



Students' food safety concerns and choice of eating place in Ghana



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ARTICLE INFO

Article history:

Received 25 September 2013

Received in revised form

24 February 2014

Accepted 4 March 2014

Available online 19 March 2014

Keywords:

Bush canteen

Concerns

Eating place

Food safety

Restaurant

University students

ABSTRACT

Food safety concerns are critical elements in improving food services and subsequently enhancing patronage of food service establishments. Despite its critical role in determining the viability of food service establishments, little empirical studies have attempted to link food safety to choice of eating places especially in non-western societies. Using the University of Cape Coast as a case study, data was collected from a randomly sampled 1106 students and analysed with the binary logistic regression. The study revealed that students who were concerned with food safety issues have higher tendencies of eating from restaurants than unorganised food service establishments (bush canteen) despite its high price tags. The study therefore concluded that food safety concerns determine the choice of an eatery.

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1. Introduction

Food consumption away from home is an increasing phenomenon among all sub-categories of the population across the world (Ares, Gimenez, & Gambaro, 2009; Huffman & West, 2007). It is estimated that by the year 2015, 50% of the expenses on food will be on food consumed away from home (Huffman & West, 2007; Wansink, van Ittersum, & Painter, 2004). The increasing pattern of consumption of food away from home raises a lot of concerns about food safety. According to the World Health Organization (WHO) food safety includes actions that should be taken to ensure that food is safe for consumption. 'Food safety encompasses actions aimed at ensuring that all food is as safe as possible' (WHO, 2014). Miles et al. (2004) express the view that consumers are exposed to several food hazards as a result of their choice of food and consumption behaviour. It is the choice of food and the eating place or place to get the food that exposes the consumer to a myriad of risk and concerns.

Consumers are often exposed to food safety risks due to the material product (what the consumer actually consumes), the behaviour or attitude of the food service establishment employees and the environment (the only tangible feature at the time of purchase) in which the food is prepared and served (Goh, Garcia, Joung & Fowler, 2013). Consequently, the eating environment

becomes the basis for determining whether an establishment provides safe food or not (Worsfold & Worsfold, 2008).

Although food prepared at home have been attributed to between 50 and 87 percent of foodborne illnesses (Redmond & Griffith, 2003; WHO, 2002), most people are of the view that foodborne illness originate from restaurant and food manufacturers (Sanlier & Konaklioghi, 2012). This view follows the intuition that individuals have control over meals prepared at home whereas food prepared outside of the home is subject to controls that the individual can do nothing about, leaving his/her fate in the hands of food service operators (Knight, Worosz, & Todd, 2007).

Consumers' concerns about the safety of the food they eat have been around for some time now (Naspetti & Zanolli, 2009). However, it has assumed a growing prominence mainly due in part to food safety scares around the globe in 2011. The German Escherichia coli vegetable problems, milk and spinach lovers fear of eating contaminated milk and spinach from Japan due to the Fukushima nuclear reactor problems and the recurrence of melamine contaminated baby food in China are recent examples (Rampl, Eberhardt, Schutte, & Kenning, 2012). In July of 2013, scores of school children in Goa, India died from eating poisoned food. In Ghana, in 2012 alone, there were several incidences of cholera outbreaks in the country with 9542 reported cases and 100 fatalities (Smith-Asante, 2013) which were mostly attributable to unhygienic eating places or surroundings which again highlight the reasons why consumers rate food safety issues higher than crime prevention, safe drinking water, health and nutrition and the environment (Kennedy, Worosz, Todd, & Lapinski, 2008).

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Public eating places have been implicated in food borne illnesses outbreaks with most of the cases relating to mishandling of food and dirty environment (Knight et al., 2007; Knight, Worosz, & Todd, 2009; Medus, Smith, Bender, Leano, & Hedberg, 2010; Rudder, 2006). Clayton and Griffith (2004) note that commercial catering premises are the most frequently identified setting for foodborne outbreaks in the UK and the USA. And in Ghana, research by Tiimub, Kuffour, and Kwarteng (2012; lettuce used in food production), Feglo and Sakyi (2012), Tomlins and Johnson (2004) and Mensah, Yeboah-Manu, Owusu-Darko, and Ablordey (2002) into the wholesomeness of samples of food sold in a number of eateries also found large concentrations of *E. coli*, staphylococcus aureus and mesophilic bacteria among other harmful bacteria which further buttress the argument that food vendors are at the centre of transmitting foodborne illness.

Consumers' choice of food and to an extent, the choice of the eating place is influenced by a myriad of factors. Studies including Lee, Niode, Simonne, and Bruhn (2012), Knight et al. (2009), Henson et al. (2006), Worsfold (2006) have observed a relationship between consumers' perception of food safety and their choice of eating places. Lee et al. (2012) stated that consumers often employ aesthetics, cleanliness of the dining room and restroom, and health inspectors' report as an indication of the safeness of food being served by the food establishment. Similarly, Knight et al. (2009) in their review of consumers' perceptions about food safety at restaurants observed that the appearance of the food, taste, property of the food (e.g. spicy, greasy), cleanliness of the staff, level of patronage, years of existence of the food establishment were used by consumers as parameters for determining food safety in restaurants. Worsfold (2006) citing a consumer survey done by Kimberley Clark Professional revealed that about 84% of the respondents rated food safety above the quality and price of food and would not return to a particular restaurant they considered as unhygienic. Again, Henson et al. (2006) in their study on consumers' assessment of safety of restaurants and its impact on restaurant choice in Canada showed that consumers expressed food safety concerns mainly about ethnic and fast food restaurants. About 56% of their respondents had actually stopped eating at particular restaurants due to food safety concerns.

In Ghana, tertiary students are expected to arrange their own food unlike the boarding facilities that are provided for secondary and lower level students by school authorities. Yet, food prepared and sold on university campuses may not be well regulated in terms of the health and hygienic conditions under which it is prepared especially in developing countries where regulatory bodies are either non-existent or do not have the courage to enforce regulations. The absence of food control systems to regulate the activities of food vendors could result in breaches in food hygiene with possible health consequences which should not be out of place since personal hygiene is found to be least observed by food vendors. There is evidence to support the fact that about 70% of all bacterial food poisoning in Ghana is caused by caterers (Annor & Baiden, 2011). Even in countries where there are regulations and legislations on inspection of food service facilities, there are still inadequate food safety practices and non-compliance (Griffith, Livesey, & Clayton, 2010; Knight et al., 2007). In the USA, for instance, most restaurants routinely ignored rules for safe food preparation (Buchholz, Run, Kool, Fielding, & Mascola, 2002; Walczak, 2000).

In 2007, thirty students at the University of Ghana, Legon were rushed to the hospital after they had consumed "wakyee" a local meal of rice and beans sold by food vendors on campus (Ghanaweb, 2007). The University of Cape Coast hospital in 2010 reported that most of the students that reported to the hospital sick had food related diseases including abdominal pains, diarrhoea, vomiting, and typhoid fever (Duodu, 2012).

The threat of eating contaminated food among tertiary students is worrying since they are expected to engage themselves in an evaluation of food safety and the hygienic conditions under which certain foods are prepared and sold before they make purchases of such food (Morris, Evans, Tangney, Bienias, & Wilson, 2005). This view is further bolstered by Kris-Etherton, Harris, and Apple (2002) and Mozaffarian and Rimm (2006) who opine that students are critical of the health implications of where they buy their food from.

Despite the unregulated nature of the activities of food service establishments on Ghanaian university campuses, little empirical research work exists in exploring the health and safety concerns of students and its influence on their choice of eating places on campus. However, health and safety issues constitute important areas of concern for both students and university authorities. This paper therefore aims to explore the health and safety concerns of students and determine the influence of health and safety concerns on their choice of eating places on campus.

Mostly, the price of food is the utmost factor associated with university students' choice of eating places on campus (Adderley-Kelly, 2007; Haapala & Probart, 2004), however, gaining an understanding into the health and safety concerns and its influence on choice of eating place will draw the authorities attention to the fact that the price of food is not the only factor students concern themselves with. Once the food health concerns of the students are known, food service establishments can work on their services to improve on such health and safety conditions. This will help allay the fears of the students and subsequently help improve on patronage by the students. In addition to this, the findings of this study may also be useful to university authorities by drawing their attention to the unhygienic and unhealthy food practices of food service providers on campus. In terms of addition to literature, this paper stands to contribute by highlighting on the food health and safety concerns of students and how it impacts on their choice of eating places. Generally, the influence of health and safety concerns on the choice of eating place has received little empirical attention especially within the context of developing countries like Ghana. In this regard, this study will add new knowledge on the influence of health and safety concerns on the choice of eating places.

2. Theoretical framework

The optimist and pessimist theory is adopted for this study. Optimistic and pessimistic beliefs are widespread hopes of positive and negative outcomes (Milam, Richardson, Marks, Kemper, & Mccutchan, 2004). Optimism and pessimism reflect the extent to which individuals hold favourable and unfavourable expectations about a future event respectively (Carver, Scheier, & Segerstrom, 2010; Rasmussen, Scheier, & Greenhouse, 2009). According to Milam et al. (2004) pessimism generally has a direct association with poor health outcomes; as pessimism increases, poor health behaviours and outcomes also increase. Further, some studies that separated optimism and pessimism found a direct and strong association between health outcomes and pessimism than the association for optimism (Long & Sangster, 1993; Smith et al., 1995). Although the two have been considered to be two sides of the same coin and therefore not mutually exclusive, some researchers consider dispositional optimism and pessimism to be empirically distinct, representing two unipolar dimensions as opposed to opposite ends of a single continuum (Achat, Kawachi, Spiro, DeMolles, & Sparrow, 2000; Raikkonen, Matthews, Flory, Owens, & Gump, 1999; Robinson-Whelen, Kim, MacCallum, & Kiecolt-Glaser, 1997). Carver et al. (2010) consider the two as traits or trait-like personality dispositions which could remain stable across time.

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