

Level of Awareness of Department of Hospitality and Tourism Students on the Nutritional Value of Meals

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Abstract

This study assessed the level of awareness of Department of Hospitality and Tourism students on the Nutritional Value of Meals. A descriptive survey was employed for this study. The data that were gathered with the use of questionnaires were analysed through the computation of frequencies, percentages, mean of means and standard deviation distributions. It was found out that students had a high level of awareness of the nutritional value of meals. In line with this, students read the nutritional content of all canned foods before using them and did not just eat whatever was available. A lot of factors such as level of income; time for taking a meal; health implications; preference among other things influenced students' choice of a particular meal. It was recommended that Ministry of Health, Food and Drugs Authority and health professionals should intensify education on the nutritional value of meals since some of the students still failed to consider that.

Key words: Awareness, nutrition, meals

Introduction

The World Health Organization has indicated that nutrition is a contribution to and the basis for health and development. A good nutrition makes one strong and more industrious. Good habit of eating results in better health, improved immune system, and resistance to many sicknesses. Healthy and good nutrition enhance the quality of life (World Health Organization, 2007). In United States, four out of the ten leading causes of death have direct association with food and nutrition. The four diseases comprise coronary heart disease, stroke, cancer, and diabetes mellitus (Abood, Black, & Feral, 2003).

According to the World Health Organization, malnutrition in any form is directly associated with many deaths, mortality, and economic costs (WHO, 2007). The FDA also proposed some measures to help curb the problem of bad habit of eating. The measures include educating the public (FDA, 2004). The government of the United States of America has started programs aimed at helping people to follow acceptable dietary lifestyles. The programs propose changes in diet as a way of preventing diseases by providing education to people on Dietary Guidelines. The effectiveness of the guidelines, however, depends on the extent to which the people are willing to alter their eating habit (Abood, Black, & Feral, 2003). This motivated the researcher to research into this topic. This paper, therefore, seeks to examine the level of awareness of students on the nutritional value of meals. The study seeks to answer the research questions: "What are the factors that influence students' choice of a particular meal?" and also "What is the level of awareness of students on the nutritional value of meals?" Students in the Department of Hospitality and Tourism were used for the study. Researching this topic could help determine whether education has a significant impact on the level of awareness on the nutritional value of meals. Also, the study would bring to the limelight the prevalence of unhealthy eating behaviours among students. It is the hope of the researcher that new insights would be gained from this study and appropriate strategies to help curb the menace would also be provided. Again, it will increase the knowledge of the literature available to the subject. The rest of the study will be organised under the sub-headings: Literature Review, Methodology, Results and Discussions, Conclusions and Recommendations.

Literature Review

Nutritional advocates and public health organisations are advising people to be more cautious of their eating decisions. They encourage moderation and a focus on healthy eating especially in an increasingly obesogenic environment (Bublitz, Peracchio & Block, 2010). The public is gaining knowledge and information about food decisions, thus being more diet conscious due to the recent emphasis on the media concerning growing obesity (Bublitz, Peracchio & Block, 2010).

Consumers are showing that they do not have the discipline to allow themselves to choose because of poor eating habits (Thomas, 2006). Consumers are seen as having no, self-control (Bublitz, 2010). Many consumers may need a combination of general nutrition education and nutritional information presented to them in order to make informed choices.

People's perception and awareness of the relationship between diet and disease, the nutritional contents of certain foods, and healthy eating habits should normally result in healthier food choices. The U.S. Department of Agriculture has shown that nutrition knowledge has a significant impact on the food behaviour of consumers and their households (Frazao & Allshouse, 2003). In spite of the plethora of healthy eating guidelines and recommendations, many people still ignore these guidelines. In fact, the fact that people have knowledge about a certain thing does not necessarily mean they will apply it directly.

To show how significant the influence of nutritional knowledge has on these eating behaviours, many studies showed that knowledge had insignificant influence on quality eating behaviours. Other studies, however, showed that knowledge does, in fact, influence eating habits. A study was conducted by Worsley (2002) on a group of 1040 subjects who were 18-75 years of age. The study was to assess and survey the participants and to determine the relationship between knowledge and application accordingly. At the end of the study and surgical analysis, it was established that there is a correlation between knowledge and healthy eating habits. The participants who had more knowledge in nutrition were twenty-five percent more likely to consume sufficient amounts of fruits and vegetables daily. Another study conducted by the USDA's Economic Research Service revealed that the mothers' knowledge about food and nutrition directly affected their children's diets. Still a research conducted on the adult population in the USA brought to light a direct correlation between cancer-prevention knowledge and adequate consumption of healthy foods. The more knowledgeable adults consumed vegetables, fruits, fibre, and fat in amounts closer to the recommended daily values than the less knowledgeable participants (Worsley, 2002). With all these said, there is also the question of what factors influence a person's nutrition knowledge? This question was partly answered by Worsley. Worsley (2002) found that one of the main reasons for the differences in nutrition knowledge is because of the differences in nutrition interests to people. The elderly people, for example, generally consume more fruits and vegetables than do younger people. The reality is that as people age, they tend to care more about eating healthy. This is because the benefits of healthy eating will be more apparent and noticeable (Frazao & Allshouse, 2003). A study involving ninety-seven middle-aged women revealed that there was a positive association between knowledge of fats and consumption of low-fat diets. In another survey involving 475 elderly participants, it was found that there was a direct association between nutrition knowledge and reading of nutrition information panels. In yet another research performed on elders, it came out that the sample's nutrition knowledge about dairy products influenced the type of milk they consumed. It has also been shown in other reviews that children who are educated on nutrition have shown a healthier change in their dietary behaviour for about two years (Worsley, 2002). All these studies reveal that nutrition interest, which leads to nutrition knowledge does, in fact, influence in some way eating behaviours and habits.

Research shows that age and gender also influence nutritional knowledge and eating behaviour. A study that focused on sixth, seventh, and eighth-grade adolescents in a middle school was conducted to determine nutritional knowledge based on gender, eating behaviour based on gender, and the correlation of nutritional knowledge and eating behaviour based on gender. The results showed that there was no significant difference in eating behaviour among the sixth graders based on gender. Differences in eating behaviours, however, among the seventh and eighth graders were highly significant. Girls tended to be more knowledgeable and health-conscious than the boys. A possible explanation of this difference may be that girls tend to become more occupied with their physical appearance at an earlier stage than do boys of the same age. This, in turn, results in higher nutritional knowledge and application (Pirouznia, 2001).

Another study was conducted on college female athletes to determine the effectiveness of a nutrition education intervention on improving dietary intakes. Dependent and experimental groups were selected. Nutritional knowledge was assessed based on a questionnaire and a three-day diet analysis was recorded. There was not a significant difference between results from the experimental and results from the control group. The experimental group was treated with an eight-week nutrition education program. The athletes in the experimental group experienced a significant increase in nutrition knowledge and they reported a significant increase in confidence regarding choosing healthier foods. This study supported the significance and efficacy of a nutrition education. The female athletes did in fact, positively change their eating behaviours (Abood, Black, & Birnbaum, 2004).

A study was conducted on a physically active, highly-educated, wealthy population in Boston, Massachusetts. The objective was to determine if trans fat knowledge was related to education level and nutrition label use in a population of health-conscious adults. A twenty-two question survey reviewed by dietitians was given to 320 people. The survey included questions that assessed the participants' knowledge about trans fats and saturated fats. The participants' nutritional attitudes and behaviours were also analyzed. Results showed that participants with high trans and saturated fat knowledge considered the Nutrition Facts label when purchasing packaged foods. About 86% percent of the participants who got high scores on the assessment considered the nutrition label before purchasing a specific food. Seventy-five percent took into consideration the calorie content of food, and eighty-percent considered the total fat content of food. The participants who did consider nutrition fact labels had significantly higher trans and saturated fat knowledge scores than participants who do not take the food label into consideration (Hess, Yanes, Jourdan, & Edelstein, 2005).

Not all studies, however, show that nutritional knowledge affects dietary behaviour. A study was conducted in a supermarket to establish the relationship between increasing awareness about nutritional value about selected foods and changes in customers' purchasing choices. The National Cancer Institute launched this study in the Giant food stores in an effort to alter food purchasing behaviour. The institute intervened by posting food-guide labels which included calorie, fat, cholesterol, sodium, and fibre for all items on the shelves. Nutritional information and recipes were also posted monthly on a bulletin board. One of the purposes of this study was to determine the amount of change in the consumer's purchasing of "recommended" and "unrecommended" items. The institute hoped that self-reported buying and consumption of foods high in fibre and low in fat would increase. They also hoped that purchasing of items that were high in fat would decrease. After analyzing the data, however, no significant changes were reported concerning high-fibre food purchasing. One other goal of the study was to alter food preparation method as a result of increased awareness. The statistics, however, did not show any significant improvement (Rodgers, Kessler, Portnoy, Potosky, Patterson, Tenney, Thompson, Krebs-Smith, Breen, Matews, & Kahle, 1994).

Other studies tended to focus on a different approach other than increasing knowledge to encourage consumers to eat healthier. The study focused on lowering prices of low-fat, healthy snacks in vending machines. The results showed that the overall sales volume did not increase, but the sales of low-fat snacks did increase significantly when the prices were lowered. The study showed the interventions that include lowering of healthy food costs might actually be more effective than a nutrition education intervention. Nutrition education interventions tend to increase nutritional knowledge but have low, short-lived effects on actual healthy eating behaviour changes (French, Jeffery, Story, Hannan, & Snyder, 1997).

Methodology

Research Design

A descriptive survey was employed for this study. This design was chosen because it offered the researcher the opportunity to observe, assess and describe the level of awareness of students on the nutritional value of meals. According to Amedahe (2002), descriptive research provides an accurate and objective description of activities, objects, processes and persons. Although this design has some loopholes such as difficulty in getting respondents to answer questions thoughtfully and honestly, it is considered the best for the study since it deals with interpreting the relationship among variables and describing their relationships (Gay, 1992).

Sample and Sampling Procedure

A sample size is basically the subset of an actual number of individuals of the population. It has been confirmed by some scholars in Social Science that for a sample to be representative in a study, it must be a good proportion of the population (Welman, Kruger, & Mitchell, 2005; Zikmund, 1994).

For this reason, in determining the sample size for this study, the table for determining sample size from a given population suggested by Krejcie & Morgan (as cited in Sarantakos, 1997, p. 163) was used.

Students were selected using the simple random sampling procedure. “This type of sampling gives all units of the target population an equal chance of being selected” (Sarantakos, 1997, p. 141). A list of a total number of students in the Department of Hospitality and Tourism formed the sampling frame. The balloting method was used in the selection procedure.

Research Instrument

Research instrument for data collection is a tool that is used by researchers for the collection of data in social science research (Bhandarkar & Wilkinson, 2010). The researchers used the only questionnaire as a data collection instrument in the study. A questionnaire is a set of questions for gathering information from individuals. It consists of a list of questions or statements relating to the aims of the study, hypotheses and research questions to be verified and answered, to which the respondent is required to answer by writing (Amedahe & Asamoah-Gyimah, 2005). Questionnaires were used because the students from which data was sought from were literates. This made the questionnaire an appropriate instrument to use for data collection. Again, the questionnaire is described as a structured instrument for gathering data from a potentially large number of respondents, within a shorter possible time when especially the population is easily accessible (Deng, 2010; Amedahe & Gyimah, 2005). Apart from the socio-demographic background which was a mixture of open and closed- ended questions the rest were three-point Likert scale items with the options Agree, Disagree and Uncertain. Likert (1932) asserts that, the type of scale adopted depends on the purposes of a particular study which in many cases are evident in the objective(s) of the study. For the purposes of this study, the three point Likert scale type was adopted in order to allow the participants to choose clearly opposed alternatives. Again, the three point scale type was adopted in order to make the analysis easier (Dawes, 2008).

Data Analysis

The data was analysed with the use of computer software called Statistical Product and Service Solutions. The type of statistics that was employed in the analysis of the data was descriptive. Specifically, the data were analysed through the computation of frequencies, percentages, mean of means and standard deviation distributions.

Results and Discussion

The results of the study were tabulated. Descriptive statistics namely means and standard deviations were used for the analysis to aid comprehensive and holistic discussion. Table 1 shows the characteristics of students in the Department of Hospitality and Tourism who served as respondents for the study.

Table 1: Characteristics of Sampled Students (n=191)

Variable	Subscale	No.	%
Gender	Male	23	12.0
	Female	168	88.0
Age	20 years and below	35	18.3
	21-25 yrs	101	52.9
	26- 30 yrs	36	18.8
	31-35 yrs	18	9.4
	41-45 yrs	1	0.5
Level	100	111	58.1
	200	8	4.2
	300	72	37.7
Any Health Condition	Vegetarian	21	11.0
	On special diet	109	57.1
	Allergic to some foods	61	31.9

Source: Field data, 2016

Out of the targeted sample size of 191 students; all the 191 students were involved in the study. This indicates 100.0% return rate. From Table 1, the majority of the students were females. This is because, 12.0% were males whereas 88.0% were females.

This finding is important for this study because, Prathiraja and Ariyawardana, (2003) posited that, because of women's natural interest in providing safe and wholesome food for their families, women tend to be better informed about health knowledge than men because of the primary gender roles they play in the selection and production of food even though the roles of women have been redefined over the years. Majority of the studies have found that women in general are more likely to check for and use nutrition labels than men (Nayga, 1999; Kim, 2001; Prathiraja & Ariyawardana, 2003; Worsley, 2003; Satia, 2005). Again, with respect to the age of the respondents, 18.3% of the respondents were 20 years and below, 52.9% were between 21-25 years, 18.8% were between 26-30 years, 9.4% were between 31-35 years, and 0.5% were between 41-45 years. Thus the majority of the students were between 21-25 years. In line with this, Frazao and Allshouse (2003) assert that, as people age, they tend to care more about eating healthy since benefits of healthy eating will be more apparent and noticeable. If this is so, then the implication is that, because the majority of the respondents who were young may tend to pay little attention to the health and nutritional implications of what they ate. Yet, in the subsequent paragraphs, it was realized that the study disconfirmed this assertion. It is also evident from Table 1 that the majority of the respondents were Level 100 students. This is because, 58.1% were Level 100 students, 4.2% were Level 200 students and 37.7% were Level 300 students. In line with this, Worsley, (2002) observed respondents who had high school or higher education were more aware of nutrition labels than respondents who had lower education. This implies that, the respondents being undergraduate students are expected to demonstrate knowledge of the nutritional value of meals. As to whether the respondents had any health condition, 11.0% were vegetarians, 57.1% were on special diet and 31.9% were allergic to some foods. So it goes that, the majority of the students were on special diet. In terms of ethnicity, the respondents were from Waala, Dagaati, Akan, Kassena, Dagomba, Ewe, Guan, Jirapa, Fiapre, Krobo and Dagaare. This is important for this study in getting a holistic opinion across cultures in terms of awareness of the nutritional value of meals. This is because, Worsley (2002) asserts that, motivators can contribute a very significant amount of influence on food behaviours. These motivators include cultural values, social influences, or different environmental rewards.

This section presents the results and discussions of data collected to answer the two research questions formulated to guide the study. It comprised data from both the questionnaire.

Factors that Influence students' choice of a particular meal

Research Question 1: What are the factors that influence students' choice of a particular meal?

This research question attempts to unearth some of the factors that influence students' choice of a particular meal. The responses are illustrated in Table 2.

Table 2: Views of students concerning factors that influence their choice of a particular meal (n=191)

Statement	M	SD
The level of income influences me.	1.14	.39
The delicacy of the meal influences my choice.	1.29	.52
Preference for particular type of meal.	1.34	.63
Time for taking meal determines my choice.	1.31	.52
Health implications associated with the meal.	1.50	.68
I consider my allergy.	1.30	.54
Nutritional value of the meal is considered.	1.28	.55
The heaviness of the meal determines my choice.	1.45	.60
I take balance meal always.	1.46	.62
The ability to prepare certain meals.	1.32	.53
Availability of certain food-stuffs on the market.	1.36	.58
Schedules for the day.	1.51	.66

Source: Field data, 2016

Scale: 1=Agree, 2=Disagree, 3=Uncertain
Mean of means = 1.36 Mean of Standard Deviation = 0.57

Generally, a careful look at Table 2 shows that the students to a large extent agreed with most of the statements posed to them to find out the factors that influence students' choice of a particular meal. In line with this, a mean of means of 1.36 and a mean of standard deviation of 0.57 was achieved for the items designed which clearly indicates that the students agreed to a lot of the statements which were posed to them. The following instances of the individual items attest to that fact.

From Table 2, a mean of 1.14 and .39 standard deviation was attained meaning that majority of the respondents agreed that, the level of income influences them. It is clearly noticeable from Table 2 that majority of the students support the view that how delicious the meal is influences their choice. With this item, a mean of 1.29 and a standard deviation of .52 which indicate that the mean falls on the scale 1 (agree) looking at the scale under Table 2. The plausible conclusion that could be drawn is that a significant majority of the students support this view. Many consumers value taste, convenience, and price much more than nutrition. Many people, despite knowing that a certain food is not very healthy, may still consume the food because it provides immediate gratification (Frazao & Allshouse, 2003). It is obvious from Table 2 that the students at the Department of Hospital and Tourism are of the view that, preference for a particular type of meal influences their choice for a particular meal. Concerning this, 1.34 mean and standard deviation of .63 was achieved for this statement. The mean which falls on scale 1 affirms the position that majority of the students support this view. In relation to the statement, “Time for taking meal determines my choice”, the majority of the students agreed to it. A mean of 1.31 and a standard deviation of .52 was obtained for this item. The mean when converted to the nearest whole number falls on scale 1 which represents the option agreement. In line with the statement “Health implications associated with the meal”, 1.50 was attained as mean and 0.68 as standard deviation. The majority of the students agreed with the statement since the mean falls on scale 1 (agree). It is worthy to note that the measure of spread as stated above is higher than the mean of the standard deviation of 0.57 depicting that not all the respondents agreed to this view as there were variations in the responses. However, the bulk of the students agreed with the assertion. From Table 2, the majority of the students agreed with the statement: “I consider my allergy”. In connection with this, 1.30 was obtained as a mean and .54 as the standard deviation. It could be seen from the scale from Table 2 that the mean could be placed on the scale 1 (agree). This finding confirms a study conducted by Worsley (2002) who found out that one of the main reasons there are differences in nutrition knowledge is because there are differences in nutrition interests among people.

As pertaining to the statement “Nutritional value of the meal is considered”, 1.28 was recorded as mean, and .55 was attained as standard deviation. From the foregoing, it is obvious that the students agreed to this statement since the mean falls on the scale 1 (agree). This finding is in agreement with the assertion that, some areas in which consumers seem to be interested in include: the energy content of food, the roles of fat, the sources of vitamins and minerals, the sources of phytochemicals, and the links between food production and ecology and sustainability (Worsley, 2002). Again, a greater number of the respondents agreed that “The heaviness of the meal determines my choice”. A mean of 1.45 and standard deviation of .60 was recorded for this item justifying that the students agreed with the statement. A mean of 1.46 and standard deviation of .62 was obtained for the statement: “I take balance meal always”. This means that majority of the respondents agreed to the statement. When the mean is converted to the nearest whole number, it falls on the scale 1 (agree) supporting this position. It is also evident that the responses of the students vary to a greater extent. Regarding whether the ability to prepare certain meals influences students’ choice of a particular meal, it was found out that a significant majority of the students agreed to the fact. A mean of 1.32 and a standard deviation of .53 was attained. An approximation of the mean to the nearest whole number falls on scale 1 (agree). The high standard deviation indicates variations in the responses given, but it still stands that the majority of the respondents agreed with this view. Also, the majority of the students agreed with the statement, “Availability of certain foodstuffs on the market”. A mean of 1.36 and a standard deviation of .58 was attained for this item, and this falls within the option “agree” looking at the scale under Table 2. Once more, a high standard deviation of .66 and a mean of 1.51 clearly indicate that students agreed that schedules for the day influence their choice of a particular meal. An approximation of the mean to the nearest whole number falls on the scale 1 (agree). The high standard deviation indicates variations in the responses given, but it still stands that the majority of the respondents agreed with this view.

From the foregoing, it will suffice to concede that, the students agreed that their choice of a particular meal is influenced by the level of income; how delicious the meal is; preference for particular type of meal; time for taking meal; health implications associated with the meal; as well as the allergy of the student. In addition, the nutritional value of the meal; the heaviness of the meal; the balance diet of that meal; the ability to prepare certain meals; availability of certain foodstuffs on the market; as well as the schedules for the day were some of the factors that influence students’ choice of a particular meal.

Level of Awareness of students on the nutritional value of meals

Research Question 2: What is the level of awareness of students on the nutritional value of meals?

The main objective of this research question was to find out the level of awareness of students on the nutritional value of meals. This research question was important because students’ awareness of the nutritional value of meals may affect the choice of a particular meal. The findings of this research question will also help make appropriate recommendations that will guide students to be mindful of the nutritional value of whatever meal they take in. The responses are found in Table 3.

Table 3: Views of students concerning the level of Awareness of students on the nutritional value of meals (n=191)

Statement	M	SD
I read the nutritional content of all canned foods before using them.	1.41	.63
I analyse the nutritional value of the ingredients before I use them in cooking.	1.48	.64
Nutrition is the first factor I consider before buying meals.	1.32	.55
I eat whatever is available.	1.66	.58
I am aware of what goes into a nutritious meal.	1.37	.64
For me, anything goes for food provided it won’t harm me.	1.74	.54
I consider certain meals as medicinal.	1.32	.60

Source: Field data, 2016

Scale: 1=Agree, 2=Disagree, 3=Uncertain
 Mean of means = 1.47 Mean of Standard Deviation = 0.60

A look at Table 3 shows that the students to a large extent are aware of the nutritional value of meals. A mean of means of 1.47 and a Mean of Standard Deviation of .60 clearly indicates that the students agreed to a lot of the statements which were meant to identify students’ level of awareness of the nutritional value of meals. This is illustrated in the following instances in the rest of the items.

When students were asked: “I read the nutritional content of all canned food before using them”, it was found out that a significant majority of the students agreed to the fact. A mean of 1.41 and a standard deviation of .63 was attained. Though the mean is lower than the mean of means of 1.47, the degree of agreement between the responses of the students varies to a greater extent because the standard deviation is greater than the mean of standard deviation of .60. Also, the majority of the students agreed with the statement; “I analyse the nutritional value of the ingredients before I use them in cooking”. A mean of 1.48 and a standard deviation of .64 was attained for this item, and this falls within the option “agree” looking at the scale under Table 3. A standard deviation of .55 and a mean of 1.32 compared to mean of standard deviation of .60 and a mean of means of 1.47 clearly indicates that students consider nutrition as the first factor before buying meals. The low standard deviation of .55 shows that variations in the responses were low and that, the majority of the students supported this statement. In connection with the statement; “I eat whatever is available”, the majority of the students disagreed with it. The item recorded a mean of 1.66 and a standard deviation of .58 which fall under the scale of 2 (disagree) when approximated to the nearest mean indicating that, the respondents do not just eat whatever is available. This finding resonates with a study that assessed and surveyed the participants and determined the link between knowledge and application accordingly. After a careful analysis, the author was able to see the correlation between knowledge and healthy eating habits. The participants with more nutrition knowledge were twenty-five percent more likely to consume sufficient amounts of fruits and vegetables daily (Worsley, 2002).

In line with the statement; “I am aware of what goes into a balanced meal”, a mean of 1.37 and a standard deviation of .64 was recorded meaning to a large extent, the students agreed to the statement. Converting the mean to the nearest whole number, it could be seen that the mean falls at 1 which depicts that they agreed to the statement. Although they agreed, the extent to which they agree is low due to the high standard deviation recorded indicating that there were variations in the responses. However, it still stands that the significant majority of the students supported this assertion. With respect to whether anything goes for food provided it won’t harm students, a mean of 1.74 and a standard deviation of .54 was obtained clearly showing that the respondents disagreed to that.

Concerning whether students consider certain meals as medicinal, a mean of 1.32 and a standard deviation of .60 was realised. Meaning that a greater proportion of respondents agreed that indeed they consider certain meals as medicinal.

From the above, it can be concluded that the students were aware of the nutritional value of meals. This is because; the students read the nutritional content of all canned foods before using them; analysed the nutritional value of the ingredients before using them in cooking; considered nutrition as the first factor before buying meals, and did not just eat whatever was available. Again, the students were aware of what goes into a balanced meal; considered certain meals as medicinal; and disagreed that anything goes for food provided it won't harm them.

Conclusion

The situation in South Africa four (4) years ago, as found by Heike and Taylor (2012) where the majority of the people were unaware of nutritional information and lack health knowledge to support their daily diets is very different from the situation in Ghana, specifically at the University of Cape Coast. In terms of the level of awareness of students on the nutritional value of meals, it can be concluded that students had a high level of awareness of the nutritional value of meals. In line with this, students read the nutritional content of all canned foods before using them; considered nutrition as the first factor before buying meals; and did not just eat whatever was available. Again, factors such as the level of income; how delicious the meal is; time for taking a meal; health implications associated with the meal; preference for particular type of meal; as well as the allergy of the student influenced students' choice of a particular meal. This could be due to the fact that, the respondents who constituted the study were literates at a higher institution of learning and as such are expected to demonstrate a high level of knowledge and awareness about the nutritional value of meals. Yet, the same cannot be said about the masses of the situation in other regions of the country who are predominantly illiterates is yet to be ascertained.

Recommendations

Based on the research findings and conclusion, the following recommendations have been made:

1. Ministry of Health, Food and Drugs Authority and health professionals should educate the public and enhance the awareness and consideration of the nutritional value of meals. This can be done through popular radio and television programmes which appeal to groups, such as in between football matches, news and local dramas and should be shown at prime advertising times. Interpersonal interaction during social gatherings can also be used to enhance awareness about nutrition labels. Targeting professional groups such as hairdressers association, dressmakers association, and artisan groups could be a good strategy to enhance awareness for expiry dates of food products.
2. Ministry of Health and health professionals should adopt a different approach to increasing knowledge in encouraging consumers to eat healthier. This can be done by advocating for the reduction of prices of healthy food and increasing the prices of unhealthy ones. For example, the prices of low-fat, low cholesterol healthy food products should be kept cheaper. This would increase the overall sales volume of such healthy food products and ensure that consumers remain healthy. Lowering of healthy food costs may actually be more effective than a nutrition education intervention.

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