

Tertiary educational institution is known for innovation, implementation of new ideas which may result in positive achievement. Today's higher education environment has become increasingly competitive,

and many public colleges and universities have begun to adopt market-oriented strategies as a result (Leland & Moore, 2007). This competitive environment is driven by a number of forces. As a result, management of every institution is working so well to put in place measures that will ensure that students after completion of tertiary education will meet the request of the job market (Leland & Moore, 2007).

According to Sen (1999), the only way to build a nation is to provide quality and adequate educational infrastructure for its youth. It is through education that the lives of people are shaped to become future political leaders, scientists, economists, artists and thinkers (UNESCO, 2011). Education in its general sense is a form of learning in which knowledge, skills, and habits of a group of people are transferred from one generation to the next through teaching, training, research, or simply through auto didacticism (Sen, 1999). Generally, it occurs through any experience that has a formative effect on the way one thinks, feels, or acts.

Food is an essential part of everyone's lives. It gives us the energy and nutrients to grow and develop, be healthy and active, to move, work, play, think and learn (Barrett & Maxwell, 2007; Vermeersch & Kremer, 2005). The body needs a variety of the following 5 nutrients - protein, carbohydrate, fat, vitamins and minerals from the food we eat to stay healthy and productive. Protein is needed to build, maintain and repair muscle, blood, skin and bones and other tissues and organs in the body (Barrett & Maxwell, 2007). Micronutrient from minerals and vitamins control many functions and processes in the body. These entire essential nutrition components and their benefits to the individual are gotten from the daily food intake. In the same

vein, hunger is a condition in which people lack the basic food intake to provide them with the energy and nutrients for fully productive lives. Living on empty stomach or on significantly less than the daily recommended calorie intake for a long period may result in underweight, lack of energy results in the body and mind slowing down, resulting in a hungry individual experiencing: Lack of energy to do things, play and learn, apathy - whereby the individual is less interested in the world around her and less resistance to disease as their immune system weakens (Barrett & Maxwell, 2007). These and many more are the reasons why several studies deem it important that the individual is fed at school to ensure that hunger is quenched and the daily nutritional requirements are met for proper cognitive functioning. A school feeding programme is one of the programmes implemented in a number of countries, including South Africa, in an effort primarily to improve school attendance and academic performance in education through improved learner nutrition and health (Grantham-McGregor, Chang, & Walker, 2015). The School feeding programme in Ghana is one of the social intervention programmes introduced to improve the educational standards in the basic, Junior and Senior high schools in Ghana. School feeding programmes have been implemented in various schools across the globe to eliminate hunger and improve the nutritional welfare of learners (WFP, 2009; WFP, 2013). According to World Food Programme (2000), other factors of education such as quality of education in terms of qualified teachers, conducive environment and adequate teaching and learning materials become relevant when hunger is addressed and the student is in school. Hunger among students in school may be addressed through provision of SFP in schools. Trainee nurses are most

often occupied with field work and hardly make time for themselves. Again, trainee nurses use human beings for their practical experience and as such need attention and focus to get procedures done right. A shift in attention during the performance of a procedure as a result of hunger could cost the innocent patient's life. To prevent this occurrence, timely provision of food to the trainee nurse is necessary. The nature of school feeding in the tertiary institution especially the nursing training colleges across Ghana is such that, students are served three square meals regularly throughout their three year stay in the college.

Relating the in-school feeding programme to the nursing profession, Nightingale, the mother of nursing, in her principles of nursing training provided a universal template for early nurse training school beginning with St. Thomas Hospital. She believed that food formed an important aspect of human development and this must be considered at any stage in life. Students in the tertiary institutions especially nursing training are health inclined and would live healthy as per the principles of Florence Nightingale. Nightingale noted that individuals desire different kinds of food at different times of the day and that frequent small servings may be more beneficial to the individual than a large breakfast or dinner (Nightingale, 1869).

According to Nightingale (1869), the early days of nursing practice was associated with the poor in society, such that only the poor in society were found to do unclassified jobs and give services such as care for the sick. Nightingale disputed this ideology. She propounded a theory which grew from her empirical observation during the Crimea war where she considered nursing as a call, to a more complex theory that view nursing as a science and art.

People who enrolled for health training back then were provided basic needs which included feeding during the period of training (Nightingale, 1869).

In the face of the above, in-school feeding was established in all nursing training colleges in Ghana right from their inception. The rationale for the establishment of the in-school feeding was to relieve students from the stress of food preparation. This is to enable them have enough time to perform their academic activities. Martens (2007) asserts that school feeding is to provide trainees with the essential nutrition required for cognitive functioning. Several studies have discussed in-school feeding and its related issues at the primary and secondary levels of education. However, little is known about the perception of stakeholders regarding school feeding at the training colleges in Ghana. There has not been much exploration on the impact of school feeding on teaching and learning activities of students in the nursing training colleges. In many school feeding programmes, students passively accept the food they get. Some students may offer suggestions or complain from time to time, but they soon learn that their views have little impact. Students may not get the quality they expect. Although these difficulties can never be totally eliminated, they will be reduced if school feeding is organized in terms of rights-based programmes with stakeholders' views being paramount (Kent, 2010). The objective of the in-school feeding programme was to ensure that students in schools were able to focus on academic work and improve general academic work. Several empirical studies have talked about in-school feeding in diverse ways. According to (Ahmed & Arends-Kuenning, 2003) in-school feeding is routine practice in most schools across the globe.

Most nursing colleges in Ghana are practicing the in-school feeding programme with the exception of a few namely; Ankafu, Korle-Bu and Pantang Nursing Training Colleges who recently opted out with reasons unknown. These nursing training colleges no longer feed their students in school. Students are now allowed to feed themselves in school. Before the abolishment of the in-school feeding programme in these nursing training colleges, nursing trainees at the nursing training college in Ghana were provided with school meals at a subsidized rate each semester.

The PNTC, Ankafu located in the K. E. E. A district is an institution established as far back 1972 to train professional mental health nurses. The training of these professionals is an all-important task which requires a more conducive environment comprising proper sanitation, good nutrition, portable water supply, good light systems and the like for effective teaching and learning procedures. The institution also runs an affiliation system for most health training institutions in Ghana (Mbroh & Appetey, 2015).

Right from the inception of Nursing Training Colleges in Ghana, the in-school feeding programme has been part of the administration of the colleges. Nursing trainees are provided with a three-squared meal throughout their stay in the college at a subsidized rate. The purpose of the in-school feeding programme was to increase the quantity and quality of students' meals and to enhance trainee nurses' involvement in teaching and learning activities (Mbroh & Appetey, 2015). From the school's inception, both regular and affiliated students have enjoyed a feeding system. This eased them from the pressure of acquiring, preparing and storing food. The feeding also provided

lunch for the tutors of the school thus afford them enough time to stay productively in the school.

The abolishment of the in-school feeding programme at Ankaful PNTC in 2015 was as a result of a petition presented to college management by the student body. Their petition was to plead with the college management to address issues on food given them (SRC memo, 2014 PNTC Ankaful). The students argued several points including the fact that the cost of feeding charged them is on a high side. The principal at that time, Rev. Aba Nkoom consulted other Nursing training schools where students feed themselves and decided to also try that system of self-feeding by the students. Based on this, the management of Ankaful PNTC decided to suspend the programme.

The management of the Ankaful PNTC set up a committee to investigate the concerns raised by the students regarding the in-school feeding programme and also to make recommendations. The committee met the entire student body, through its representative council (SRC) in August 2014 to deliberate on the issues they raised in their petition. Some of the concerns raised included bad taste of food, queuing for food for long hours, complains from kitchen staff on shortage of ingredient for cooking which affected the quantity of food served them. The students expressed dissatisfaction in the fact that they were made to pay huge sums of money for food which was below the expectation of the meal they are served with. The committee recommended that students should be served breakfast and supper at a specific cost. However, the management's extensive consultation from other schools like PNTC Pantang, NMTC Korle- Bu who have successfully adopted a self-feeding system inspired the adoption of the self-feeding programme in the

school. This led to the eventual abolishment of the in-school feeding programme at the Ankaful PNTC.

It has been about four years since in-school feeding was cancelled in the Ankaful PNTC. Nevertheless, , the management of the Ankaful PNTC has made plans of re-introducing the feeding programme. This has necessitated the need to investigate the perceptions of stakeholders regarding the re-introduction of the in-school feeding programme at the Ankaful PNTC in order to set standard measures by which in-school feeding should be implemented and sustained when re-introduced.

Statement of the Problem

The provision of healthcare in Ghana has been faced with several challenges (NMC, 2017). These challenges could be linked to the training of nurses at the various colleges of health education in Ghana (NMC, 2017). A report by the NMC in 2017 revealed that the poor status of health care education in Ghana lately could be termed as the product of the falling standard of training in the nursing training colleges in the country. This, according to the report, makes the newly qualified nurses unable to render quality services as expected of them (NMC, 2017). The falling standard of nursing education in the country is as a result of several factors in the school environment which are likely to affect teaching and learning (NMC, 2017). One of the key factors identified by the management of PNTC Ankaful is the issue of school feeding.

The Ankaful psychiatric nurses training college, a tertiary nursing training institution in Ghana under the Ministry of Health, has the mandate to train interested individuals to acquire the basic skills to allow them practice

nursing and give various forms of health care to patients in the hospital and communities. The training follows strategies that will help produce high quality nurses for the competitive job market. It is in this direction that a programme like the school feeding programme has been in the interest of management to ensure that students have ample time for their practical experience and theory work at school.

Dating as far back 1972, school feeding was included in the institution's management plan. The institution provided students with meals, three times daily from the year 1972 until 2015 when the programme was suspended (Mbroh & Appetey, 2015). According to (GSFP, 2009), the aim of provision of school food to students is to reduce short term hunger and prevent the occurrence of food related infections among students. This means that denying students this privilege is likely to cause more harm than good. The feeding system in the college was suspended because of some concerns such as the bad taste of food, spending long hours to queue for food and complains from kitchen staff on shortage of raw materials for cooking which affected the quantity of food served to them among others.

However, after four years of cancelling the school feeding programme, the management of Ankafu PNTC is considering the re-introduction of the school feeding programme. To the management, re-introduction is necessitated by increased utility bills as a result of students using electrical appliances for cooking and preserving their food, several reports of health issues associated with feeding where most students complain of diarrhoea diseases, and the low-class attendance in all courses because students spend majority of their time including class hours buying food, shopping for food

item and preparing food. A recent quality assurance committee survey reported that more than half of the school's population eat one meal each day (Konadu & Ogajah, 2017). Numerous studies have recognized the role that school feeding programmes play in promoting quality education at all levels in Ghana and abroad (Martens, 2007; Danquah, Amoah, Steiner-Asiedu, & Opare-Obisaw, (2012).

This has been the motivation of the management of Ankaful PTNC to feed their students while in school. It is said that empty-stomach students easily become distracted and have problems concentrating on their school work and that, providing a meal at school is a simple but concrete way to give students a chance to learn better (WFP, 2009; Vermeersch & Kremer, 2005).

Thus, this study is thus relevant to explore the perceptions of trainee nurses and nursing tutors regarding the role of school feeding programme in the college and why trainee nurses and nursing tutors think it is necessary to reintroduce school feeding at the college. The study also sought to explore the impact of the re-introducing the school feeding programme on teaching and learning activities and finally how the school feeding programme can be sustained when re-introduced.

Purpose of the Study

The purpose of this study is to explore the perceptions of trainee nurses and nursing tutors regarding the re-introduction of the school feeding at PNTC Ankaful in the Central Region of Ghana.

Research Questions

1. What are the factors that have accounted for the re-introduction of school feeding in Ankaful PNTC?

2. What do stakeholders perceive as the role of the re-introduction of school feeding in Ankaful PNTC in training nurses?
3. What is the influence of the re-introduction of school feeding on teaching and learning activities at the Ankaful PNTC as perceived by stake holders?
4. What is the readiness of Ankaful PNTC to re-introduce school feeding as perceived by stakeholders?

Significance of the Study

The study sought to explore the views of stakeholders on in-school feeding and provide empirical bases on how school feeding could be designed and be implemented to meet the daily needs and expectation of stake holders in nursing training colleges in Ghana.

Findings from this study would also inform the management of the Ankaful PNTC on the measures they can put in place to improve upon the school feeding when re- introduced.

More so, the results of the study would be made readily available through seminars, conferences and stakeholder symposiums to inform policy makers and planners of other nursing training colleges to take corrective measures where appropriate on the on-going implementation of the School Feeding Programme. To the researchers, the research work would be of value to other researchers who might want to investigate further issues raised in order to extend the frontiers of knowledge.

Delimitations

This study was delimited to trainee nurses and nursing tutors at the Ankaful PNTC. Findings were therefore generalized to the Ankaful PNTC.

The study was delimited to trainee nurses currently in school and nursing tutors who have been in the college for over 5 years. Nursing tutors who have worked over 5 years in the college were used for the study because they have witnessed the period where the school provided meals for the students and are also observing the period of no feeding in the college. Therefore, their experiences will be of enormous benefit to this study.

Limitations

In spite of the strenuous efforts by the researcher to conduct the study thoroughly, there were a few limitations which could hardly be avoided. The students used for the study did not have basis for comparisons because they have never been fed by school management and this could affect their responses.

Definition of Terms

- 1. Stakeholders:** trainee nurses and tutors with interest or concerns about the school feeding programme in the college
- 2. Trainee Nurses / students:** students undergoing training and education over a period for a nursing career such that they would be able to provide nursing care to patients on the ward after their training.
- 3. Nursing tutors:** these are experienced nurses with qualification in Health science education who teach training nurses in the college.
- 4. School feeding programme:** In this study School Feeding programme refers to a condition in the college in which trainee nurses are provided with a three-square balanced meal in a day throughout their stay in the college.

- 5. Readiness to re-introduce school feeding:** includes activities put in place to sustain the school feeding programme.

Organisation of the Study

This study was presented in five chapters. Chapter Two reviewed relevant literature on in-school feeding and its implications for academic performance. Chapter Three dealt with the methodology for the study with details such as: research design, accessible population, sampling size, sampling procedure, description of research instruments, data collection procedures, methods of data analysis. Chapter Four looked at the analysis and discussion of collected data. Chapter Five, the last chapter concerned the discussion of findings, conclusions and recommendations.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter focuses on a review of related literature. It reviews basic and relevant scholarly thought and theories on school feeding programme in educational institutions, challenges of the programme and how the school feeding programme benefits students in higher educational institutions. This section also looks at the perception of key stakeholders in the study, (trainee nurses, and nursing tutors).

Implementation successes and challenges encountered will be explored in detail.

Theoretical Review

This study is underpinned by two theories; Maslow theory of needs by Abraham Maslow and the Drive-Reduction Theory. In the 1970s, Abraham Maslow propounded his big-name Hierarchy of Needs theory (Rous, Myers & Stricklin, 2007), in which he proposed a five level priority needs. According to Maslow, some of the needs are of higher importance while others are basic (i.e. physiological, safety and belongingness needs). He continued that achieving the lower level needs are prerequisite for attaining the higher-level needs of self-actualization. Maslow's theory is worth mentioning in relation to the SFP because of its inherent motivation to satisfy requirements towards attaining a goal.

The first need identified in the theory is the physiological needs. Physiological needs are basic necessities that must be satisfied daily. They help an individual to relax and maintain focus (Huffman, 2004). Physiological needs are associated with satisfying daily physical requirements such as hunger, thirst and obtaining safe environment. Consequently, in order to ensure improved educational outcomes of students, efforts must be made to satisfy their physiological needs. This ineluctable necessity will help the students to relax and concentrate on classroom activities.

Another theory worth mentioning so far as the SFP is concerned is the Drive-Reduction Theory. The theory states that all living organisms have certain biological needs that must be met in order to survive. These needs include food, water, oxygen, etc. When these needs are unmet, a state of tension (drive) is created and the organism is motivated to reduce it (Huffman, 2004). In effect, when students become hungry (drive), they will be motivated to look for food instead of learning. In this regard, the school feeding programme seems an appropriate intervention to turn the attention of students towards the classroom while controlling for the drive.

History of School Feeding

As early as 1790, a combined programme of teaching and feeding hungry students was begun in Munich, Germany, and in France in 1867, a school lunch programme for needy students was established in about 464 areas. In Norway, the Oslo Breakfast, introduced in 1897, consisted of half a pint of milk, whole meal bread, cheese, half an orange and half an apple, and from September to March, one dose of cod-liver oil was included (FAO, 2005). In the USA, the Students' Aid Society of New York began serving

lunches to students at a vocational school as far back as 1853, and in Philadelphia the Starr Center Association began serving penny lunches in one school in 1894 (Gunderson, 2012). The Netherlands became the first country to adopt national legislation specifically to provide school lunches in 1900. In Switzerland, lunches were provided by private societies to about eight percent of the primary students. This was done to encourage school attendance by students who lived far from school and who were unable to go home for lunch (Afoakwa 2007; Gunderson 2012). Dr Huber found that teachers supported the school feeding because of better attendance, improved attention and better scholastic work by the students. His findings and recommendations resulted in a national order being issued in 1903, making it obligatory for municipalities to provide food for students in need. In 1906, state funds were authorized for this purpose (Gunderson, 2012). In 1905, the Education Provision of Meals Act was passed in England, the aim being to secure suitable meals for students. This was the culmination of the efforts of 365 private charitable organizations (Gunderson, 2012). An experimental programme, taking the form of a mid-morning lunch for elementary schools, was implemented in January 1910 in Boston and Chicago. By 1921, Chicago had the most intensive school lunch system in America, serving 31 000 students daily. By 1921, Los Angeles had also introduced a school feeding scheme, serving a snack at 10 a.m. or lunch at noon to underfed students. Lunches were sold at cost but were given free to the students who were unable to pay (Gunderson, 2012).

School Feeding Programme from a Global Perspective

The school feeding programme in India

India has the longest tradition of the SFP since the 1920s. It is also the largest in the World. The Mid-Day Meal (MDM) is the name given to the in-school feeding and external assistance came in 2001 when it had the legal backing from the Supreme Court of the land (Afoakwa, 2007). It is managed by a mix of Public and Private Partnerships. It operates through the Food Corporation of India (FCI), which procures food domestically and then distributes it to a network of FCI stores, where it is then transported to individual schools and villages (Afoakwa, 2007). The program is largely decentralized by the state, with operations varying throughout the country. There are no local procurement targets as Home Grown Procurement is less important in India (as a net exporter of grain) Afoakwa, 2007. According to Afoakwa (2007), the massive public distribution system based on the procurement of vast quantities of grain from farmers at minimum support prices makes the SFP much less important as a source of demand for grains. However, there is scope for the local procurement of vegetables and condiments.

Governance of School Feeding: India has a federal system of governance with a central government, twenty-eight state governments, and seven Union Territories. India attained self-sufficiency in food grains by the 1970s and is now a grain surplus country and a leading exporter of food grains (WFP, 2005). The Department of Food and Public Distribution under the Ministry of Consumer Affairs, Food and Public Distribution is in charge of

managing the food economy of the country. A public distribution system (PDS) managed by the FCI operates alongside a free market. The objectives of the FCI are primarily: first and foremost, it was to ensure effective price support operation for safeguarding the interests of the farmers. Also, it was to see to the distribution of food grains throughout the country by the PDS; finally, the programme aimed at ensuring the maintenance of satisfactory level of operation and buffer stocks of food grains to ensure national food security.

The FCI procures food (wheat, paddy, rice) through purchase centres at pre-announced, procurement prices fixed by the Central Government and food is then sold to State Civil Supplies Corporations or Food Corporations at a price, fix by the government. The state then distributes the food to the public through fair price shops or rations shops at, ration or issue prices. The central government supports the states by providing free food grains (for example, rice or wheat) to implementing state agencies and reimbursing the cost of transportation to the district authorities. States pay for any additional food items required and for food preparation and they can choose from providing cooked meals at school or dry rations. Efforts have been made since 2001 to improve school infrastructure for the programme, especially regarding the construction of kitchens, and to tackle challenges related to clean water, appropriate utensils, and eating facilities. Still, challenges remain in guaranteeing the quality and stability of the programme in all of the states under a decentralized system.

Cost per Child per Day for student in India: Students at the primary level were made to pay Rs. 3.30 whereas students in upper primary paid Rs. 4.92 every day for their food.

Cash Transfer Scheme: Government financial assistance apart from provision of food includes: Supply of food grains such as wheat, rice; Reimbursement of transportation cost from food storage point to the school; Provision of cooking ingredients including vegetables, oil; Assistance in construction of kitchen, store, utensils, devices; Management, Monitoring, and Evaluation (MME) at 2% of total assistance.

In addition to its support during the school year, the central government supports the MDM programme during summer vacation in drought-affected areas. Supply Chain/Procurement: Procurement of food grains and ensuring continuous availability of adequate food supply is the responsibility of the FCI. The State Government makes arrangements for the transportation of food grains from the nearest FCI depot to each school through state appointed transport agencies. Nutrition Standards: Nutritional norms prescribed under MDMs are; Primary: 450 Calories, Protein 12g, Upper Primary: 700 Calories, Protein 20g. Adequate quantities of micronutrients like iron, folic acid. Menus vary according to local eating customs. Involvement of Local Communities: The involvement of local communities has been minimal. There has been increased participation in supervision and contribution.

The school feeding programme in Kenya

The WFP provides meals to 770,000 children in Kenya's arid and semi-arid lands, with the aim of increasing enrolment, stabilizing attendance, increasing completion rates, and improving the government's capacity to manage the SFP through training. The WFP is supporting a gradual handover of its SFP to the government's HGSFP, which targets 538,000 in semi-arid

areas. A targeting exercise identified twenty-eight marginal agricultural districts with access to markets for the new programme (WFP, 2005).

There is no official target for the procurement of food, but “local” is defined as (i) from parents of school children (ii) within the school zone (iii) near school, in community, or (iv) from the local market. The current proposal includes food produced in the whole of Kenya (WFP, 2005).

Governance of School Feeding: The SMC and School Feeding Sub-Committee (SFC) directly manage the HGSF program at the school level. Each school has an SMC that includes the head teacher as the secretary, a chairperson who is a parent, and other parents who are members. Schools have two separate bank accounts; (i) a general-purpose account and (ii) instructional materials and supplies. A third account is required for the school feeding programme. There are three bank signatories: the head teacher, the chairperson, and the treasurer (WFP & UNESCO, 2005). Schools have experience with financial management and procurement, and the MoE is basing their school feeding procurement model upon already existing structures for monitoring and evaluation and procurement that are used to purchase textbooks and other school supplies. General responsibilities are: (i) Standards and regulations are set by the MoE (nutritional requirements, storage and handling guidelines, etc.), as well as fundraising, advocacy, and coordination and implementation at the national level. (ii) Supervision, reporting, M&E, and technical assistance (trainings and advice in nutrition, storage, preparation, bookkeeping, etc.) occur at the district level. (iii) The head teacher keeps records, prepares a procurement plan, and confirms quantity and quality of commodities delivered, and signs for delivery. (iv)The

SMC and SFC, led by the head teacher, manage the school feeding programme at the school level (WFP & UNESCO, 2005).

Parents represented by the committees are responsible for overseeing the general management of the programme, which includes overseeing food deliveries, signing off on reports and delivery notes, and making procurement and management decisions. To access funding at the school level, three parties must sign for it (head teacher, SMC chairperson, and the SFC chairperson).

Cost per Child per Day: The average daily cost per child in the MoE school feeding programme is approximately US\$0.09, a little over half of the WFP feeding program price at US\$0.16 per child (WFP 2005).

Cash Transfer Scheme: The MoE funds are disbursed to the schools twice a year, directly into a specified bank account for each school. The account is designated for only the local purchase of cereals, pulses, and oil.

Supply Chain/Procurement Mechanism: The MoE, HGSP issues have local tenders for cereals, pulses, and oil, while the parents source salt and firewood. A school's ability to purchase locally grown products is hindered because all schools in the HGSP program are within semi-arid areas, where production capacity is limited. As a result, the MoE has suggested using traders as a fallback in times of decreased rainfall. When food prices are at their lowest, directly after harvest, schools will purchase as much as possible to ensure a sufficient supply for the entire term (WFP & UNESCO, 2005).

Nutrition Standards: The MoE of Kenya has not established menu options for the school feeding programme, but has instead adopted the WFP's daily hot lunch ration, with legumes (mainly beans or yellow split peas), 150g of cereals (mainly maize), 5g of fortified vegetable oil, and 3g of iodized salt.

Involvement of Local Communities: Community participation and involvement of the SFP, and typical contributions include firewood, water, cash for cooks' salaries, and salt. When households cannot contribute, the SMC makes alternative and the remaining supplies are purchased from the tenders that come from members of the community. The SMC knows the traders and what they are capable of producing and delivering (WFP & UNESCO, 2005).

Education and the School Feeding Programme

Education is widely considered to be a critical tool for national development. As a result, many economists have emphasized the impact of education on economic growth (Buhl, 2009), although others have raised questions about the causal relationship between education and economic growth. Education has also been found to play a crucial role in the adoption of new agricultural technologies in so many countries (Buhl, 2009) and is also seen as a means to improve health and reduce fertility, as well as an intrinsic good in itself (Sen, 1999).

This general notion of education is emphatically expressed under the MDG which is aimed at achieving universal access to primary education by the year 2015, and eliminating gender disparity in education by 2015. The phenomenon of SFPs is common to both the developing and industrialized countries. Many countries therefore have SFPs running. For example, in 2004 the WFP alone had SFPs in 72 countries, covering 16.6 million school children (WFP & UNESCO, 2005). School Feeding is defined as the provision of food to school children (Bundy, 2009;). In general, SFPs come in one of two basic modalities (Ahmed, 2004): first and foremost, school feeding, where

children are fed in school; and also, school feeding involves take-home rations, where families are given food if their children attend school.

The In-school feeding can in turn be divided into two common categories, which are, programs that provide meals, and programs that provide high-energy biscuits or snacks (Bundy, 2009). However, a take-home ration is where a family is provided with uncooked food supply if their children attend school throughout the month or twenty (20) days in a month.

Generally, the objectives of SFPs are to provide meals or snacks to reduce short-term hunger in the classroom so that students can concentrate and learn better, and to attract children to school and have them attend regularly (Ahmed, 2004). According to Wynn, (Wynn, 1987; cited in Kristjansson et al, 2007) socio-economic differences in nutrition may be one of the most important factors causing socio-economic differences in health and mortality. Global estimates suggest that, in the period 2000-2002, over 852 million people across the world were undernourished (FAO, 2004). Many of these were children. Most of these were in developing countries, but even in the United States, more than 3 million children experienced “food insecurity with hunger” in the period between 1998 and 2000 (Afridi, 2011). Early malnutrition and/or micronutrient deficiencies can adversely affect physical, mental, and social aspects of child health (Alderman, 2011). Bundy, et al. (2009) also agrees that FFE improves on children’s health and nutrition, while Chandler (1995) points out an increase in both energy intake and micronutrients are a result of the provision of school meals.

The effects of malnutrition on physical health may include underweight, stunted growth, lowered immunity, and mortality. Early

malnutrition and/or micronutrient deficiencies have been linked to poorer cognitive functioning (Jamison & Leslie 1990). They also assert that short-term hunger can adversely affect attention and interest. Overnight and morning fasting (e.g. skipping breakfast) has been shown to adversely affect performance on cognitive tasks, particularly for children who are nutritionally at risk

The GSFP was established in 2005 by the Government of Ghana and the Dutch Government as a means to boost domestic food production and increase school enrolment, attendance and retention among kindergarten and primary school children (Ghanaweb, 2014). However, the SFP started in September 2005, with 1,984 pupils, in 10 pilot schools, one in each region of Ghana. The programme, which received widespread praise when it was established, was inspired by the CAADP Pillar 3 of NEPAD under the recommendations of the UNHTF and part of government's efforts to attain the MDGs 1 and 2, which seek to eliminate extreme hunger, poverty and achieve universal basic education (Ghana News Agency, 2014). In August 2013, the National Coordinator of the programme, Mr. S.P. Adamu, disclosed that the programme is "now feeding 1,600,000 pupils from 4,920 public primary schools throughout the country and Four hundred thousand (400,000) more pupils are to benefit from the GSFP, beginning the 2013/2014 academic year" (Ghana News Agency, 2014).

The GSFP is the Ghanaian version of a HGSFP that has been mandated to provide pupils in selected public primary schools in the country with one hot, nutritious meal per school day, using locally-grown foodstuffs (Afoakwa, 2007). It was a four-year programme (2007 to 2010) with funding from the

Dutch and Ghana governments. The programme was expected to link the demand for food created by school feeding to the supply of food by small-scale farmers through local procurement mechanisms. Thus, the demand for home-grown food is expected to stimulate local market forces in such a way as to inspire small-scale farmers to expand production. The GSFP has wider implications for farmers in strengthening community food production and consumption systems through reduction in post-harvest losses, provision of a ready market for farm produce and incentives for increased production which will ultimately enhance food sovereignty (Quaye et al, 2010).

By 1914, up to 50 Italian cities were conducting some form of school feeding programme. National school feeding schemes were introduced in the 1930s in the United Kingdom (UK) and the United States (US) with the explicit aim of improving the growth of students. In the UK, a programme that subsidized milk for students was initiated in 1934, and milk was provided free from 1944 onwards (Gunderson, 2012).

School Feeding Programme Scheme was also introduced in the United Kingdom and the United States in the 1930s. It was aimed at improving the growth of students in those days (Hotz, & Gibson, 2005). According to Alderman and Bundy (2011) a programme was introduced in the United Kingdom and subsidized milk for students in 1934 initially and continually provided free of charge for the people in the 1944. This intervention was withdrawn except needy students in the late 1960s and 1970s in the United Kingdom. This is an early example of the beginning of the School Feeding approach.

In Africa, the School Feeding Programme was equally introduced in South Africa with a supply of free milk to white and coloured schools in the early 1940s. That was subsequently broadens to include the provision of fortified biscuit, nutrient supplementation or full meals. Those meals were either at full or subsidized cost as mostly found in the United Kingdom and United States or free meals which are more typical of countries in the developing world such as Malawi, Uganda and Ghana (Baker, Elwood, Hughes, Jones & Sweetnam, 1978). School feeding was introduced to South Africa by providing free milk to white and coloured schools. In the late 1960s and early 1970s, this benefit was withdrawn from all, except for those students considered particularly needy. This is an early example of the targeting approach in school feeding (Tomlinson, 2007).

School feeding programmes are powerful tools for alleviating day-to-day hunger pains. It is suggested that giving students a daily breakfast at school may improve their scholastic achievement (Grantham-McGregor, *et al.*, 2015). Results of international studies indicate that breakfast makes such a significant contribution to a child's nutrient intake for the day that a child who misses breakfast is unlikely to make up the deficit of nutrients during the rest of the day (Krüger, Ladewig, Köster, & Ragg, 2002). A study done in South Africa by Labadarios, Steyn, Maunder, MacIntryre, Gericke, Swart, & Nel, (2005) indicated that approximately one out of five rural and urban black primary students, as well as urban coloured primary students, do not eat breakfast before going to school and feel hungry as a result. Breakfast usually provides students with approximately one-third of their daily energy and other nutritional requirements. If the students have an inadequate breakfast at home,

they may suffer from periods of hunger. The alleviation of short-term hunger may affect cognitive functions, such as memory and efficiency of information processing. Students' classroom behaviour, their attention and participation may also improve, and fidgeting may be reduced (Richter, Rose & Griessel, 1997, Grantham-McGregor et al., 2015; Marsh & Roche, 2000). Efforts targeted primarily at relieving short-term hunger should focus on providing breakfast or a small snack shortly after students arrive at school (Leslie & Jamison, 1990). Richter *et al.* (1997) reported that developing countries experienced many problems in trying to isolate the effects of school feeding from other socioeconomic, cultural and educational factors. Food distribution programmes, including school feeding, are not always implemented sufficiently to show beneficial effects. Problems with regard to supply, administration, storage and delivery, *inter alia*, may occur. However, school feeding programmes can have numerous benefits. Students from poor families or marginal communities are frequently absent from school and this reduces the likelihood of their benefiting from educational activities.

History of School Feeding in the Nursing Training Colleges in Ghana

History has it that nursing started with the Catholic Church where the wealthy families funded the convents and enrolled their daughters as nuns who provided free nursing care for the poor (Nightingale, 1968). These nuns were provided with basic needs including food throughout their stay. In the year 1839, the Nursing Society of Philadelphia (NSP) opened a new school called Instructional school for nurses with five Irish sisters (Hayes, 2009). These sisters were housed and of course basic needs including daily meals were served them throughout the training period. Counting on and on till now, it has

been the norm that right from the inception of any nursing training college in Ghana, school feeding is a package that comes with it. Though feeding in the nursing training colleges is silent and has no document backing its implementation, it is being observed that most of the nursing training colleges in Ghana have a feeding component (Hayes, 2009).

School Feeding Programmes

School feeding is recognized as a way to improve students' nutrition and education and as a vehicle to fight disease and prevent anaemia. School feeding programmes throughout the world have successfully attracted student to school and have retained them by offering them food or a nourishing snack. Such programmes have indicated an increase in students' nutritional status, raised school enrolment, improved attendance, increased attention span and are solving community health problems. School feeding provides vital nutrients, and for many students, the food they eat at school is the most nutritious they will get all day (von Braun, Swaminathan, & Rosegrant, 2004). School feeding could be seen as one of the key strategies in contributing to household food security and should form part of a complete package to improve the health and general well-being of a child (WFP, 2006).

School feeding programmes are effective in stimulating demand for schooling, particularly in settings where school attendance is low and where students come from rural, relatively low socioeconomic backgrounds. These programmes appear to contribute to improved attendance and enrolment when there is a good collaboration between the feeding programme design and the environment in which the programme operates (Levinger, 2005).

Aims of a School Feeding Programme (SFP) at the Basic School Level

The aims of the school feeding programme include; contributing to the improvement of education quality and general health by enhancing active learning capacity; alleviating short-term hunger; improving school attendance; improving punctuality; addressing micronutrient deficiencies; and finally controlling parasite infestations.

The school feeding programme at all levels of education also seeks to improve nutritional knowledge, perceptions, attitudes and behaviour amongst students, their parents, teachers and school management. The school feeding programmes similarly enhance broader development initiatives (WFP, 2013; Kristjansson, Robinson, Petticrew, MacDonald, Krasevec, Janzen, & Shea, 2007). The World Health Organization (WHO) has also come out with some purposes for instituting the school feeding programme in educational institutions. The main purposes of school feeding programmes, according to the WHO, are to: alleviate short-term hunger in malnourished or otherwise well-nourished students. This helps to increase students' concentration, producing higher levels of cognitive function and learning. The WHO is also of the view that, the school feeding programme motivates parents to enrol their students in school and have them attend more regularly. In the same vein, the programme reduces absenteeism and increase the duration of schooling and performance (WFP, 2013).

In ensuring that the programme is able to meet its aims and purposes, the WHO recommends that the school feeding must take place within the context of broad, national school reform programmes. Communities must be involved and must take responsibility for school feeding programmes from the

beginning. This greatly increases the likelihood of the success and sustainability of the programmes. They must be targeted towards the most under-served, food-insecure areas, with relatively low rates of school attendance (Drake, Maier, Jukes & Patrikios, 2002; Greenhalgh *et al.*, 2007). Vorster and Venter (1992) recommended that, in the planning of a school feeding programme, the role of socioeconomic factors in the nutritional status of the target group must be evaluated. This will influence the design of the programme, its implementation, and the response of students to the programme. It is suggested that a holistic or integrated approach should be selected, with maximum integration of nutritional intervention with other community development activities. Community participation in both design and implementation of the programme should be encouraged.

Benefit of School Feeding Programme to Educational Institutions

School feeding programmes are one of the main interventions used to address the challenge of reducing hunger worldwide. School feeding falls directly within the scope of the United Nations declaration and within the first three Millennium Development Goals (MDG 2000) as in the sustainable development Goal (SDG 2030) namely:

MDG 1: Eradicate extreme poverty and hunger. Halve, between 1990 and 2015, the proportion of people whose income is less than US\$1 a day - hunger perpetuates poverty by reducing productivity. Halve, between 1990 and 2015, the proportion of people who suffer from hunger – poverty prevents people from producing or acquiring the food they need.

MDG 2: Achieve universal primary education: Ensure that, by 2015, students everywhere, male and females alike will be able to complete a full

course of primary schooling – hunger reduces school attendance and impairs learning capacity and lack of education reduces earning capacity and increases the risk of hunger.

MDG 3. Promote gender equality and empower women: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education, no later than 2015 – hunger reduces school attendance more for girls than for boys, and gender inequality perpetuates the cycle in which undernourished women give birth to students of low birth weight (FAO, 2005; Tomlinson, 2007).

If school meals are of good nutritional quality and quantity and the supply is efficient and continues for some time, problems regarding the students' underlying nutritional status, such as wasting and iron deficiency, should improve, which may lead to improved cognition and attentiveness. School meals could increase the amount of time students spend in school. Factors such as enrolment at the correct age, regular school attendance and punctual daily arrival at school are significant predictors of achievement levels. If school meals are provided in areas where poverty is severe, the cost to parents of sending their students to school may be reduced and thus enrolment and school attendance can be increased. Providing food to take home is an even greater incentive to extremely poor communities (Marsh & Roche, 2000).

The Global Food for Education (GFE) programme has demonstrated how much can be accomplished through school feeding programmes. In Pakistan, where girls often marry young and stay at home, enrolment by girls in GFE schools increased by 32 percent because of the school meals and the

tins of cooking oil provided as an education incentive to the parents. In the Lebanon GFE project, teachers reported that students have more energy, concentrate better and learn faster since school meals were introduced, while more parents learn the value of education, especially for their daughters (Grantham-McGregor, *et al.*, 2015). According to Bennet (2003), the value and success of school feeding programmes depend on factors such as their timing, their relevance to the type, causes and extent of under-nutrition, the degree of community ownership of the programme, the infrastructure and management capacity for implementation, as well as the resources available to ensure sustainability.

The key concerns that need to be addressed when considering the option of school feeding are: to identify the possible goals for school feeding programmes (alleviate short-term hunger; increase enrolment and attendance; improve micronutrient status; improve learning outcomes; raise community participation; improve the general health and nutrition of both students and their families when they include take-home rations). Also, there is the need to identify and target population subgroups according to goals and clarify who is targeted and why.

Another option to consider is timing. A breakfast or morning snack is generally better than lunch for alleviating hunger and achieving learning objectives. Also, management need to take into consideration the kilojoule intake, micronutrient content when planning a school feeding programme (Bennet 2003, von Braun, Swaminathan, & Rosegrant, 2004, Greenhalgh *et al.* 2007). The provision of school meals reduces the cost to parents of sending students to school. It is therefore likely that students will enrol earlier, their

school attendance will be more frequent and they will be less likely to drop out, if meals are provided (Grantham-McGregor, S. M., Powell, C. A., Walker, S. P., & Chang, S. M., 1998). School meals that are quantitatively and qualitatively adequate to reduce protein-energy malnutrition or micronutrient deficiencies significantly are expensive. However, even school feeding programmes that are less nutritionally adequate have shown significant positive effects on students' school attendance (Jamison & Leslie, 1990). Jamison and Leslie (1990) show that by improving the nutritional status of toddlers and students, learning, behaviour and growth are beneficially affected. Well-fed students are stronger, brighter and more cooperative (Marsh & Roche, 2000; Kruger, et al., 2002) and as a result of consuming school meals together, students' social behaviour and their attitude to school may improve (Marsh & Roche, 2000). Results of the Cochrane review on school feeding, including 18 studies, of which nine were performed in higher income countries and nine in lower income countries, indicated that students who were fed at school gained weight, increased their achievement in mathematics and improved in the performance of short-term cognitive tasks (Kristjansson, et al., 2007).

Although feeding schemes may be a solution to the problem of undernutrition among school going students, such schemes should be well planned to be effective. Reitsma, et al., (1994) evaluated the impact of a school feeding scheme in a primary school in Midrand and reported an unacceptably high prevalence of undernutrition, despite the feeding schemes. They recommended modifications to the scheme and emphasized the need of nutrition education for the personnel responsible for the planning and

implementation of the scheme, together with nutrition education of the students and their parents.

Inferring from discussion above, it can be noted that school feeding has immense contribution to the education institution. This benefits or contributions can be linked to the role the school feeding plays in nursing training colleges in Ghana. The role of feeding in the nursing training as discovered in literature is to motivate students to give out their best in their academic pursuit.

Types of School Feeding Programmes

Bennet (2003) has identified five main types of School Feeding Programmes according to their objectives. These include School Feeding as an emergency intervention, as a developmental intervention to aid recovery, as a nutritional intervention, improve child cognitive development and short and long-term food security.

Schools feeding as an emergency intervention

In the East and Southern Africa, School Feeding has been a major strategy to combat food shortages during crises such as drought or war. In the acute stages of crises for example, where schools are not even running, SFPs are not a priority but rather a supplement to the food that is provided at the household's level (Bennet, 2003). In a crisis situation, students are withdrawn from school in order to assist in income generation and in other perspectives. The provision of school meals reduces the cost of sending students to school and also make it possible to let students be enrolled earlier, attend lectures more often and can be less likely to drop out early if meals were provided (Grantham-McGregor, Chang & Walker, 2015). Additionally, where schools

are operational, a School Feeding Programme can operate both as an indirect transfer (school meal) and direct transfer (take home ration). In both conditions of extreme poverty, difficulties such as families with low incomes negatively affect the families' priority and mostly find it difficult to get their students to attend school. It is promising to see that a number of studies have found that School Feeding Programmes lead to an increase in enrolment, attendance and even retention (Ahmed, 2004). With regard to enrolment, much of the focus of SFPs is increasing the enrolment of the rural poor students, who in times of economic crises or food emergency affect usually the first to be taken off from school in order to assist in the caring of siblings and to generate income.

The benefits of increasing the enrolment and retention of the rural poor are enormous as it has been shown that students who go to school are likely to improve their living conditions better as opposed to uneducated persons (Bennet, 2003). For every year of additional schooling for students, there is reduction in poverty ten years in the near future among families (WFP, 2000). In fact, the best evidence for the effectiveness of SFPs is in terms of increasing enrolment (Adelman, Alderman, Gilligan & Lehrer, 2009).

School feeding as a development intervention to aid recovery

While there is little difference between using SFPs as an emergency measure and using them as a form of developmental intervention, there is some heuristic value in distinguishing them. Many of the same principles that govern school feeding as an emergency measure govern school feeding as a form of developmental intervention. The main difference is that, in aiding recovery, the target becomes more refined (Bennet, 2003). Developmental

SFPs have as their focus to include improving the livelihoods of particular groups that are vulnerable to food insecurity and not simply improving school enrolment. The argument here is that, if increase enrolment is the aim, then using government funds to reduce or waive school fees would be a more cost-effective way of ensuring this than SFPs (Bennet, 2003).

The SFPs here might also include take-home rations, with the clear focus on income transfer within the community and not solely on school feeding. The focus here is on wider food security within the community and increasing the availability of and their access to food. The principles underlying the use of School Feeding Programme as a development intervention include the fact that school feeding and take-home rations add to the food baskets of families and thereby indirectly alleviating the cost of education. In the developmental approach, school feeding is also considered to be an impetus for the community and possibly the private sector to become involved in the implementation of it (Bennet, 2003).

School feeding as a nutritional intervention

School feeding has also been used as a short-term intervention to increase the enrolment of girls and the retention of learners in schools. But evidence for the nutritional benefits of school feeding is mixed for some reasons. A recent Cochrane review realized that School Feeding Programmes significantly improve the growth and cognitive performance of the disadvantaged students (Adelman, et al., 2009). Poor nutrition and health complain that contribute to poor school performance are also associated with a variety of socio-economic conditions which in turn impact on school attendance. In recent times, nutritional and health status are powerful

influences on student's learning capacity and on how well that student performs in school (DeRosso, 1999).

A further complicating factor is that many nutritional and growth difficulties have their origins during the first three years of life rather than during primary school year (Bennet, 2003). According to Barret and Maxwell (2007), studies have shown that providing breakfast to pupils at school improved some functions, particularly in undernourished students. Alderman & Bundy (2011) have shown how some catch up following stunted is possible between the age of two and eight. Nevertheless, there is also considerable evidence of the benefits of micronutrients supplementation for the growth of school age girls and the reduction of later childbirth complications (Bennet, 2003).

School feeding improves child cognitive development

Whereas early studies were difficult to establish the link between nutritional deficiencies and cognitive performance, subsequent evidence has shown how even a short-term lack of food such as lack of breakfast can lead to a reduction in concentration, difficulties with the recalling of new information and verbal fluency (Bennet, 2003). Jacoby, Cueto & Pollitt (1998), has indicated that the benefits of giving students a good daily breakfast on their performance are significantly better shortly after a meal. Temporary hunger has been shown to decrease attentiveness through decreased mental and physical activity in my view. Nutritional supplementation will help with helminths infections, iodine and iron deficiencies, which are also implicated in poor cognitive performance. Improvement in cognitive performance and development particularly in girls are linked to the micronutrient

supplementation of iodine and iron which would be available through SFPs (Alderman & Bundy, 2011).

School feeding as short and long terms food security

There is a link between School Feeding and food security which is usually been conceptualized in terms of how SFPs improve educational outcomes, help to improve literacy and numeracy, enhance education, particularly among girls and ensure smaller families as well as improve household management. All of these improvements are linked to short and long-term food security. Suitor and Gleason (2002) study have shown the impact of SFPs on short and long-term food security and distinguished between three variables of food security.

These are the availability of food such as crops yields, diversity of food production, and access to food which depends on households' incomes, the control of resources by women and safety net. For instance, United Nations (2005) has posited that with regard to availability, the short-term impact on School Feeding Programme on crops yields diversity of food production and natural resources management are taught. However, when SFPs are targeted properly they may have short term food security by providing take home rations as an income transfer to the households. In my view to utilization, short term food security may be enhanced by improving the protein, energy and micronutrients status of students, if the School Feeding Programme is targeted properly and as well as the meal is appropriately fortified and has the necessary energy content. The benefits of long term food security with regard to availability, access and utilization are all linked to improvements in literacy, numeracy and other educational variables.

The World Food Programme (WFP) and School Feeding Programmes (SFPs) in Education in Ghana

The World Food Programme (WFP) is an intervention to improve upon enrolment, retention, attendance, performance, good health and reduce dropouts of students at the basic level. The World Food Programme (2006) has posited that one of the successful ways to ensuring that students attend school on a regular basis is through School Feeding Programmes. Some of the organizations that fund SFP include World Food Programme and the World Bank. The reason behind the implementation of the School Feeding Programme is that students are provided with meals at school with the expectation that they will attend school regularly. School Feeding Programmes have proven a huge success and do not only increase attendance rates but also in areas where food is scarce and malnutrition is extensive, the food that students are receiving at school have proven to be a critical source of nutrition (WFP, 2006).

School meals have led to improved concentration and performance of students in school (Essuman & Bosumtwi-Sam, 2013). Another aspect of School Feeding Programmes is the take-home ration, a component of the “Support to Basic Education” project which has been an incentive for girls in upper primary (P4-JHS3) and that had run from 2002-2010. Under the programme, girls in upper primary receive 8kg maize, 2kg vegetable oil and 1kg iodized salt as an incentive to achieve at least 85% school attendance each month (WFP, 2006).

A critical look at records of WFP under food for education programmes have indicated that it provided food to 21.7 million students in 74

countries in 2005 (WFP, 2006). The records further showed that it brought about 14% yearly increase in school enrolment for both boys and girls in 4,175 WFP assisted schools in 32 sub-Saharan African countries (Barret & Maxwell, 2007). According to WFP (2006), a cross sectional survey study was done and revealed that 40 per cent of World Food Programme (WFP) assisted programmes were also provided with micronutrient supplementation to students, most commonly to correct vitamin A, iodine or iron deficiencies known to impair cognitive functioning and school achievement. Both longitudinal and cross-sectional surveys with a retrospective to Control, Before and After (CBA) were used to evaluate Bangladesh's School Feeding Programme, which provided a mid-morning snack of fortified wheat biscuits to one million pupils. Basic School enrolment was boosted by 14.2% attendance increased by about 1.3 days a month, and the probability of dropping out was reduced by 7.5%. Also, academic performance of students in basic schools also improved with test scores boosted by 15.7% points. Additionally, participating students do well in mathematics, scoring 28.5% more than those in the control group (Ahmed, 2004).

In Kenya and India, studies conducted in 2004 also indicated that absenteeism in schools fell by a quarter and one fifth respectively with reviews similar in design (Buhl, 2009). According to Buhl (2009), providing breakfast to primary students significantly increased attendance and arithmetic scores in Jamaica. It was found that students who benefited most from the School Feeding Programme were those who were stunted, or malnourished. A United States study has also shown the benefits of providing breakfast to disadvantaged primary students. Before the start of a school breakfast

programme, eligible (low-income) students scored significantly lower on achievement tests than those not eligible. Once on the School Feeding Programme, however, the test scores of the students participating in the programme improved more than the scores of non-participants. The attendance of participating students also improved (Alderman & Bundy, 2011).

Empirical Review

In developing countries such as Ghana, hunger and malnutrition contribute greatly to the quality of a child's health, life chances as well as their survival. As children are particularly susceptible to the effects of malnutrition during their formative years, nutrition-based development programmes such as school feeding is critical during this period of growth (Buhl, 2009). In this manner, targeting students through school feeding programmes offers the best opportunity to fight malnutrition during students' most critical years of life and, thereby, improving their ability to learn (Buhl, 2009).

Additionally, the presence of a School Feeding Programme has been shown to improve the lives of students and families by reducing financial burdens on families who must often decide between having their students work and sending them to school. Again, by addressing the nutritional needs of these students, the School Feeding Programme enhances the students' ability to focus on their education (WFP, 2009).

Impact of the School Feeding Programme on Academic Performance

In most developing countries, academic achievement is disappointing, especially at the primary education level. It has been assumed that the many causes of this problem can be addressed in several ways. One of these ways is the inclusion of health and nutrition inputs in strategies to improve academic

performance because poor health and nutrition are known to affect students' ability to learn (Danquah, et al., 2012).

The relationship between nutrition and academic performance has been studied extensively around the world, especially in relation to the negative effect of under nutrition. For example, students between the ages of six and eleven years who live in food insecure households have been found to score lower in arithmetic tests, more likely to be repeated and find it difficult to get along with other students of their age (Alaimo, Olson & Frongillo, 2001). In another study, Taras (2005), argued that students with iron deficiencies are at a disadvantage academically. He noted that students with mild iron deficiencies and no anaemia do not exhibit problems in cognition or academic performance. Clearly, food insufficiency is a critical issue that can affect a students' ability to learn. Therefore, providing a healthy meal is a sure bet to improve the cognition and academic performance among undernourished populations.

In a similar research in Bangladesh, Ahmed (2004) revealed that the school feeding programme has the potential to increase enrolment, completion rate as well as improve achievements of by in schools that receive meals. This means that, school meals are an effective measure to provide vital nourishment to students. According to Engelbrecht (2005), students who are malnourished or even experiencing short-term hunger have limited capacities to learn. School meals therefore helps reduce short-term hunger thereby leading to an increase attention and concentration among students (Madeley, 2002).

Research in other developing countries show similar traits to those discussed above. In Jamaica, research has shown that providing school meals

is of critical importance to the improvement of educational outcomes of beneficiaries. Powell, et al., (1998) found that school meals is tangential to school performance indicators such as enrolment, attendance, drop-out rates, classroom behaviour, cognitive function and school attainment levels. Powell and his colleagues noted that providing school meals reduces the financial burden on parents and cost of education. In tandem with this revelation, parents are eager to enroll their students in school. From the foregoing argument, it is fair to state that, the more time students spend on learning in response to school meals, the more they will learn and the less likely they repeat school or drop-out (Powell, et al., 1998).

Just like any other empirical study, there are, however, instances where the SFPs are reported to have produced mixed results on academic performance at best. Powell, et al., (1998) show that in Jamaica, learning outcomes deteriorated in less well-organized schools following the introduction of a school breakfast programme. Ahmed & Ninno (2002) found that take home rations were effective in increasing enrolment and attendance in Bangladesh, but academic performance measured by standardized tests were lower compared to schools that did not benefit from the programme. The authors note, however, that the students' poor performance cannot be attributed to the programme because non-eligible students in the beneficiary schools scored as well as students whose schools were not part of the programme.

Adelman, Gilligan & Lehrer, (2007) made a similar finding. According to them, school feeding programmes appear to have considerable impacts on primary school pupils' participation in learning, but the quality of this evidence is weak. Studies indicate some impacts on learning and cognitive

development. In many cases, the programmes appear to have little impact, because the levels of key outcome variables, such as school attendance and performance are already high (Adelman, Gilligan & Lehrer, 2007).

Again, it is likely that giving students a daily breakfast or a meal at school may improve their scholastic achievement through several mechanisms: increasing the time spent in school, improving certain cognitive functions and attention to tasks, and, perhaps indirectly, improving nutritional status (Powell, et al., 1998). However, it is difficult to infer a cause-effect relationship between school feeding and academic performance, since other confounding factors are also likely to affect learning. For example, poor social backgrounds and low socioeconomic household characteristics are often linked to both poor diet and poor school performance (Chandler, et al., 1995). Adelman, Gilligan & Lehrer, (2007) found that the literacy scores decreased for some segments of their sample which were receiving the take home rations. Levinger (2005), in his review studies concludes that SFPs do indeed increase enrolment, but the impact on academic performances is mixed and depends on the local conditions. Overall, the conventional agreement is that unless other factors such as adequately trained teachers, adequate learning materials and adequate physical facilities are present, SFPs would not improve academic performance.

Generally, results show that school feeding programmes can increase enrolment, but may fail to improve attendance and academic performance for a larger number of students. This calls for more investigation of the circumstances under which school feeding programs could increase enrolment and improve academic performances, and a more direct comparison of this

type of conditional “in kind” transfers with conditional cash transfers. It is once again worth noting that, in all the foregoing literature, none of them considered the impact of the school feeding programme on students in tertiary education and that is exactly what this study seeks to achieve.

Stakeholders’ Perception About the School Feeding Programme

According to Williams, McIntyre, Dayle & Raine (2003), research on school feeding programmes that involve perceptions and opinions from the stakeholders involved have not been widely undertaken. In their review of several works about school feeding programmes, Williams, et al., (2003) found that most of the studies are focused on nutritional outcomes rather than on the perceptions of the people involved in the intervention. They noted that the reluctance of stakeholders to talk to investigators about problems that exist within new school feeding programmes is a major cause of such phenomenon.

The few studies undertaken and reviewed in this area indicate that some stakeholders describe school feeding programmes in glowing terms because they are worried that their jobs or status in the community depend, in some part, on the success of the programmes (Williams, et al., 2003).

A review of the school feeding programme in Pakistan found that community members expected more involvement in order to improve the outcomes of the school feeding intervention. For example, they advocated that local women be allowed to plan the meals and aid in purchasing the foodstuffs and serving the meals. (Pappas, Agha, Rafique, Khan, Badruddin, & Peermohamed, 2008).

Another review of the school feeding programme in 2008 in four districts in Ghana found that stakeholders felt specific improvements were needed in

terms of qualified cooks, increased use of locally produced foods and the attachment of school farms to existing school feeding programmes (Quaye, Essegbey, Frempong, & Ruivenkamp, 2010). Stakeholders were of the opinion that parents should be allowed to be more involved in choosing what foods their wards eat at school.

Community participation is considered vital to sustainability of school feeding programmes. When stakeholders have a sense of ownership in a programme, they are more likely to advocate for the programme during difficult times (Quaye, et al., 2010).

Under the auspices of the United Nations Hunger Task Force Programme, Anderson, Moreen, Peterson and Tobey, (2005) conducted a regional analysis of school feeding programmes run by Catholic Relief Services (CRS) in the three northern regions of Ghana. The analysis involved two hundred and twenty-five thousand (225,000) pupils in one thousand, two hundred and thirty-six (1,236) schools. Their findings revealed that the communities were much involved by building kitchens and store rooms, volunteering, providing security, and monitoring and oversight. They identified the positive perceptions of the programme by the various communities as the bases for their support.

In a qualitative longitudinal study conducted to assess stakeholder perceptions regarding a new school feeding programme in Adjeikrom, Ghana, findings indicated that the opinions expressed by respondents were in the direction of overall acceptance and satisfaction with the programme. The findings also revealed that stakeholders perceived that the school feeding programme has improved the lives of the beneficiaries regarding attendance,

behaviour and short-term hunger relief. The general perception was that the school feeding programme is responsible for a decrease in truancy, an increase in attendance and improved behaviour both at school and at home. Stakeholders also felt that the school feeding programme has made it possible for families to have more disposable income and more free time at home (Fowler, 2012).

Impact of School Feeding Programme on Teaching and Learning

The most obvious achievement in reference to the Ghana School Feeding Programme's objectives has been in the increase of enrolment and retention. Ironically, as this objective seems on course, further measures to preserve the quality of education for beneficiaries have not been critically taken into consideration. The availability and effective management of resources greatly influence effective teaching and learning. It is evident that schools without adequate teachers and teaching and learning materials would not be effective.

In an interview with the network 'Voice of America' in 2012, Mr. Kofi Asare, a former national programme officer for the Ghana National Education Campaign Coalition (GNECC) highlighted that the increasing number of pupils has led to the decision to hire unqualified teachers. This bears a negative impact on the basic school performance in the country. He further explained that, there was a deficit of 20,000 teachers which had resulted in almost 15,000 classrooms being empty, with most classes merged for teachers to handle (Mantey, 2012).

Research findings by Kedze, (2013) in the Adentan Municipality in Ghana revealed that the programme had indeed increased the population size in the

beneficiary schools. In many of the schools, the numbers had doubled since the introduction of the programme, with classroom population ranging from seventy (70) to eighty (80) pupils in some schools. This makes it difficult for teachers to give out assignments frequently and also to monitor the progress of pupils who need special attention. Her findings also revealed that some beneficiary schools had procured desks to alleviate sitting problems in the classrooms. These desks were, however, not sufficient to address the sitting problem among the pupils. Further, classroom sizes of some of the schools were too small to accommodate more desks (Kedze, 2013).

Reviewing findings from other studies in Ghana and South Africa on School feeding programmes, Uduku (2011) asserts that the statement “we need more space” was recurrent in most of the schools. Despite the increase in the school population, the supply of learning materials by Government has not seen much improvement. Research findings from many schools indicate that the quantity of text books supplied by Government does not match up to the number of students in the classrooms. In most instances, pupils have to share books and other learning materials. The most challenging part is when the teachers have to give out home assignments to their pupils, since it would be easier if textbooks were available so pupils could take the text books home and bring it back. This could save the teachers the time used in writing the assignment on the board and also allow them to give more exercises (Kedze, 2013). This finding has been supported by Ampratwum, Armah-Attoh, & Ashon (2012). In their work on the education resources management in public primary schools in Ghana, Ampratwum et al, (2012) showed that textbooks

were insufficient and as a result, pupils were compelled to share during lessons in the classroom and for homework.

Challenges faced by the School Feeding Programme

Empirical evidence suggests that school feeding programmes in various parts of the world have faced numerous challenges. According to World Bank and World Food Programme reports, school feeding programmes are very context-specific, and each community's programme has to be tailored based on the demographics and other patterns within and outside of schools. In order to have a successful programme, there is the need to define programme goals and outcomes, select the type of food that will be served in a school, determine a method of procurement of the food, plan for management, implementation, and monitoring within schools (WFP, 2013).

In spite of the benefits, school feeding programmes have been seen to increase the cost of schooling by requiring that communities provide fuel for cooking as well as other items such as vegetables. Additionally, communities are expected to provide people who can cook the meals and maintain stores of all of the required food products, as well as provide kitchens and other logistics of meal preparation. By causing a variety of needs and requirements to increase in a given community, the net benefit to a community from school feeding programmes may be reduced (Afridi, 2011).

In South Africa, for instance, although the programme has been reported to have recorded an increase in enrolment and attendance, enhanced participation of beneficiaries in the classroom, generated jobs in the communities, it has come under criticism for its poor management, poor coverage, inconsistencies and high-cost (Tomlinson, 2007). Tomlinson also

recognized that, an increase in enrolment meant that teacher-pupil ratio would subsequently increase, thereby putting pressure on teachers and learning materials (Tomlinson, 2007).

Kedze (2013) assessed the school feeding programme of the Adentan Municipality in Ghana and found that the salaries of caterers contracted for the Ghana School Feeding Programme had been in arrears over a six-month period. Additionally, there was the problem of inadequate school infrastructures to take care of the increased enrolments in the various schools. These situations, in her view, largely undermined key elements in the programme such as providing nutritious food to the beneficiaries, enhancing cognition and improving education.

Bonney (2013) also reports that about 5000 caterers under the Ghana School Feeding Programme had not been paid in about a 6 months' period. He further revealed that the lack of funds has compelled some caterers to feed the beneficiaries twice or thrice a week instead of five times weekly. The burden of funding the Ghana School Feeding Programme rests heavily on the Ghana government; government funds for the programme have been inconsistent, resulting in delays in the release of feeding grants. These delays subsequently affect beneficiary pupils because caterers may not have access to funds to purchase, cook and serve the meals regularly and on time. Alternatively, if the caterer is able to pre-finance the feeding of the pupils, the quantity and the quality of food reduce (GSFP, 2014).

There have also been concerns in relation to monitoring and evaluation of the GSFP. Local management who perform monitoring and evaluation practices to support the execution of the programme are reportedly underpaid or burdened

with other responsibilities (WFP, 2013). The GSFP Annual Operating Plan, (2014) highlights that resources and logistics for effective monitoring are inadequate. The document cites that regional coordinators and monitors require basic office equipment and means of transport as well as the capacity and resources to enable them report effectively on their activities, yet the inadequacy of these logistics makes their work difficult (GSFP, 2014). In some districts, for example, only the District Chief Executive and a couple of persons were actually working during the review period. (Bonney, 2013; GSFP, 2014).

Finally, a review of the school feeding programme in the Sekyeredumase community in the Ashanti Region of Ghana noted that the programme faced some challenges in terms of insufficient community involvement owing to lack of community ownership of the programme. Other challenges identified include sub-standard kitchen facilities and inadequate dining areas. The latter compels pupils to eat in their classrooms (Anderson, Moreen, Peterson & Tobey, 2005).

School Feeding: Improving Learning and Cognition

Providing food for consumption at school can be beneficial for learning because it relieves immediate short-term hunger. Students who are not hungry are more attentive and have higher cognitive abilities (Afoakwa, 2007). The ration should be served as early as possible during the school day, for maximum benefit while the child is in school. Thus, timing of the meal or snack is important for addressing hunger and reaping cognitive benefits. Alleviating short-term hunger among students at school may contribute to

improved performance in school tests and promote normal progression from grade to grade in completing a basic education.

Having brought more students into school, the challenge is then for students to learn; school feeding programs can also contribute to this. Poor health and poor nutrition among school-age students diminish their cognitive performance either through physiological changes or by reducing their ability to participate in learning experiences, or both. Short-term hunger, common in students who do not eat before going to school, results in difficulty concentrating and performing complex tasks, even if the child is otherwise well nourished (Bundy, et al., 2009).

Enhanced nutrition and health of primary students leads to improved learning and decreased morbidity, paving the way for healthier lives. School feeding programmes not only alleviate child hunger in school, but also enhance nutrition, particularly when the food is fortified with micronutrients. This raises the potential to improve a child's health, school performance and educational attainment. According to Engelbrecht (2005), students who are malnourished or even experiencing short-term hunger have limited capacities to learn. SFP's runs in some African countries as a means of bringing the benefits of good nutrition to the cognitive development of the child. Research findings suggest that the interactions of malnourished students with their environments make them less likely to seek out, utilize, and respond to available opportunities for learning and social interactions.

Although in the late sixties and early seventies it was assumed by many researchers that the brain changes produced by malnutrition led directly to an impairment of learning, which was often irreversible, more recent studies

have led most investigators to abandon this position. Currently, the most widely accepted hypothesis is that malnutrition exerts its major influence on behavioural competencies through dysfunctional changes in attention, responsiveness, motivation, and emotionality, rather than through a more direct impairment of basic ability to learn. This situation implies hopeful prospects for reversibility or remediation (e.g., through an SFP with a cognitively oriented component attached to it), because it is possible to manipulate the child's environment--particularly the school segment -- to make his or her interaction with it more intellectually facilitative. Essuman & Bosumtwi-Sam (2013), Afridi (2011) & Afoakwa (2007) support the view that improvement of a child's diet alone can lead only to small changes in cognitive and social development. Meaningful change in this area only occurs when dietary change is accompanied by enrichment of the child's psychological and social environment. Without question, the cognitive abilities of a nation's citizenry are of utmost importance to planners. Worker productivity is so intimately linked to problem-solving skills and more generalized cognitive development that it is difficult to imagine how any high-level decision-maker could fail to be concerned with removing impediments to the optimal intellectual functioning of young people. School Feeding Programmes can be designed to improve external efficiency by reinforcing more broadly-based development objectives. Figure 1 shows the relationship between SFP and Potential outcomes and impacts on students in tertiary institutions (Grantham-McGregor, et al. 1998).

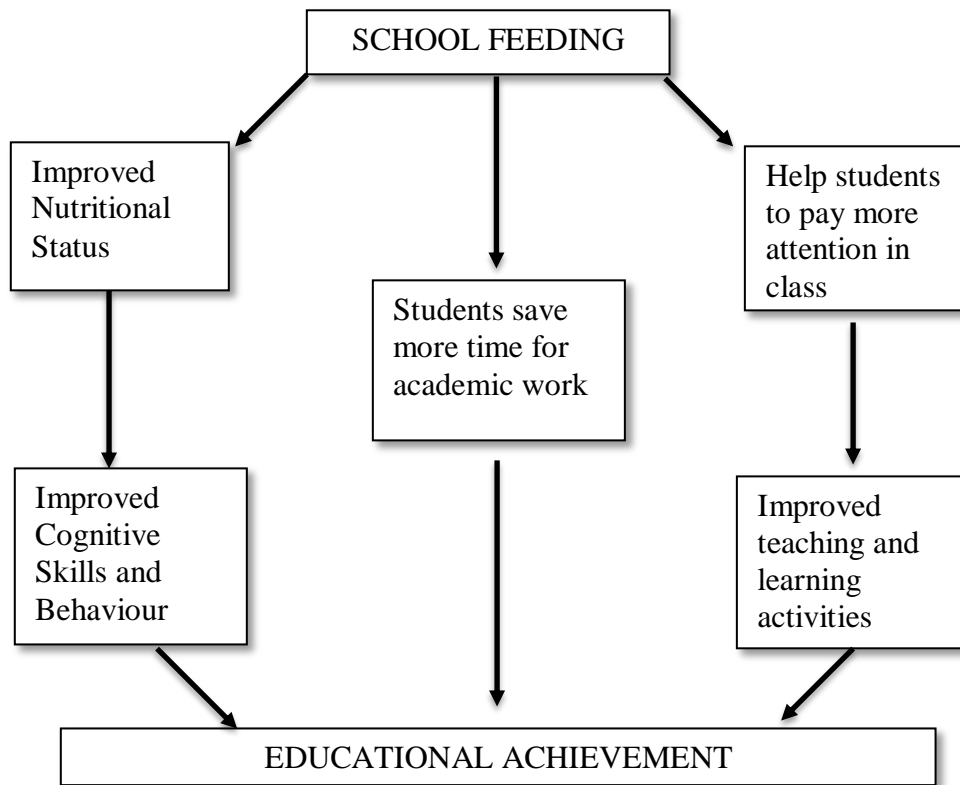


Figure 1: Relationship between SFP and Potential Outcomes and Impacts on Students in Tertiary Institutions

Source: Adapted from Grantham-McGregor, et al., (1998)

As there continues to be negatives associated with everything, there are possible negative attributes to the first and third paths that deserve consideration. For example, the re-introduction of the school feeding is likely going to lead to an increase of enrolment in students attending the Nursing training college, this may lead to overcrowding and lowering the effectiveness of classroom interactions or the limited resources that characterize public institutions. Depending on how the SFP is set up, teaching time may be reduced if teachers are used in overseeing the mealtime (Grantham-McGregor, et al., 1998).

According to the Ghana Health Sector report for the year 2002, human resource for health is the most crucial resource in the delivery of health services. It accounts for between 65-80% of recurrent budget available to the

health sector in most countries. In Ghana the wage proportion has been determined to account for 71% of the recurrent budget. It is widely recognized that trained health personal significantly affects healthy systems performance.

The development of systems and protocols for the management and delivery of health services are very crucial to the delivery of efficient and cost-effective health care however, the most important system is the HRH.

Staff motivation and reward systems are inadequate and there are no specific incentive packages to attract health professionals to underserved areas of the country. Reward systems are not linked to health worker performance and recognition of additional professional and academic qualifications is not formalized. Retention of health staff is major problem. In recent times, most graduating classes of medical officers lose up to 50% of their number within one year of graduating. In the nursing ranks, the attrition is worse in the experienced group of nurses who have served for a minimum of six years in the public health sector. In light of the above, it is imperative that our nursing training institutions train more than enough to meet the demand. The in-feeding policy might just be the only motivation to get more trainees on board to serve mother Ghana. Nursing students are not students, in the most literal sense of the word. They are mostly within the age ranges of 23 to upward of 40.

They are plagued by their own problems, which far outweigh the students in the basic and secondary schools. Some of them include strains from relationships, financial, emotional and sometimes, even psychological problems and notwithstanding, the academic requirements. The added strain of deciding what to eat, how to prepare it among such other issues is not a

necessary burden that they must be forced to carry. How about those who cannot cook and have to rely on other options? Are they safe? Are the vendors healthy or the food they serve healthy? Do they cook in a clean and healthy environment?

In learning to handle the demands of a strenuous workload, the least motivation will be to help the student nurses with feeding and fortunately, in this case, the government or administration alone does not get to shoulder the burden of financing it. It must be a subsidized service where the students pay some money and have their nutritional needs adequately met.

Measures to Sustain the School Feeding Programme

Debate about the sustainability of the school feeding programme has gone on for ages at all levels of education where the programme has been implemented. Munyiri (2010) studied the impact of the SFP on performance of pre-school children in Kikuyu district in Kenya and discovered a number of challenges that threaten the sustainability of the programme. Among these challenges include the lack of proper facilities to facilitate the school feeding programme, cost of hiring cooks and procuring food items and uncooperative attitude of parents. Munyiri (2010), recommended that all parties (including parents, teachers, pre-schoolers as well as programme partners) need to be involved and held accountable and that the WFP should ensure continued availability of adequate food in the schools. Parents should also not neglect the responsibilities in feeding their children at home. Serebour (2017), also encouraged beneficiary communities in the Atwima Nwbiagya and Atwima Mponua Districts to build basic infrastructure such as kitchen and store rooms as well as the show strong communal spirit and total commitment towards the

feeding program and its preparedness and interest in sustaining the program in the districts. Community engagement and participation is a critical ingredient for effective and sustainable GSFP because it leads to local ownership of the feeding program (WFP, 2008). Ownership of the programme by target groups is essential to sustain the program (Serebour, 2017).

In a comparative study to assess the implementation of the Ghana School Feeding Programme in the Atwima Nwbiagya and Atwima Mponua Districts in Ghana, Serebour (2017), demonstrated that the caterers' model of procurement under the local GSFP in the two selected schools resulted to stable funding with no disruption in the continuity of the feeding program in the face of undue government delays in the release of feeding funds. The study further identified that the feeding program at MMBPS was affected by local politics and a zero or little community involvement. Munyiri (2010) encouraged all stakeholders in the programme to work together for the well-being of the programme in their schools. The inability of the Government of Ghana (GoG) to promptly pay the caterers for their services coupled with undue delays in releasing feeding grants was a common problem. The study recommends that the GoG should minimize its undue delays in releasing feeding grants and endeavour to promptly pay the caterers. A strong political will and support do not only provide lifeblood for such social interventions but also facilitate their sustainability and ultimate success (Serebour, 2017; Munyiri, 2010).

Adequate funding for the implementation of the school feeding programme is important for its success and sustainability. Resources can be tangible or intangible, financial or human. The resource endowment at the

beneficiary communities ensures sustained operation, community mobility and participation in the programme. Adequate and efficient use of available resources is critical for the sustainability of the programme (Aliu & Fawzia, 2014). In Ghana, Lynch (2013) observed that continuous and uninterrupted flow of funds to the various beneficiary schools, caterers and suppliers provide a lifeblood for the effectiveness and sustainability of the GSFP.

Existing empirical studies have demonstrated a link between education, training of the stakeholders and the success and sustainability of the school feeding programme. Munyiri (2010), stated that preschool children in Kenya who benefited from the school feeding programme were not served quality and balanced diet foods because the cooks have not undergone any training in cooking, and therefore recommended the need to train the caterers to effectively monitor the programme, since she will be knowledgeable on that area. It is also important to create awareness about the school feeding programme (Munyiri, 2010) and also educate the beneficiaries and other stakeholders on the implementation of the programme to improve its performance and sustainability (Aliu & Fawzia, 2014). ECASARD/SNV Ghana (2009) also recognised the need to sensitize the various stakeholders (District Implementation Committee (DIC), Schools Implementation Committee (SIC) and the matrons) in the implementation process of the school feeding programme. Lack of education results to misunderstanding of the programme and weak cooperation from the community.

Chapter Summary

In sum, the majority of the literature examined so far has shown that the school feeding programme has indeed positive impacts on students in

tertiary institutions. It is evident from the literature that feeding students in tertiary educational institutions helps students to save more time for their academic activities, helps students to pay more attention to their academic work, improve the nutritional needs of students among others. Again, school feeding programmes in tertiary institutions has the tendency to increase school enrolment since feeding students could serve as motivation for more young people to get enrolled in the nursing training colleges. Finally, the literature shows that other factors have clear influence on enrolment, attendance and dropouts, in addition to just school meals.

In considering the elements that make a program sustainable there is a tendency to focus on the issues of cost, logistics, and financing, as indeed much of this chapter does. Nevertheless, a crucially important element of sustainability is the continuity of demand for a program (Bundy, et al., 2009). Gratefully in the Ankafu PNTC case, there is a demand for the re-introduction of the program. The school-feeding scheme should be implemented with all hands-on deck. In this vein, being all stakeholders, emphasis will be placed and exacted on the process, which could be fraught with so many hitches thereby ensuring optimum results.

CHAPTER THREE

RESEARCH METHODS

Introduction

The methodology deals with the presentation of the methods of the study. The chapter explores the research design, the study population, sample size and sampling procedure, the data collection procedure and instruments, data processing and analysis.

Research Design

The study employed the descriptive case study design. The motivation for this type of design was anchored on the assertion of Payne and Payne (2004) that, with descriptive survey, information is collected without manipulating the environment and provides information about naturally occurring issues. This design helped the researcher to seek views of the trainee nurses and nursing tutors at Ankaful PNTC and presented the information as gathered. Descriptive case study according to Saunders, Lewis and Thornhill (2007) is a research for which the purpose is to produce an accurate representation of persons, events or situations. A descriptive case study design was chosen for this study because, this study focused on a context-specific situation at the Psychiatric Nursing Training College (PNTC), Ankaful. In studying the perceptions of trainee nurses and nursing tutors on why the re-introduction of the in-school feeding at the Ankaful PNTC, variables such as factors that have accounted for the re-introduction of school feeding in Ankaful PNTC, the role of in-school feeding on the academic development of

trainee nurses and the influence of in-school feeding on teaching and learning activities at the Ankaful PNTC and the readiness of Ankaful PNTC to reintroduce the school feeding were examined. The study therefore relied heavily on descriptions of the reality of the situation by the nursing trainee and nursing tutors at the PNTC, Ankaful.

Descriptive case study has an advantage of producing good amount of responses from a wide range of people thus allowing accurate range of responses from a largely populated institution (Ankaful PNTC). Using descriptive survey comes with greater confidence with regard to particular questions of special interest or values to a researcher. In spite of the strength of this design, it has the problem of consuming a lot of time to ensure that sample is representative, designing and piloting data collection instrument and trying to ensure a good response rate. Also, there is a limit to the number of questions that any questionnaire can contain for respondents. In spite of these weaknesses, the descriptive survey design was considered the most appropriate for the study.

According to Slavin (2008) another weakness of the descriptive case study design was its difficulty in ensuring that questions responded to were straight forward and not misleading. The researcher conducted a pilot test on the instrument at the Pantang PNTC so the weaknesses identified were addressed and corrections made before administering it at the Ankaful PNTC. In light of the fact that descriptive case study helps to produce a true picture of naturally occurring issues. It is for this reason that the researcher sought to use the descriptive case study design to explore the perceptions of trainee

nurses and nursing tutors regarding the re-introduction of the in-school feeding at the Ankaful PNTC.

Study Area

The study area is the Psychiatric Nursing Training College (PNTC), Ankaful located in the Komenda-Edina-Eguafo-Abrem District in the Central region, Ghana. In 1965, the Ankaful Psychiatric hospital was opened with 300 patients transferred from Atimpoku on the orders of Dr. Kwame Nkrumah. This move coincided with the arrival of delegates for Organisation for African Unity (OAU) now African Union (AU) Conference in Accra. The PNTC was established in 1969. Enrolled Nurses Training started at Ankaful Hospital in 1969 and Accra Psychiatric Hospital in 1970. Post-basic registered mental nursing course started at Ankaful in May 1970 and psychiatric nursing affiliation started in May 1992. The college gained accreditation to start a new programme, community psychiatric nursing. Since inception till the year 2015, the college provided in-school meals to help student nurses to alleviate their short-term hunger and serve as nutritious and balanced meal to allow student nurses focus on academic task.

Population

Population is the larger unit with related features from which a sample is taken (Nueman, 2006). The population for the study consisted of trainee nurses and nursing tutors at the Ankaful PNTC. Trainee nurses were selected because they are the beneficiaries of the in-school feeding programme and as such their views would be relevant regarding the re-introduction of the in-school feeding. The total population of trainee nurses at the Ankaful PNTC is 742. This constitutes 194 first year students, 263 second year students and 285

third year students. From the whole student population, 254 students were selected for the study.

The study also involved the nursing tutors because they are key players in teaching and learning activities thus as a result, a decrease in instruction time due to student feeding could affect their output. The total number of tutors at the Ankaful PNTC is 50. Out of this number of tutors, 20 were used for the study. This number constituted those tutors who have taught in the school for five years and over and have experienced both systems of school feeding by management and self-feeding by students of Ankaful PNTC. Again, these tutors are mostly part of management decision making body hence their views will evident management view in this situation. Thus, the total population employed for the study was 792. The distribution of the nursing trainees across the various levels is presented in Table 1.

Table 1: Distribution of Trainee Nursing by Level and Gender

| Year Group | Male | Female | Total |
|-------------|------|--------|-------|
| First year | 83 | 111 | 194 |
| Second year | 131 | 132 | 263 |
| Third year | 132 | 153 | 285 |
| Total | 346 | 396 | 742 |

Source: Field Survey, Djaban (2018)

Sampling Procedures

The sample for this study was 274. This sample consists of 254 trainee nurses and 20 nursing tutors. The sample size of trainee nurses was determined using the sample size determination table by Krejcie and Morgan (1970). The sample size determination table by Krejcie and Morgan was based on a 95 percent confidence level and .05 margin of error. A sample of 254 was estimated for a population of 792 participants who were mainly trainee nurses.

A larger sample size would make it easier to generalize, this is because, the larger the sample's size, the lower the likely error in generalizing to the population. (Saunders, Lewis & Thornhill, 2007).

Simple random and stratified random sampling procedures were jointly used to select the nursing trainee respondents for the study. The stratified sampling technique is an adjustment of the random sampling in which you can divide the population into two or more relevant and significant strata based on one or two numbers of attribute before selecting the sample (Alston & Bowles, 2003). The population was grouped using the various year groups as the stratum. After the population has been group in strata, a random sample was then drawn from each of the strata using the simple random sampling specifically the lottery method.

Respondents sampled from the various levels were based on the total number of students in that particular year group. To get a true representation of each respondent from each level, proportional ratio quota was used to calculate the number of respondents to be sample to be selected at each level. This approach was chosen to facilitate the selection of a representative group from each section of the population of trainee nurses identified, as the population was rather large and homogeneous in the characteristics under study. The formula was derived by dividing the total number of respondents in each level by the overall total population of respondents multiplied by the sample size. For example, the total number of respondents in first year is 194. The grand total of population of the trainee nurses who were respondents is 742. The desired sample size was 254. So, the number of respondents from the first year sampled for the study is $194 \div 742 \times 254 = 66.40$, which is

approximated to 66 respondents. Numbers of respondents in other levels were determined in a similar manner. This is shown in Table 2.

Purposive sampling was used to select the nursing tutors. According to Fraenkel & Wallen (2003), the purposive sampling is a non- random method of sampling and it is used when those to be selected have the requisite information. The researcher purposively sampled 20 nursing tutors who have been with the school well over five years. This is because tutors who have taught in the school over five years and over, must have witnessed situations during the time of school feeding and time of no feeding. And therefore, can provide accurate information for the study. The distribution of sample of trainee nurses is presented in Table 2.

Table 2: Distribution of Respondents by their Level of Study and Gender

| Year Group | Male | Female | Total |
|-------------|------|--------|-------|
| First year | 28 | 38 | 66 |
| Second year | 45 | 45 | 90 |
| Third year | 45 | 53 | 98 |
| Total | 118 | 136 | 254 |

Source: Field Survey, Djaban (2018)

Data Collection Instruments

A self-administered questionnaire was developed to collect quantitative data for this study. Questionnaires help to characterize the features of the target population in relation to the identified variables and also ensure reliability (Babbie, 2007). Though questionnaires are mostly used because of its strength, the use of the questionnaires is not without challenges. Questionnaires have been associated with low response rates (Gay, Mills & Airasian, 2006). That is, in most cases not all the questionnaires are returned or even answered. For this reason, the researcher would administer the

questionnaires herself and will try to persuade the respondents in order to obtain high response rate.

The use of the two sets of questionnaires enabled me to collect factual information on the views of trainee nurses and nursing tutors on the re-introduction of the school feeding programme at the Ankaful PNTC. The use of the questionnaire also allowed the respondents to complete it at their own convenient time, and they were offered a greater assurance of anonymity with regard to whatever information they provided. Although the questionnaire did not offer any opportunity for probing and motivation on the part of the respondents, the instrument tended not to be “affected by problems of no-contact” (Sarantakos, 1998, p.224).

The two sets of questionnaires were divided into various sections. The 43-item questionnaire for the trainee nurses was structured into Sections A, B, C, D, and E. Section A, which contained six items numbered from 1-4, was designed to elicit data on the biographical characteristics of the 254 trainee nurses, the remaining sections corresponded to the four research questions that were formulated to guide the study. The Sections B, C, D, and E were captioned as follows: trainee nurses’ perceptions on the role of re-introduction of the school feeding programme, Impact of school feeding on teaching and learning activities and how management of tertiary institutions can sustain the school feeding programme respectively (see Appendix B). This was to help the researcher collect data in order to answer all the research questions.

The questionnaire for nursing tutors comprised 38 items with four sections. The background information of 20 nursing tutors was collected through the responses to the items in Section A. While Section B of the

perceptions of nursing tutors on the role of re-introduction of the school feeding programme, Sections C and D dealt with the impact of school feeding on teaching and learning activities and how management can sustain the school feeding programme when introduced respectively (see Appendix C).

To ensure face, content and construct validity, my supervisors were consulted to read through the items to find out whether the items in the questionnaires would measure the intended content. This is in support of what Best and Kahn (1998) said about content validity of an instrument which is improved through expert judgments. The pilot test conducted helped to improve the face validity in this quantitative study.

On the other hand, reliability refers to the degree of stability or consistency of measurement. If the same individuals measured under the same condition, a reliable measurement would produce identical measurement (Best & Kahn, 1998). Creswell, (2009), defines reliability as “the extent to which results are consistent over time and an accurate representation of the total population under study is referred to as reliability and if the results of a study can be reproduced under a similar methodology, then the research instrument is considered to be reliable” (p.1). The purpose of conducting a pilot test was to check the clarity and adequacy of the questionnaires used so that items which needed to be modified were modified to improve the quality of the instrument used for the study.

The instrument was also pilot tested to determine the reliability and validity of the instruments. To achieve this, a pilot was done with twenty (20) respondents in Pantang NMTC to enable the researcher ascertain possible

errors and ambiguities in the instrument and make the necessary corrections. The motivation for the choice of Pantang NMTC is such that trainee nurses at Pantang NMTC have similar characteristics as respondents in PNTC Ankafu. Again, the number (20) was also chosen at convenience, just to make pretesting easier and faster. Moreover, on the validity, other instruments from the literature on similar study were consulted to make sure the instruments measured what is intended. The study recorded a Cronbach alpha value of 0.729 and 0.760 for section B and C respectively. This result implied that there was a higher internal consistency between the items in section B and C. Similarly, the study recorded 0.428 and 0.393 for section D and E respectively. This signified that there was a lower internal consistency between the items in section D and E. The interpretation to this result is supported by Mohen and Dennick (as cited in Creswell, 2009) who record that in interpreting the Cronbach alpha, a score more than 0.7 is acceptable since it implies a higher internal consistency between the items.

The sections D and E which recorded lower Cronbach alpha values were modified with the help of the supervisors.

Data Collection Procedures

Before the actual data collection was done, the researcher familiarized herself with the management of the college to give advance information to the management and tutors concerning the purpose of the research exercise. Both instruments were personally hand-delivered to the respondents. Before the data collection, I obtained a cover letter from the Director of the Institute for Educational Planning and Administration (see Appendix A) which helped the management of the college and respondents to know the main objectives and

significance of the research exercise. Upon arrival, the researcher met and gave instructions to the respondents concerning how to complete the questionnaire. After giving guidelines on how to complete the instrument, copies of both sets of questionnaires were issued to the respondents in their various classes to complete within 30 minutes and return the filled questionnaire to me. While the questionnaire for the trainee nurse was administered to them in their classrooms, the researcher delivered the questionnaire for nursing tutors to them at the staff common room or in front of the administration block to be completed at their convenient time. The procedure was repeated until all the respondents in PNTC Ankaful were covered. This strategy yielded a high return rate for both questionnaires.

In the administration of the questionnaire, all ethical procedures were duly considered. Ethics means conforming to accepted standards and being consistent with agreed principles of correct moral conduct. As early indicated, an introductory letter was obtained from the Institute for Educational Planning and Administration of University of Cape Coast to the administration of PNTC, Cape Coast to help get information. Informed consent was sought from the respondents before selecting them for the data collection. This was achieved by explaining the purpose of the study to them and giving them an informed consent form to fill. The purpose was to guarantee that respondents are willing to participate in the study. Respondents were made aware that information given were to be kept confidentially and not exposed to individuals or groups who are not expected to have access to it. The names and other demographic characteristics of respondents such as year group or

classes that identify them personally were also not to be disclosed to any third party without their permission.

Data Processing and Analysis

Data analysis is the process through which responses are assessed and evaluated in order to make significant conclusions with respect to the research topic. In processing the questionnaires Blaikie (2009) stated that responses from respondents should be taken through the process of checking, editing, coding, categorizing, transcribing and data cleaning. Thus, the questionnaires were taken through these processes. During the editing process, responses were reviewed so as to increase the level of accuracy and precision, this is done to prevent any incomplete responses. Information were coded and then keyed into the software (Statistical Package and Service Solution [SPSS], Version 21). The coding was done so as to put responses into format that made it easier for the researcher to use the (SPSS Version 21). The SPSS software was used because it offers the opportunity to use a variety of up-to-date statistical methods for analysis and also due to the fact that it has a good editing, labelling and ability to produce results in both report and table formats.

The analyses of the data are presented in this section. The analyses were arranged and presented in relation to the research questions which directed the study. Descriptive statistics such as means and standard deviation were used in analysing the data. In employing the means and standard deviation, for the analysis the decision rule followed is presented in the Table 3 and 4.

Table 3: Decision Rule for Mean Values

| Means | Scale |
|-----------------------|-------------------|
| $3.5 \leq M \leq 4.0$ | Strongly Agree |
| $2.5 \leq M \leq 3.5$ | Agree |
| $2.0 \leq M \leq 2.5$ | Disagree |
| $1.0 \leq M \leq 2.0$ | Strongly Disagree |

Source: Field survey, Djaban (2018)

Table 4: Summary of Data Processing and Analysis

| Research Questions | Nature of Question | Analysis Performed |
|---|--------------------|---|
| 1. What are the factors that have accounted for the re-introduction of school feeding in Ankaful PNTC? | Likert type scale | Frequency tallies, means, standard deviations were determined using the SPSS. |
| 2. What do stakeholders perceive as the role of the re-introduction of school feeding in Ankaful PNTC? | Likert type scale | Frequency tallies, means, standard deviations were determined using the SPSS |
| 3. What is the influence of the re-introduction of school feeding on teaching and learning activities at the Ankaful PNTC as perceived by stakeholders? | Likert type scale | Frequency tallies, means, standard deviations were determined using the SPSS |
| 4. What is the readiness of Ankaful PNTC to re-introduce school feeding as perceived by nursing tutors? | Likert type scale | Frequency tallies, means, standard deviations were determined using the SPSS |

Source: Field survey, Djaban (2018).

CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

This chapter presents the analysis and discussion of the data. The study gathered data on the perception of stakeholders on the re-introduction of in-school feeding at the Ankaful Psychiatric Nursing Training College. The chapter has been divided into two main sections. The first section of the chapter focused on the background information of the respondents whereas the second section concentrated on the presentation and discussion of the main findings of the study.

Background Information of the Respondents

This section dealt with the information collected on the background of the respondents. The characteristics of the respondents discussed in this section include the gender, age, level, and programmes of study. Table 5 presents the background information of the respondents.

Table 5: Cross Tabulation of Gender and Age of Trainee Nurses

| | | AGE | | | Total |
|--------|--------------|--------------|-------|-------|-------|
| | | less than 25 | 26-30 | 36-40 | |
| Male | Count | 70 | 29 | 2 | 101 |
| | % within Sex | 69.3 | 28.7 | 2.0 | 100.0 |
| | % within Age | 35.4 | 53.7 | 100.0 | 39.8 |
| | % of Total | 27.6 | 11.4 | 0.8 | 39.8 |
| Female | Count | 128 | 25 | 0 | 153 |
| | % within Sex | 83.7 | 16.3 | 0.0 | 100.0 |
| | % within Age | 64.6 | 46.3 | 0.0 | 60.2 |
| | % of Total | 50.4 | 9.8 | 0.0 | 60.2 |

Table 5: Continued

| | | | | | |
|-------|--------------|-------|-------|-------|-------|
| | Count | 198 | 54 | 2 | 254 |
| | % within Sex | 78.0 | 21.3 | 0.8 | 100.0 |
| Total | % within Age | 100.0 | 100.0 | 100.0 | 100.0 |
| | % of Total | 78.0 | 21.3 | 0.8 | 100.0 |

Source: Field survey, Djaban 2018.

Table 5 shows the background information of the trainee nurses involved in the study. The results showed that 101(39.8%) of the trainee nurses were males and 153(60.2%) were females. On the ages of the respondents as represented in Table 5, the results found out that majority of the respondents involved in the study were less than 25 years 198(78.0%). Again, the results from Table 6 indicated that 54 (21.3%) were between the 26-30 years, 2(0.8%) were between the ages of 36-40 years. Also, it can be seen from Table 5 that 70 males and 128 females were within the age range of less than 25 years. In the same way, 29 males and 25 females also fell in the age range of 26-30 years. Likewise, the study recorded only 2 males in the age range of 36-40 years. It can be speculated from the finding reported that more males were involved in the study than their female counterparts. This contradicts the assertion that more females are enrolled in Ghanaian nursing training colleges because it is mostly assumed that females have more interest in the nursing profession than males. Referring to the total number of trainee nurses in each age range, it can be said however that majority of trainee nurses in the training colleges are less than 25 years. This is in consonance with literature on the universal age for trainee nurses entering tertiary institutions for the first time (Sarfo, 2017). This also bring to bear that most trainee nurses in the training colleges are still young and perhaps still rely on their parents and guardians for support in their education. Respondents of the study were

also grouped into their various levels. Table 6 presents the distribution of respondents according to their level of study.

Table 6: Cross Tabulation of the Programme of Study and Level of Respondents

| | Registered Mental Nursing | Community Psychiatric Nursing (CPN) | Total |
|-----------|---------------------------------|--|--------|
| Level 100 | Frequency Count | 51 | 73 |
| | % within level | 69.9% | 100.0% |
| | % within programme of study | 26.6% | 28.7% |
| | % of Total | 20.1% | 28.7% |
| Level 200 | Frequency Count | 63 | 74 |
| | % within level | 85.1% | 100.0% |
| | % within programme of study | 32.8% | 29.1% |
| | % of Total | 24.8% | 29.1% |
| Level 300 | Frequency Count | 78 | 107 |
| | % within level | 72.9% | 100.0% |
| | % within Programme of Study | 40.6% | 42.1% |
| | % of Total | 30.7% | 42.1% |
| Total | Frequency Count | 192 | 254 |
| | % within level | 75.6% | 100.0% |
| | % within programme of study | 100.0% | 100.0% |
| | % of Total | 75.6% | 100.0% |

source: Field survey, Djaban 2018.

Findings from Table 6 suggests that majority 107(42.1%) of the respondents of this study were level 300 students. Similarly, 74 (29.1%) of

the respondents were in level 200 whereas 73 (28.7%) were in level 100. Table 6 also shows 78 level 300s, 63 level 200s and 51 level 100s were trainee nurses enrolled in the Registered Mental Nursing (RMN) programme. In all, it is evident from Table 6 that a total of 192 (75.6%) trainee nurses are enrolled in the Registered Mental Nursing programme. Similarly, for the Community Psychiatric Nursing (CPN) programme, it is evident in Table 6 that majority 29 (27.1%) of trainee nurses enrolled in this programme are in their third year of study at the Ankaful PNTC. It can also be seen that 22 level 100s and 11 level 200s in Community Psychiatric Nursing programme were also involved in this study. This is indication of the effectiveness of the new quota system guiding enrolment into the nursing training college yearly; hence each academic year's enrolment is determined by the Nursing and midwifery council in collaboration with the Ministry of health. Again, it's evident that community psychiatric is a new programme which was recently introduced. This could account for the low enrolment.

Discussions of Main Findings

Research Question One: What factors have accounted for the re-introduction of the school feeding programme at the Ankaful PNTC

This research sought to find out from respondents the factors that have accounted for the re-introduction of the school feeding programme at the Ankaful PNTC. Respondents were made to agree or disagree to statements that sought to answer this research question. Views of trainee nurses on this research question are presented in Table 7.

Table 7: Factors that has Accounted for the Re-introduction of the School Feeding Programme

| Statements | Mean | Std. Deviation | Decision |
|---|------|----------------|----------|
| I prepare meals by myself or purchase food from food vendors. | 2.86 | .812 | Agree |
| I am not provided meals by the school management. | 2.74 | .712 | Agree |
| I experience burns as a result of cooking by myself. | 2.72 | .702 | Agree |
| I am affected with diarrhoea when I buy from food vendors. | 2.72 | .730 | Agree |
| I encounter security threats when I purchase food at night. | 2.71 | .717 | Agree |
| Cooking food myself is stressful. | 2.67 | .777 | Agree |

Source: Field Survey, Djaban (2018)

Information from Table 10 shows the responses of students regarding the factors that accounted for the reintroduction of school feeding in Ankaful Psychiatric nurses training college. The findings of the study revealed that students go through stress in cooking themselves (M= 2.86, SD= 0.812). This implies that the stress students go through when cooking their own meal is a factor that has informed management's decisions to re-introduce the school feeding programme at the Ankaful PNTC. Students go through a lot stress in planning what to eat and combining it with their academic work. The re-introduction of the school feeding programme is likely to save them from the headache of thinking about the food to eat, where to store their food among other things. Again, the students agreed that the various accidents they face as a result of cooking their own meal has also played a role in the re-introduction of the school feeding programme at the Ankaful PNTC (M= 2.74, SD= 0.712).

Inferring from the colleges infirmary reports (2017), accidents like, burns from gas stove, electric burns from faulty electric cooking appliances and minor cuts have been something most students have experienced of late. Students who use gas stove are likely to experience more accidents which could even lead to the destruction of school properties. These perhaps informed student responses to the factors that might have led to managements' decision to reconsider bringing back the school feeding programme.

More so, students also agreed that another factor that might have accounted for the re-introduction of the school feeding programmes is the numerous security threats they face as a result of buying food outside the school at night ($M= 2.71$, $SD= 0.717$). This response from the students implies that they are aware of the dangers associated with leaving the school at night to purchase food. In recent times, students in Ankaful PNTC have been attacked by robbers as they went out of the school to buy food. The environment in which the school is associated also contributes to the dangers students face when they go out at night to buy food. This in the views of students may have accounted for managements' decision to re-introduce the school feeding programmes at the Ankaful PNTC

Similarly, students agreed that another factor that may have led to the re-introduction of the school feeding programme in the school is the fact that they spend a lot of money as a result of cooking themselves ($M= 2.67$, $SD= 0.777$). Students who are not able to cook their own meal spend all their pocket money on purchasing food from food vendors, this also comes with its own adverse cost. In view of this, students perceive this situation might have accounted for the re-introduction of the school feeding programme. Views of

management and tutors were sought on the same issue, their views are presented in Table 8.

Table 8: Nursing Tutors Views on Factors that have Accounted for the Reintroduction of School Feeding in Ankaful Psychiatric Nurses Training College

| Statements | Mean | Std. Deviation | Decision |
|--|------|----------------|----------------|
| Students' health safety is guaranteed when their meals are properly planned by school authorities | 3.86 | .812 | Strongly Agree |
| Students spend more time outside the classroom to cook meals. | 3.67 | .777 | Strongly Agree |
| Students are faced with several security threats as a result of buying food outside the school at night | 3.52 | .702 | Strongly Agree |
| Student spend a lot of money as a result of cooking themselves | 3.41 | .717 | Agree |
| Internal fund generated from school feeding programme helps the institution to undertake developmental projects in the school. | 3.35 | .712 | Agree |
| Students are faced with various forms of accidents as a result of cooking themselves | 3.21 | .730 | Agree |
| Students contract several ailments as a result of eating food outside the school | 2.77 | .817 | Agree |

Source: Field Survey, Djaban (2018)

Results from Table 8 shows the responses of nursing tutors regarding the factors that have accounted for the reintroduction of school feeding in Ankaful Psychiatric nurses training college. The findings from Table 8

indicates that, nursing tutors strongly agreed that students' health safety is guaranteed when their meals are properly planned by school authorities (M= 3.86 SD= 0.812). This in their views may have influenced the decision of management to reconsider the introduction of the school feeding programme. They also strongly agreed that another factor that might have accounted for the reintroduction of the school feeding programme is the fact that students spend more time outside the classroom to cook meals (M= 3.67 SD= 0.777).

Findings also suggest that school feeding is very relevant in Ankaful Psychiatric nurses training college. The finding has revealed that the re-introduction of the school feeding programme at the Ankaful PNTC is based on needs identified both by trainee nurses and nursing tutors. The study revealed that there are some factors that informed managements' decision to re-introduce the school feeding programme. These factors in the views of the respondents include the fact that students spend a lot of money as a result of cooking themselves, students are posed with security threats as a result of purchasing food outside the school campus, generating internal funds to help in developmental projects within the school and finally students are guaranteed with healthy lifestyle as a result eating well planned menu by the school authorities. More so, the in-school feeding protects students from encountering security threats when they purchase food outside the school at night.

Literature has also indicated that one way of preventing sickness and infection among students is the provision of well-planned nutritious food for students during their period of stay on campus. Similarly, the provision of in-

school feeding by management of tertiary institutions prevents students from incurring burns as a result of cooking by themselves.

Research Question Two: What do stakeholders perceive as the role of re-introduction of in-school feeding in Ankafu PNTC?

This research sought to find out from respondents the perceptions of trainee nurses regarding the role of re-introduction of the in-school feeding at Ankafu PNTC. Finding of this research question are presented in Table 9.

Table 9: Views of Training Nurses on The Role of Re-Introduction of The In-School Feeding Programme

| Statement | Mean | Std. Deviation | Decision |
|---|------|----------------|----------|
| Provision of In-school feeding is always the duty of school management. | 3.06 | 1.672 | Agreed |
| When in-school feeding is available, it will save me from purchasing food from food vendors | 2.84 | .872 | Agreed |
| When is-school feeding is available, it will provide me with food on timely basis. | 2.80 | .870 | Agreed |
| When is-school feeding is available, it will prevent me from incurring burns as a result of cooking by myself. | 2.70 | .897 | Agreed |
| When is-school feeding is available, it will protect me from being infected with diarrhoeal diseases I get as a result of eating from food vendors. | 2.86 | .741 | Agreed |
| When is-school feeding is available, it will protect me from encountering security threats when I purchase food outside the school at night. | 2.70 | .812 | Agreed |
| When is-school feeding is available, it will save me from the stress of cooking by myself. | 2.55 | .882 | Agreed |

Source: Field Survey, Djaban (2018)

Table 9 presents the responses of trainee nurses regarding the perceptions of trainee nurses regarding the role of re-introduction of the in-

school feeding programme. The trainee nurses strongly agreed that in-school feeding is the responsibility of the management (M= 3.06, SD= 1.672). Similarly, the trainee nurses agreed that the re-introduction of the school feeding has the tendency of affording trainee nurses the opportunity to save time and money, eliminate the problem of food storage and to ensure that my daily nutritional requirement is met (M= 2.84, SD= 0.872; M= 2.80, SD= .870; M= 2.70 SD=.897) respectively. The re-introduction of the school feeding at the Ankafu PNTC is perceived by the trainee nurses as something that would have a positive effect on their stay on campus. Making inference from the responses they gave regarding the re-introduction of school feeding, it could be realized that the absence of school feeding has caused a lot of inconveniences to the trainee nurses. Findings from Table 9 suggests that school feeding at the nursing training colleges has the tendency of cutting down the feeding cost of trainee nurses who perhaps might have spent a lot of money in preparing their own food. Again, we can infer from the finding presented in Table 9 that, trainee nurses are optimistic that the re-introduction of the school feeding will save them the head of thinking about how to store their left-over food. Currently at the Ankafu PNTC, because trainee nurses are made to prepare food on their own, trainee nurses are faced with the challenge of finding a better way to store their food item. For this reason, some of them resort to preparing meal daily which the trainee nurses described as time and money consuming. In recent times, the management of the school banned the trainee nurses under training from using electrical gadgets such as microwaves, refrigerators, electric burners among others. With this banned in place, trainee nurses have had difficulties in storing their food items.

Consequently, this study has revealed trainee nurses' desire to have a school feeding programme in place to help curb these challenges.

Touching on students' punctuality as a result of the re-introduction of the school feeding, trainee nurses at the Ankaful PNTC perceive that when there is a well-structured feeding programme in place, it may save them time and help them to be punctual to class. Most nursing colleges where trainee nurses are made to prepare their own food have been faced with issues of lateness on the part of trainee nurses. According to the report from the quality assurance survey conducted in Ankaful PNTC, Ankaful PNTC has been experiencing the problem of lateness to lectures on the part of the trainee nurses. It again reported lectures dissatisfaction about trainee nurses attendance which was associated food preparation before attending lectures. This situation poses a serious threat to the academic performance of the student, this perhaps might have accounted for the reason why trainee nurses are with the view that the college should re-introduce the school feeding programme to help them fully focus on their academic performance.

Similarly, tutors also gave their views regarding the re-introduction of the in-school feeding. Views of nursing tutors regarding the re-introduction of the school feeding are presented in Table 10.

Table 10: Views of Tutors on the Role of Reintroduction of the School Feeding Programme at PNTC Ankaful

| Statement | Mean | Std. Deviation | Decision |
|--|------|----------------|----------------|
| In-school feeding must be re-introduced in PNTC Ankaful | 3.64 | 1.672 | Strongly Agree |
| Reintroduction of school feeding will afford trainee nurses the opportunity to save time and money. | 3.32 | 0.872 | Agree |
| Reintroduction of school feeding will eliminate the problem of food storage on the part of trainee nurses. | 3.2 | 0.87 | Agree |
| Reintroduction of school feeding will ensure that trainee nurse's daily nutritional requirement is meet | 3.15 | 0.897 | Agree |
| Reintroduction of school feeding will ensure that the college pays less in terms of electricity bills as a result of the use of electrical appliance for cooking meals | 2.86 | 0.741 | Agree |
| Reintroduction of school feeding will make trainee nurses have sound mind and think less of what to eat daily | 2.7 | 0.812 | Agree |
| Reintroduction of school feeding will motivate trainee nurses to be punctual. | 2.65 | 0.882 | Agree |
| Reintroduction of school feeding will reduce frequent occurrence of diarrhoeal diseases among trainee nurses on campus. | 2.62 | 0.885 | Agree |
| Reintroduction of school feeding will reduce theft cases as a result of several food vendors trooping in to sell food on campus. | 2.57 | 0.883 | Agree |
| Reintroduction of school feeding will save trainee nurses from the stress of cooking. | 2.55 | 0.932 | Agree |

Source: Field Survey, Djaban (2018)

Information gathered from Table 10 revealed that nursing tutors were strongly in agreement that the in-school feeding must be re-introduced in PNTC Ankaful (M= 3.64, SD=1.672). Nursing tutors also strongly agreed that the re-introduction of school feeding will afford trainee nurses the opportunity to save time and money (M= 3.32, SD=0.872). They also strongly agreed to the statement that, the reintroduction of school feeding will eliminate the problem of food storage and will also will ensure that my daily nutritional requirement is met and frequent report of dizziness associated with hypoglycaemia and anaemia during classes hours will be a thing of the past (M= 3.20, SD= 0.870; M= 3.15 SD=0.897). The responses from the nursing tutors have also confirm the views of students on the role the re-introduction of the school feeding will play in the lives of the students at the Ankaful PNTC. These responses go a long way to support the claims made by trainee nurses on why they feel the school feeding programme should be re-introduced at the nursing training college.

Judging from the results above, it is clear that both nursing tutors and trainee nurses have positive perceptions about the role in-school feeding play in the overall nursing tutors of tertiary educational institutions. The findings also suggest that, school feeding reduces the stress and burden of trainee nurses in nursing training colleges and allows them to focus on their academic activities as well as enhancing their nutritional needs. Findings from this study corroborate studies on the outcomes of school feeding programmes conducted by Williams, McIntyre, Dayle & Raine (2003), who reviewed the impact of school feeding in educational institutions. Williams et al, (2003) found that most of the studies are focused on meeting the nutritional needs of trainee

nurses in educational institutions. This goes to buttress Abraham Maslow theory of needs hierarchy of 1943.

In sum, it can be concluded that, both the trainee nurses and nursing tutors at the Ankaful PNTC are strongly in agreement that the school feeding is relevant in tertiary institutions to save trainee nurses of their time and money, and to ensure that students' nutritional requirements are met on a daily basis. The school feeding programmes also has some impact on the institution. The nursing tutors and trainee nurses agreed that school feeding will eliminate the problem of food shortage which could lead to a distortion in the institution's academic calendar thus, it need to re-introduce the feeding programme at PNTC Ankaful. It also saves the institutions from incurring huge electricity bills as a result of the use of electrical appliance for cooking and preserving meals. Thus, this study revealed that, trainee nurses and nursing tutors are strongly in agreement to the re-introduction of the in-school feeding programme at the Ankaful PNTC.

Research Question Three: How do stakeholders perceive the influence of the re-introduction of the in-school feeding on teaching and learning activities at the Ankaful PNTC.

This research question sought to explore the perceptions of stakeholders on the influence of the re-introduction of the in-school on the teaching activities at the Ankaful PNTC.

Table 11: Views of Trainee Nurses on the Influence of the Reintroduction of In-School Feeding on the Teaching and Learning Activities

| Statement | Mean | Std. Deviation | Decision |
|--|------|----------------|----------|
| In-school feeding helps me to save more time for my class assignment | 2.63 | .763 | Agree |
| In-school feeding enable me to save money to buy teaching and learning material | 2.57 | .801 | Agree |
| In-school feeding improves the cognitive function and retention of students | 2.43 | .801 | Disagree |
| In-school feeding will afford lecturers to be punctual in class, since they will always be around. | 2.33 | .785 | Disagree |
| in-school feeding helps me to pay more attention in class | 2.33 | .786 | Disagree |

Source: Field Survey, Djaban (2018)

Evidence gathered from Table 11 shows the responses of trainee nurses regarding the influence of the re-introduction of the in-school feeding on teaching and learning activities. Findings from Tables 11 revealed that trainee nurses agreed to the statement that in-school feeding influence teaching and learning activities by helping trainee nurses to save more time for their class assessments ($M= 2.63$, $SD= 0.763$). In the same vein, the trainee nurses also agreed to the statement that in-school feeding influence teaching and learning activities by enabling trainee nurses to save money to buy teaching and learning material and also by improving their cognitive function and retention

to enable them pay rapt attention in class during lesson ($M= 2.57$, $SD= 0.801$; $M= 2.43$ $SD= 0.801$) respectively. Student gain agreed that in-school influence teaching and learning activities by encouraging lecturers to be punctual in class since trainee nurses will always be around thus tutors would be served lunch as well and this would prevent them from leaving school at inappropriate hours to buy lunch for themselves. ($M= 2.33$, $SD= 0.785$). the finding from Table 11 seems to suggest that trainee nurses are aware of the positive influence school feeding will have on both teaching and learning activities at the Ankafu PNTC. Trainee nurses agreed that with school feeding in place, they were assured of having more time for their class work and take-home assignments. This view of student could have arisen from the fact that, life on the campus of nursing training colleges are engulfed with several activities ranging from early morning devotion- environmental sanitation- lectures- environmental sanitation 2- skills lab demonstration- prep. These are daily routine at the training college. It begins at 5:30 am to 10:00pm this means that the trainee nurse is permitted to have time for him or herself after 10:00pm. These activities are mostly curricular or co- curricular activities. Students' involvement in the co- curricular activities require extra time which sometimes affect the time student have on their academic work. Relieving students from the stress of cooking their own will save them a lot of time to concentrate on their academic work and excel academically.

Similarly, the findings from Table 11 displays trainee nurses' views that the re-introduction of the school feeding will improve their cognitive function and retention. Taking a nutritious meal before class is very essential when it comes to their ability to pay rapt attention in class. The performance

of students in class may be linked to their meal plan. Students who are able to eat breakfast tend to perform better in class than those who did not take their breakfast before the morning lesson.

On the issue of the influence of the re-introduction of the school feeding on teaching and learning activities, nursing tutors also had some views to share. The views of nursing tutors on this subject are presented in Table 12.

Table 12: Views of Nursing Tutors on the Influence of the Re-Introduction of In-School Feeding on the Teaching and Learning Activities

| Statement | Mean | Std. Deviation | Decision |
|---|------|----------------|----------------|
| Reintroduction of in-school feeding will help trainee nurses to save more time for their class assignment | 3.58 | .750 | Strongly Agree |
| Reintroduction of in-school feeding will enable trainee nurses to save money to buy teaching and learning material | 3.52 | .661 | Strongly Agree |
| Reintroduction of in-school feeding will afford nursing tutors to be punctual in class, since they will always be around. | 3.46 | .743 | Agree |
| Reintroduction of in-school feeding will help trainee nurses to pay more attention in class | 3.33 | .786 | Agree |
| Reintroduction of in-school feeding will improve the cognitive function and retention of trainee nurses | 3.24 | .734 | Agree |

Source: Field Survey, Djaban (2018)

Evidence gathered from Table 12 shows the responses of nursing tutors regarding the influence of the re-introduction of the in-school feeding on teaching and learning activities. Findings from Tables 15 revealed that nursing tutors strongly agreed to the statement that in-school feeding influence teaching and learning activities by helping trainee nurses to save more time for their class assignment (M= 3.58, SD= SD= 0.750). Nursing tutors again

displayed a strong agreement to the statement that in-school feeding influence teaching and learning activities by enabling trainee nurses to save money to buy teaching and learning material (M= 3.52, SD= 0.661). Similarly, nursing tutors strongly agreed to the statement that in-school feeding influence teaching and learning activities by helping trainee nurses to pay more attention in class and also improves the cognitive function and retention of trainee nurses (M= 3.33, SD=0.786; M= 3.24, SD= 0.734). Findings from this study suggest that the reintroduction of the school feeding programmes has a positive impact on teaching and learning activities. Nursing tutors' agreement to the statement that the re-introduction saves trainee nurses the time to engage in their academic activities stems from the fact that the nursing tutors themselves have witnessed several incidences where students have given excuses like inadequate time for their failure to complete their assessment. They perceive the re-introduction of the school feeding could solve this problem. Nursing tutors also agreed to the statement that the re-introduction of the in-school feeding will help students to pay attention in class.

These findings are in consonance with a report written in reference to the Ghana School Feeding Programme. The report revealed that one impact of the school feeding programme in Ghana has been in the increase of enrolment and retention. The report continued to reveal that, in many of the schools, the numbers had doubled since the introduction of the school feeding programme. In a similar research in Bangladesh, Ahmed (2004) revealed that the school feeding programme has the potential to increase enrolment, completion rate as well as improve achievements of students in schools that receive meals. This means that, school meal is an effective measure to provide vital nourishment

to students in colleges and enhancing teaching and learning activities in educational institutions. However, findings of this study in another sense contradicts what literature presents on the influence of school feeding in the promoting teaching and learning activities in educational institutions. Levinger (2005), in his review studies concludes that SFPs do indeed increase enrolment, but the impact on academic performances is mixed and depends on the local conditions. Overall, the conventional agreement is that unless other factors such as adequately trained teachers, adequate learning materials and adequate physical facilities are present, SFPs would not improve teaching and learning activities. This means that other factors come to play in improving academic performance of trainee nurses but not just feeding students. Generally, results show that school feeding programmes can increase attendance and academic performance of students in colleges. It is once again worth noting that, in all the foregoing literature, none of them considered the impact of the school feeding programme on trainee nurses in nursing training colleges and that is exactly what this study seeks to achieve.

Research Question Four: What is the readiness of Ankaful PNTC to the reintroduction of school feeding as perceived by the stakeholders?

This research question sought to explore the readiness of Ankaful PNTC to re-introduce in-school feeding programme in the college. Views of trainee nurses and nursing tutors were collected on this research question. The findings of respondents are presented in Table 13 and 14.

Table 13: Views of Trainee Nurses on the Readiness to Re-Introduced School Feeding in Ankaful PNTC

| Statement | Mean | Std. Deviation | Decision |
|--|------|----------------|----------|
| I am ready for the reintroduction if the government subsidizes the cost of feeding | 3.20 | 2.14 | Agree |
| I am ready for the reintroduction if the policy makers make a policy which will standardize in-school feeding in all nursing training schools | 3.11 | .873 | Agree |
| I am ready for the reintroduction if the parents and guidance are informed about the importance and benefit of being provided with meals at school | 3.05 | .925 | Agree |
| I am ready for the reintroduction if the I am served nutritious meal (quality of meals improved) | 3.04 | .831 | Agree |
| I am ready for the reintroduction if I am served with enough quantity of food | 3.02 | .834 | Agree |
| I am ready for the reintroduction if I am served with my preferred meal | 2.97 | .994 | Agree |
| I am ready for the reintroduction if I am involved in the planning food menu | 2.82 | 1.08 | Agree |
| I am ready for the reintroduction if the I am billed with the feeding fee every semester | 2.74 | .926 | Agree |

Source: Field Survey, Djaban (2018)

Information from Table 13 shows the responses of trainee nurses regarding their readiness to the reintroduction of school feeding in the school. The findings indicate that trainee nurses strongly agreed to the statement that they are ready to embrace the reintroduction of in-school feeding if the government subsidizes the cost of feeding (M= 3.20, SD= 2.14). Similarly, trainee nurses were strongly in agreement to the statement that they are ready for the reintroduction if policy makers will make a policy which will standardize in-school feeding in all nursing training schools (M= 3.11, SD= 0.873) still on the readiness of Ankaful PNTC to reintroduce the school feeding programme, the trainee nurses strongly agreed and indicated their

readiness to the reintroduction of in-school feeding if parents and guidance are informed about the importance and benefit of being provided with meals at school (M= 3.05, SD= 0.925). Nevertheless, some student respondents agreed that they are ready for the reintroduction if they are served with their preferred meals, when trainee nurses are involved in the planning food menu and finally trainee nurses are billed with the feeding fee every semester (M= 2.97, SD= 0.994; M= 2.82, SD=1.08; M= 2.74, SD= 0.926) respectively.

Table 14: Nursing Tutors' Views on the Readiness of Ankaful PNTC to Re-Introduce School Feeding in the College

| Statement | Mean | Std. Deviation | Decision |
|---|------|----------------|----------------|
| Management of Ankaful PNTC is ready to reintroduce if the government subsidizes the cost of feeding | 3.67 | 0.692 | Strongly Agree |
| Management of Ankaful PNTC is ready to reintroduce if policy makers make a policy which will standardize in-school feeding in all nursing training schools | 3.67 | 0.645 | Strongly Agree |
| Management of Ankaful PNTC is ready to reintroduce if parents and guidance are informed about the importance and benefit of being provided with meals at school | 3.48 | 0.566 | Agree |
| Management of Ankaful PNTC is ready to reintroduce school feeding if trainee nurses get involved in planning food menu | 3.21 | 0.781 | Agree |
| Management of Ankaful PNTC is ready to reintroduce if trainee nurses pay feeding fee every semester | 3.03 | 0.77 | Agree |

Source: Field Survey, Djaban (2018)

Results from Table 14 shows the responses of nursing tutors regarding management readiness to re-introduced school feeding at Ankaful PNTC. The findings indicate that nursing tutors strongly agreed to the statement that Management of Ankaful PNTC is ready to reintroduce school feeding if the government subsidizes the cost of feeding ($M= 3.67$, $SD= 0.692$). Likewise, nursing tutors were strongly in agreement to the statement that Management of Ankaful PNTC is ready to reintroduce school feeding if policy makers make a policy which will standardize in-school feeding in all nursing training schools ($M= 3.67$, $SD= 0.645$). More so Management of Ankaful PNTC is ready to reintroduce school feeding if trainee nurses are involved in the planning food menu and finally trainee nurses are billed with the feeding fee every semester ($M= 3.03$, $SD= 0.770$).

Findings of this study agree with literature reviewed on the school feeding programmes in the country. A review of the school feeding programme in 2008 in four districts in Ghana found that stakeholders felt specific improvements were needed in terms of qualified cooks, increased use of locally produced foods and the attachment of school farms to existing school feeding programmes (Quaye, Essegbey, Frempong, & Ruivenkamp, 2010). Stakeholders were of the opinion that trainee nurses and their guardians should be allowed to be more involved in choosing what foods they eat at school. Supporting the finding of this study, literature has revealed that stakeholder participation is vital to sustainability of school feeding programmes. When stakeholders have a sense of ownership in a programme they are more likely to advocate for the programme during difficult times. (Quaye et al., 2010).

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This study sought to explore the perceptions of stakeholders regarding the re-introduction of the school feeding programme at the Psychiatric Nursing Training College, Ankafu. Stakeholders considered for this study were trainee nurse and nursing tutors. Trainee nurses and nursing tutors were chosen for this study because they are the direct beneficiaries of the school feeding programme when re-introduced.

This section of the study summarizes the findings of the research. The section also indicates how the purpose of the study was achieved. Furthermore, the section provides useful recommendations that address the issues raised in the analysis with respect to the re-introduction of the school feeding programme at the PNTC, Ankafu.

Summary of the Research Process

The study was a descriptive survey which was primarily designed to find out the perception of trainee nurses and nursing tutors regarding the re-introduction of the school feeding programme at the PNTC, Ankafu. The study addressed the following specific research questions:

5. What are the factors that have accounted for the re-introduction of school feeding in Ankafu PNTC?
1. What do stakeholders perceive as the role of the re-introduction of school feeding in Ankafu PNTC in training nurses?

6. What is the influence of the re-introduction of school feeding on teaching and learning activities at the Ankaful PNTC as perceived by stake holders?
7. What is the readiness of Ankaful PNTC to re-introduce school feeding as perceived by stakeholders?

The study targeted trainee nurses and nursing tutors at the PNTC, Ankaful. Total respondents of 274 respondents were selected for the study. the respondent included 254 trainee nurse and 20 nursing tutors. The stratified sampling technique and simple random sampling were used to select the 274 nurses and midwives from the various levels in the PNTC, Ankaful. Two set of questionnaires were designed as instruments for collecting data. These questionnaires were validated through expert judgment, pilot-tested and used as the main instruments for data collection. Due to the descriptive nature of the study, descriptive statistics (frequencies, percentages, means and standard deviations) were used to analyze the quantitative data that were collected.

Summary of Key Findings

The essential findings of this study can be summarized as follows:

1. It was revealed from the study that both trainee nurses and nursing tutors are positive about the role the re-introduction will play in the day to day administration at the PNTC, Ankaful. Thus, it can be said that the school feeding when re-introduced into the college will save trainee nurses from inconvenience associated with cooking by themselves and also the dangers can emanate from purchasing food from vendors outside. Also, the study revealed that management of the college should be at the centre of the re-introduction of the school feeding

programme. Respondents strongly agreed that it lies within the domain of the management to provide food for trainee nurses at the PNTC, Ankaful.

2. Concerning how trainee nurses and nursing tutors perceive the influence of the re-introduction of school feeding on the teaching and learning activities at the PNTC, AnkafulThe school feeding has a high tendency to improve teaching and learning at PNTC, Ankaful. The study revealed that school feeding helps trainee nurses to save more time for their class assignment. Again, it is evident from the study that school feeding helps trainee nurses to save more money to purchase learning materials. Finally, the study revealed that school feeding improves the cognitive function and retention of trainee nurses.
3. Regarding the ways through which the school feeding programme can be re-introduced when sustained, the study revealed that the re-introduction of the feeding programme can be sustained when government provides subsidies for the cost of feeding at the PNTC, Ankaful. Also, the study revealed in sustaining the school feeding programme, there is the need for policy makers to come out with a policy to standardize feeding in all nursing training colleges in the country. Furthermore, the study revealed that the school feeding when re-introduced can be sustained by educating parents and guidance of trainee nurses on the importance and benefits of the school feeding.
3. Finally, the study revealed that the re-introduction of the school feeding programme at the PNTC, Ankaful can be sustained when trainee nurses are actively involved in the planning of the various

menu to be served. Also, it was evident in the study that involving trainee nurses in the billing processes for the school feeding programme can go a long way to sustain the programme when introduced.

Conclusions

First and foremost, the findings obtained from this study are enough evidence to conclude that the school feeding programme is very vital in every educational institution. Trainee nurses and nursing tutors are positive of the roles of the programme in enhancing student performance at the nursing training college. Also, it can be concluded from the study that school feeding reduces the cost burden on the trainee nurses and also ensure that the daily nutritional requirement of the trainee nurses is met. Consequently, it reduces the burden of the trainee nurses thinking of what to eat daily. It gives them more time to concentrate on the academic work. Secondly, the study indicated the re-introduction of the school feeding programme is perceived to positively influence teaching and learning activities at the PNTC, Ankaful. The study concludes that the re-introduction of the school feeding programme will help trainee nurses to save more time to concentrate on their academic work. this consequently goes a long way to improve teaching and learning at the college.

Finally, the study concluded that there is need to put in strict measures to sustain the re-introduction of the school feeding programme at the PNTC, Ankaful. It is evident from the study that management of the college should be at the centre of maintain the feeding programme. Also, management should endeavour to involve trainee nurses in the planning of menu and billing processes for the school feeding programme. More so, there is need to educate

parents and guardians of trainee nurses on the benefits of the feeding programme for their ward.

Recommendations

Based on the findings of the study and the conclusions that have been drawn, the following recommendations are made for the successful re-introduction of the school feeding programme at the PNTC, Ankaful.

1. Management of the Ankaful Nursing Training College should engage trainee nurses in the menu planning to enhance efficient implementation of the feeding programme.
2. Management of the Ankaful Nursing Training College should consistently inform and update stakeholders on the state of the school feeding programme when re-introduced.
3. There is the need for the policy makers to pay attention to the nature of school feeding at the PNTC Ankaful, whether an option or a part of the institution's practices hence do away with this back and forth feeding system in the college.
4. Government should provide feeding grant to nursing training institutions to subsidize feeding fees paid by trainee nurses in the nursing training institutions.

Suggestions for Further Research

There is the need for further research studies to be conducted on the following suggested areas:

1. Relationship between school feeding and academic performance at the nursing training college.
2. Management role in school feeding at the nursing training college.

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APPENDICES

APPENDIX A
QUESTIONNAIRE FOR NURSING TUTORS
UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
INSTITUTE FOR EDUCATIONAL PLANNING AND
ADMINISTRATION (IEPA)

QUESTIONNAIRE FOR NURSING TUTORS

My name is Ruth Djaban and I am currently studying for Master of Philosophy (MPhil) degree in Administration in Higher Education at the University of Cape Coast, Ghana. As part of the requirements of my masters' degree course, I am conducting a study on Stakeholders Perceptions of the reintroduction of In-School Feeding at Ankaful Psychiatric Nursing Training College. Your responses will enable me to gather empirical data for the study. The information you will provide is for research purpose only therefore, be assured that your identity will not be disclosed in anyway. Thank you for your co-operation.

SECTION A: Demographical Data

Please tick [$\sqrt{\quad}$] where appropriate or write the appropriate response concerning each statement below.

1. Sex

Male []

Female []

2. Age (in years)

Less than 25 years []

26-30 years []

31-35years []

36-40 years+ []

3. Occupation

a. Tutor []

b. Cook []

c. Principal []

d. Others []

4. How long have you worked in PNTC Ankaful?

a. below 5years []

b. 5 years + []

5. Have you ever witnessed in-school feeding in PNTC Ankaful?

a. yes []

b. No []

6. If yes, who is the main provider of in-school food?

a. school management []

b. individual food vendors []

7. How many times were student fed each day?

a. once daily []

b. twice daily []

c. thrice daily []

SECTION A: perceived factors that have accounted for the re-introduction of school feeding in Ankaful PNTC.

The statements below relate to perception of trainee nurses on the factors that have accounted for the re-introduction of school feeding in Ankaful PNTC. Please indicate the extent to which you agree with each of the following statements by ticking the appropriate box. Indicate your opinion based on the following scales; **SA for Strongly Agree, A for Agree, D for Disagree and SD for Strongly Disagree.**

| | Statements | SA | A | D | SD |
|-----|--|-----------|----------|----------|-----------|
| 7. | Students' health safety is guaranteed when their meals are properly planned by school authorities | | | | |
| 8. | Students spend more time outside the classroom to cook meals. | | | | |
| 9. | Students are faced with several security threats as a result of buying food outside the school at night | | | | |
| 10. | Student spend a lot of money as a result of cooking themselves | | | | |
| 11. | Internal generated fund from school feeding programme helps the institution to undertake developmental projects in the school. | | | | |
| 12. | Students are faced with various forms of accidents as a result of cooking themselves | | | | |
| 13. | Students contract several ailments as a result of eating food outside the school | | | | |

SECTION B: Perceived Role of the reintroduction of in-school feeding in Ankaful PNTC.

Please indicate the extent to which you agree with each of the following statements regarding the perception of nursing tutors on the role of the reintroduction of in-school feeding in PNTC Ankaful by ticking the appropriate box. Indicate your opinion based on the following scales; **SA for Strongly Agree, A for Agree, D for Disagree and SD for Strongly Disagree.**

| | Statements | SA | A | D | SD |
|-----|--|----|---|---|----|
| 14. | Provision of In-school feeding is always a duty of school management. | | | | |
| 15. | Reintroduction of School provided meals will save students from purchasing food from food vendors | | | | |
| 16. | Reintroduction of school feeding will ensure that students are provided with food on timely basis. | | | | |
| 17. | Reintroduction school feeding will prevent students from incurring burns as a result of cooking by themselves. | | | | |
| 18. | Reintroduction of school feeding will protect students from being infected with diarrhoeal diseases when they buy food from vendors. | | | | |
| 19. | Reintroduction of In-school feeding will help reduce electricity bills as a result of students using electrical appliances solely for cooking meals. | | | | |
| 20. | Reintroduction of school feeding will ensure that students' daily nutritional requirement is met. | | | | |
| 21. | Reintroduction of school feeding will reduce theft cases as a result of several food vendors trooping in to sell on campus. | | | | |
| 22. | In school feeding will save students from the stress of cooking by themselves. | | | | |

SECTION C: Perception on the influence of the re-introduction of the in-school feeding on teaching and learning activities at the Ankaful PNTC.

The statements below relate the perception of training nurses regarding the influence of in-school feeding on teaching and learning activities in Ankaful PNTC. **Please indicate the extent to which you agree with each of the following statements by ticking the appropriate box.** Indicate your opinion based on the following scales; **SA for Strongly Agree, A for Agree, D for Disagree and SD for Strongly Disagree.**

| | Statements | SA | A | D | SD |
|-----|---|-----------|----------|----------|-----------|
| 23. | In-school feeding helps students to save more time for their class assignment. | | | | |
| 24. | In-school feeding enable students save much money to buy teaching and learning materials. | | | | |
| 25. | In-school feeding affords lecturers to be punctual in class, since the students will be always be around. | | | | |
| 26. | In-school feeding help students to pay more attention in class. | | | | |
| 27. | In-school feeding improves the cognitive function and retention of students. | | | | |
| 28. | Feeding students in school will ensure that lecturers are provided lunch daily. | | | | |

SECTION E: Readiness of Ankaful PNTC to re-introduced school feeding.

Please indicate the extent to which you agree with each of the following statements regarding the how the school feeding can be sustained when re-introduced at PNTC Ankaful **by ticking the appropriate box.** Indicate your opinion based on the following scales; **SA for Strongly Agree, A for Agree, D for Disagree and SD for Strongly Disagree.**

| | Statements | SA | A | D | SD |
|-----|--|-----------|----------|----------|-----------|
| 29. | Management of Ankaful PNTC is ready to reintroduce school feeding if the government subsidizes the cost of feeding. | | | | |
| 30. | Management of Ankaful PNTC is ready to reintroduce school feeding if policy makers make a policy which will standardize in-school feeding in all nursing training schools | | | | |
| 31. | Management of Ankaful PNTC is ready to reintroduce school feeding if parents and guidance are informed about the importance and benefit of being provided with meals at school | | | | |
| 32. | Management of Ankaful PNTC is ready to reintroduce school feeding if trainee nurses get involved in planning food menu. | | | | |
| 33. | Management of Ankaful PNTC is ready to reintroduce school feeding if trainee nurses pay | | | | |

| | | | | | |
|-----|---|--|--|--|--|
| | feeding fee every semester. | | | | |
| 34. | Management of Ankaful PNTC is ready to reintroduce school feeding if the government subsidizes the cost of feeding. | | | | |
| 35. | Management of Ankaful PNTC is ready to reintroduce school feeding if policy makers make a policy which will standardize in-school feeding in all nursing training schools | | | | |
| 35. | Management of Ankaful PNTC is ready to reintroduce school feeding if parents and guidance are informed about the importance and benefit of being provided with meals at school. | | | | |

APPENDIX B
QUESTIONNAIRE FOR TRAINEE NURSES
UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
INSTITUTE FOR EDUCATIONAL PLANNING AND
ADMINISTRATION (IEPA)

QUESTIONNAIRE FOR TRAINEE NURSES

My name is Ruth Djaban and I am currently studying for Master of Philosophy (MPhil) degree in Administration in Higher Education at the University of Cape Coast, Ghana. As part of the requirements of my masters' degree course, I am conducting a study on Stakeholders Perceptions of the reintroduction of In-School Feeding at Ankaful Psychiatric Nursing Training College. Your responses will enable me to gather empirical data for the study. The information you will provide is for research purpose only therefore, be assured that your identity will not be disclosed in anyway. Thank you for your co-operation.

SECTION A: Demographical Data

Please tick [$\sqrt{\quad}$] where appropriate or write the appropriate response concerning each statement below.

1. Sex Male [] Female []

2. Age (in years)
 - Less than 25 years []
 - 26-30 years []
 - 31-35years []
 - 36-40 years []

41-45years []

3. Level a. 100 [] b. 200 [] c. 300 []

4. Programme of study

SECTION A: perceived factors that have accounted for the re-introduction of school feeding in Ankaful PNTC.

The statements below relate to perception of trainee nurses on the factors that have accounted for the re-introduction of school feeding in Ankaful PNTC. Please indicate the extent to which you agree with each of the following statements by ticking the appropriate box. Indicate your opinion based on the following scales; **SA for Strongly Agree, A for Agree, D for Disagree and SD for Strongly Disagree.**

| | Statements | SA | A | D | SD |
|-----|---|----|---|---|----|
| 5. | I prepare meals by myself or purchase food from food vendors. | | | | |
| 6. | I am not provided meals by the school management. | | | | |
| 7. | I experience burns as a result of cooking by myself. | | | | |
| 8. | I am affected with diarrhoea when I buy from food vendors. | | | | |
| 9. | I encounter security threats when I purchase food at night. | | | | |
| 10. | Cooking food myself is stressful. | | | | |
| 11. | In-school feeding is a necessity in the college | | | | |

SECTION B: Perceived Role of re-introduction of In-School Feeding in Ankaful PNTC

The statements below relate to perception of trainee nurses on the role of reintroduction of in-school feeding in PNTC Ankaful. Please indicate the extent to which you agree with each of the following statements by ticking the appropriate box. Indicate your opinion based on the following scales; **SA for Strongly Agree, A for Agree, D for Disagree and SD for Strongly Disagree.**

| | Statements | SA | A | D | SD |
|-----|---|-----------|----------|----------|-----------|
| 12. | Provision of In-school feeding is always the duty of school management. | | | | |
| 13. | When in-school feeding is available, it will save me from purchasing food from food vendors | | | | |
| 14. | When is-school feeding is available, it will provide me with food on timely basis. | | | | |
| 15. | When is-school feeding is available, it will prevent me from incurring burns as a result of cooking by myself. | | | | |
| 16. | When is-school feeding is available, it will protect me from being infected with diarrhoeal diseases I get as a result of eating from food vendors. | | | | |
| 17. | When is-school feeding is available, it will protect me from encountering security threats when I purchase food outside the school at night. | | | | |
| 18. | When is-school feeding is available, it will save me from the stress of cooking by myself. | | | | |
| 19. | When is-school feeding is available it will afford me the opportunity to save time and | | | | |

| | | | | | |
|-----|---|--|--|--|--|
| | money. | | | | |
| 20. | When is-school feeding is available will eliminate the problem, I have with food storage. | | | | |
| 21. | When is-school feeding is available, it will motivate me to be punctual. | | | | |

SECTION C: How do trainee nurses perceive the influence of the re-introduction of the in-school feeding on teaching and learning activities at the Ankafu PNTC?

The statements below relate to the perception of training nurses regarding the influence of in-school feeding on teaching and learning activities in Ankafu PNTC. **Please indicate the extent to which you agree with each of the following statements by ticking the appropriate box.** Indicate your opinion based on the following scales; **SA for Strongly Agree, A for Agree, D for Disagree and SD for Strongly Disagree.**

| | Statements | SA | A | D | SD |
|-----|---|----|---|---|----|
| 22. | In-school feeding will help me to save more time for my class assignment. | | | | |
| 23. | In-school feeding enable me save much money to buy teaching and learning materials | | | | |
| 24. | Lecturers will be served lunch from school provided meals to motivate them to stay in school for extra hours to attend to my needs. | | | | |
| 25. | In-school feeding helps students to pay more attention in class. | | | | |

| | | | | | |
|-----|---|--|--|--|--|
| 26. | In-school feeding will improve my academic performance my alertness in class. | | | | |
|-----|---|--|--|--|--|

SECTION D: Readiness of Ankaful PNTC to reintroduction of in-school feeding.

The statements below relate to means of readiness of PNTC Ankaful to re-introduce in-school feeding in the college. **Please indicate the extent to which you agree with each of the following statements by ticking the appropriate box.** Indicate your opinion based on the following scales; **SA for Strongly Agree, A for Agree, D for Disagree and SD for Strongly Disagree.**

| | Statements | SA | A | D | SD |
|-----|--|----|---|---|----|
| 27. | I am ready for the reintroduction of the school feeding programme if the government subsidizes the cost of feeding | | | | |
| 28. | I am ready for the reintroduction of the school feeding programme if the policy makers will make a policy which will standardize in-school feeding in all nursing training schools | | | | |
| 29. | I am ready for the reintroduction of the school feeding programme if my parent/guardian is informed of the importance and benefit of being provided with meals at school. | | | | |
| 30. | I am ready for the reintroduction of the school feeding programme if I will be served nutritious meal (quality of meals | | | | |

| | | | | | |
|-----|---|--|--|--|--|
| | improved) | | | | |
| 31. | I am ready for the reintroduction of the school feeding programme if I will be served with enough quantity of food. | | | | |
| 32. | I am ready for the reintroduction of the school feeding programme if I will be served with my preferred meal. | | | | |

APPENDIX C

PILOT STUDY REPORT

INTRODUCTION

This is a report on the pilot study that was conducted in the Pantang Psychiatric hospital. The pilot study was conducted to gather data from students in relation to items on the questionnaire as well as collect the input of respondents regarding the perceptions of Trainee Nurses on In-School Feeding.

METHOD

Participants

Participants for the pilot study were purposively sampled from twenty (20) students at the Pantang Psychiatric hospital. Participants were selected across the various levels and programmes of study.

Instrument

The instrument used for the pilot study was a questionnaire with twenty-nine (29) items. The questionnaire included open and closed ended items which clearly sought to gather data on the perception of Trainee Nurses on In-School

ANALYSIS

Case Processing Summary

| | | N | % |
|-------|-----------------------|----|-------|
| Cases | Valid | 20 | 100.0 |
| | Excluded ^a | 0 | 0 |
| | Total | 20 | 100.0 |

a. Listwise deletion based on all variables in the procedure

2. Cronbach's Alpha for items in Section B

Case Processing Summary

| | | N | % |
|-------|-----------------------|----|-------|
| Cases | Valid | 20 | 100.0 |
| | Excluded ^a | 0 | .0 |
| | Total | 20 | 100.0 |

a. Listwise deletion based on all variables in the procedure.

3. Cronbach's Alpha for items in Section C

Case Processing Summary

| | | N | % |
|-------|-----------------------|----|-------|
| Cases | Valid | 20 | 100.0 |
| | Excluded ^a | 0 | .0 |
| | Total | 20 | 100.0 |

a. Listwise deletion based on all variables in the procedure.

Case Processing Summary

| | | N | % |
|-------|-----------------------|----|-------|
| Cases | Valid | 20 | 100.0 |
| | Excluded ^a | 0 | .0 |
| | Total | 20 | 100.0 |

b. Listwise deletion based on all variables in the procedure.

Reliability Statistics

| Cronbach's Alpha | N of Items |
|------------------|------------|
| .428 | 7 |

1. C

Cronbach's Alpha for items in Section A

Reliability Statistics

| Cronbach's Alpha | N of Items |
|------------------|------------|
| .729 | 6 |

Reliability Statistics

| Cronbach's Alpha | N of Items |
|------------------|------------|
| .760 | 7 |

4. Cronbach's Alpha for items in Section D

Reliability Statistics

| Cronbach's Alpha | N of Items |
|------------------|------------|
| .393 | 25 |

RESULTS

According to Mohen and Dennick (2001), Cronbach's alpha (α) is way to measure reliability or internal consistency of a psychometric instrument. Thus for interpreting the Cronbach's alpha (α), a score more than 0.7 is considered accepted. For this study, the Cronbach's alpha (α) value recorded for section B and C was **0.729 and 0.760** respectively, thus, $\alpha \geq 0.7$. This signifies a higher internal consistency between the test items. Items in section A and D recorded a Cronbach alpha of 0.428 and 0.393 respectively, thus $\alpha \leq 0.7$. This signifies a lower internal consistency between the test items.

CONCLUSION

This pilot study, in my view has been very beneficial. The pilot study reveals the strength and weakness of the instrument; this goes a long to prevent any inaccuracies in the administration of the instrument.

APPENDIX D

Introductory Letter



UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
SCHOOL OF EDUCATIONAL DEVELOPMENT & OUTREACH
INSTITUTE FOR EDUCATIONAL PLANNING AND ADMINISTRATION

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University Post Office
Cape Coast
Ghana

30th July, 2018

Our Ref: IEPA/104/Vol.3/259

The Principal
Ankaful Psychiatric Nursing Training College
P. O. Box 1056
Cape Coast

Dear Sir,

LETTER OF INTRODUCTION

The bearer of this letter, **Ms. Ruth Djaban**, is an M.Phil. student of the Institute for Educational Planning and Administration (IEPA) of the University of Cape Coast. She requires some data/information from you/your outfit for the purpose of writing her thesis titled, **“Stakeholders Perception of Re-introduction of In-school Feeding at the Ankaful Psychiatric Nursing Training College”** as a requirement for M.Phil. Degree programme.

Kindly give the necessary assistance that **Ms. Djaban** requires to enable her gather the information she needs.

While anticipating your co-operation, we thank you for any help that you may be able to give her.

Thank you.

Yours faithfully,

Ebenezer Kingsley Donkoh
SENIOR ADMINISTRATIVE ASSISTANT
FOR: DIRECTOR

INSTITUTE FOR EDUCATIONAL
PLANNING & ADMINISTRATION
UNIVERSITY OF CAPE COAST
CAPE COAST