



ASSESSING THE INFLUENCE OF FOOD CULTURE AND FOOD SAFETY KNOWLEDGE OF CONSUMERS IN THE HO MUNICIPALITY OF VOLTA REGION, GHANA.

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ABSTRACT: *This study examines how consumers are influenced by food culture and their understanding of food safety. A quantitative research approach was employed using 384 systematically sampled respondents. A semi-structured questionnaire focused on different facets of food culture and food safety knowledge was used to gather data. According to the results, the overall mean score for the influence of food culture on consumer safety is 2.96. This indicates that food culture has a neutral or slightly below-average effect on consumer food safety. Consumers' awareness of kitchen hygiene is notably high, with an overall at 86.65%, while their knowledge of personal hygiene about food safety is very high, with an overall 89.89%. This indicates that a greater percentage of the respondents have adequate food safety knowledge. The study's findings highlight the crucial role that food culture and safety knowledge play in consumer behaviour, and point to areas for improvement in public health education to improve food safety practices.*

KEYWORDS: Influence, food culture, food safety, knowledge, consumers.



INTRODUCTION

Food culture and knowledge systems have a significant impact on consumer behaviours, preferences, and perceptions connected to food safety. Food safety, quality, and culture are global consumer concerns (Allard, 2016). It is crucial to comprehend how the globalization of the food market and the variety of cultural practices around the world affect the safety and wellbeing of consumers. Many groups' food production, preservation, preparation, and consumption are influenced by the wide range of culinary habits, traditions, and beliefs that are part of their cultures. These cultures and public views of food safety rules are just a few of the ways it may significantly affect consumer safety. For instance, in cultures where eating raw or undercooked food is common, there may be a higher risk of contracting foodborne illnesses. Most traditional festivals, religious rituals, and social gatherings end with specific foods that are representative of the host culture (Chen, 2017). Traditional food processing and preservation methods must be carefully maintained to prevent foodborne infections, according to a 2015 WHO report. The study by Sanlier and Konaklioglu (2012) showed how different cultures' traditional eating practices may provide different dangers to consumer safety.

Foodborne diseases, also known as food poisoning, are a serious global public health concern. The World Health Organization (WHO, 2018), reported that food safety is a big problem around the world. According to estimates from the World Health Organization (WHO), an estimated 420,000 people die globally each year as a result of eating contaminated food, and 600 million people get sick from it (WHO, 2020). Traditional food preparation methods, often passed down through generations, may not always align with modern food safety standards leading to potential health hazards (Tamang et al., 2020). Again, eating foods that are undercooked or uncooked raises the chance of contracting a foodborne illness (Tauxe et al., 2016). There is safety issues associated with restaurant foods, because it is sometimes produced in less controlled circumstances (Alimi, 2016). There is proof that unsafe food practices are common across the food supply chain, from production to consumption, endangering the general public's health. According to Cassou (2018), foodborne pathogens and food product contamination are caused by inadequate food handling procedures, poor sanitation, and adulterated food items. Moreso, if correct hygiene measures are not followed, communal eating behaviours can result in cross-contamination (Lues et al., 2016).

The burden of foodborne illnesses is still significant despite efforts to address food safety issues through regulatory frameworks and initiatives, especially in nations like Ghana, where prepared food markets are prevalent (Uyttendaele, Franz, & Schlüter, 2016). Like in many other nations, food safety is a major concern in Ghana, where foodborne illness outbreaks increase morbidity, death, and financial losses (Rheinländer et al., 2008). Although food safety from the viewpoint of food sellers has been thoroughly examined in the literature, consumers' food culture, knowledge, and attitudes, particularly in restaurants, have received very little attention (Ortega & Tschirley, 2017). Designing successful interventions to lower the risk of foodborne illnesses requires an understanding of consumer attitudes, behaviours, and practices around food culture and safety (Grace, 2015). People in the Ho Municipality of the Volta Region of Ghana are also at risk of getting sick from food. In Ghana, cultural and social norms usually guide how people handle and prepare food (Asante and Annan, 2017). In order to ensure consumer safety, the knowledge system, which includes knowledge and awareness of food safety, is essential (Lilienfeld and Rye, 2019). A range of knowledge systems, including scientific, traditional, and indigenous knowledge, influence people's opinions about food safety



(Allard, 2016). Research indicates that consumers who possess greater knowledge about food safety are more likely to follow safe food handling procedures (Opeolu and Oloyede, 2017). However, little is known about Ghanaian consumers' food culture practices and awareness of food safety, especially in the Ho Municipality (Amoako and Annan, 2020). There is a knowledge gap and dearth of empirical studies that systematically examine how cultural transmission and adaptation influence food safety practices in the Ho Municipality. It is necessary to evaluate the effects of food culture and knowledge systems on consumer food safety practices in the Ho Municipality in the Volta Region of Ghana, where prepared food markets are prevalent (Amoako-Mensah, 2016).

METHODOLOGY

Study Area

The research area for the study is Ho Municipal, which is in Ghana's Volta Region. The Municipality borders the Republic of Togo to the east, Ho West District to the north and west, and Adaklu and Agortime-Ziope Districts to the south. The municipality, has a land area of around 573.2 square kilometres. According to the Ghana Statistical Service's 2021 Population and Housing Census, the municipality's total population has increased from 177,281 in 2010 to 180,420 (84,843 men and 95,577 women).

Research Design and Strategy

The study adopted the descriptive research design and quantitative research approach.

According to Creswell (2003), a descriptive study design is concerned with conditions or inter-relationships that exist, opinions that are held, processes that are going on, effects that are evident, and trends that are developing

Population

All patrons of the chosen restaurants throughout the months of November and December of 2024 made up the study's target group. In addition, the target demographic for the study consisted of nine hundred and fifty (950) consumers between the ages of 18 and 65 years.

Sampling and Sampling Techniques

The sample size for the study is three hundred and eighty-four (384) and was determined using Cochran's (1963) formula for calculating sample size.

According to the Ghana Tourism Authority (2024), there are ten (10) fast food restaurants registered and licensed in the Ho Municipality; all were considered for the study. The average daily and monthly covers were requested by the researcher from the restaurant proprietors. The number of customers served at the selected restaurants varied daily. And the amount of the daily coverage was divided by the total number of operating days in a month.

The research strategy employed for the study was systematic sampling. Therefore, every third customer that entered the food service facilities was carefully chosen as a respondent until the sample size for each restaurant was attained (this was calculated by dividing the population for



each restaurant by the sample size). After the first consumer (in this case, the starting point) was chosen, the third and subsequent customers were chosen as well. Each restaurant was given a sample size based on the average daily covers.

Table 1: Sample Size of Selected Restaurants.

Restaurants	Average daily covers	Sample size allocated
A	70	27
B	60	25
C	110	43
D	75	33
E	100	40
F	120	48
G	80	36
H	140	58
I	130	47
J	65	27
TOTAL	950	384

Data Collection Techniques

Semi-structured questionnaires with closed-ended and open-ended questions were the primary tool used to collect data in this study. However, the data was supported with observations with the use of observational guide. Informed consent and ethical clearance supporting the study were delivered by the researcher to managers and manageresses of the chosen restaurants in person prior to the commencement of data collection. The questionnaires were administered by the researcher and two research assistants. However, the observation was carried out by the researcher. The respondents were between the ages of eighteen (18) and sixty-five (65) years and were regular patrons of the restaurants under study. Out of 384 questionnaires sent for the surveys, 365 were recovered and used. This indicates a 95 percent response rate.

Validity and Reliability

Three restaurants were conveniently selected and used for the pre-testing. These restaurants were selected from various locations outside the study area and were not included in the population of the main study. Following data collection, the validity and reliability of the piloted questionnaires were assessed. Cronbach's alpha was used to analyze the pilot test data and calculate the reliability coefficient. Cronbach's alpha of 0.760 was obtained.

Data Analysis

The completed questionnaires were coded and entered into the Statistical Package for the Social Sciences (SPSS) program, version 25.0, on a Windows platform, before the responses were processed in a quantitative analysis. Following successful data entry into SPSS, the data was analyzed using descriptive statistics, such as Frequency, Percentage, Mean, Standard Deviation.



RESULTS AND DISCUSSIONS

Socio-Demographic Characteristics of Respondents

Gender, age group, married status, educational attainment, religion, occupation, and ethnicity were the socio-demographic traits of the study's respondents. Descriptive variables which were obtained from the socio-demographic characteristics are presented in Table 1.

It was discovered that although 49 percent of the respondents were female, 51 percent of the respondents were male. The finding indicates that, men in the Municipality eat out more than the women and this may be attributed to factors such as employment status, time constraints, less knowledge in meal preparations and convenience, (Baker & Friel, 2009). This result supports the claim made by Petzer and Mackay (2014) that men are more likely than women to eat out. Furthermore, this data supports the widely held belief that men predominate when it comes to restaurant food purchases because the majority of men are poor cooks. It is assumed that they would rather purchase meals from outside than spend time cooking (Ampofo, 2021). One significant factor in consumer behaviour has been identified as age (Neal et al. 2002). According to the result, respondents who were between the ages of 18 and 25 made up 15.1%, 26 and 35 years is 31.2percent, and 36 and 45 is 37.8 percent. And 12.9 percent of the minority were between the ages of 46 and 55, and 3 percent were between the ages of 56 and 65. According to the results, 84.1 percent of the respondents were under 40 years old. This implies that younger generations eat out more than the elderly ones in the municipality.

Regarding the respondents' marital status, the study also revealed that 49% of them had never been married, 45.8% were married, and 5.2% were separated, widowed, or divorced. Even married people eat restaurant foods, as indicated by the 45.8% married couples, even though the majority were single. The result shows that both the single and the married do eat out at restaurants in the study area. This runs counter to Ghanaians' belief that wives should provide meals for their husbands (Ampofo, 2021). According to the findings, 62.5% of the participants had completed higher education. This finding shows that majority of the respondents are educated. According to Amuquandoh and Asafo-Adjei (2024), the majority of patrons of food service establishments are educated individuals. This result is consistent with their findings. The level of education a person has dictates their level of understanding about life and topics like food safety expertise and mindset. It is implied that customers with higher levels of education were more likely to purchase restaurant foods. Therefore, the fact that so few university graduates eat at restaurants suggests that people can eat at restaurants regardless of their social standing. To put it another way, restaurant food is not exclusive to any one group of people.

Table 2: Socio-Demographic Characteristics of Respondents

Gender	Frequency	Valid Percent
Male	186	51.0
Female	179	49.0
Total	365	100.0
Age category		
18-25 years	55	15.1
26-35 years	114	31.2



36-45 years	138	37.8
46-55 years	47	12.9
56-65 years	11	3.0
Total	365	100.0
Marital status		
Single	179	49.0
Married	167	45.8
Widow	3	.8
Divorced	4	1.1
Separated	12	3.3
Total	365	100.0
Level of Education		
BECE/MSLC	64	17.5
Senior High School Certificates/NVTI	73	20.0
Higher National Diploma (HND)	50	13.7
Bachelor's degree	150	41.1
Master's degree	28	7.7
Total	365	100.0
Occupation		
Student	75	20.5
Employed full-time	127	34.8
Employed part-time	79	21.6
Self employed	45	12.3
Unemployed	25	6.8
Retired	14	3.8
Total	365	100.0
Religion		
Christianity	249	68.2
Islam	107	29.3
Traditional	9	2.5
Total	365	100.0
Ethnic group		
Ewe	147	40.3
Ahanta	41	11.2
Ga-Adangbe	78	21.4
Builsa	18	4.9
Guan	36	9.9
Ga Adangbe Shi tribe	20	5.5
Fante	8	2.2
Akan/Asante	17	4.7
Total	365	100.0



The effect of traditional food practices on the safety of consumers

Majority 48.2 percent of the respondents indicated that, the traditional food culture practice of consuming raw or undercooked foods is not common with a mean score of 2.47 and SD - 1.19. This presupposes that the people's culture practices do not encourage eating of raw or uncooked foods. According to studies, consumers utilize sensory cues to identify freshness and quality when making food purchases, and the majority of consumers are aware of the safety and quality of the food they eat, (Van Rijswijk & Frewer 2018). Majority 55.4 % of the respondents were aware of the possible health risks associated with consuming raw or undercooked foods in their culture. But some cultures may follow traditional ideas about the health benefits of eating raw foods or consuming unpasteurized products (López et al., 2015). Therefore, raw food and cooked food should be stored separately contradicts Bryan (2018) assertion that food poisoning is dominantly caused by food consumers and handlers' approach of handling food.

Greater percent (77%) of the respondents agreed that their food culture practices prioritized consumer safety. With the majority demonstrating that their food culture practices prioritize consumer safety is a positive sign that food consumers in the Ho municipality have positive attitude on food safety of restaurant foods. This finding agrees with the research conducted by Kwon et al., (2021), they asserted that, consumers of prepared meals have the ability to influence other food chain participants who are responsible for ensuring food safety at the point in the supply chain that they control or influence. The risk of acquiring foodborne infections can be influenced by cultural variations in food preparation techniques, ingredient preferences, eating patterns and hygiene standards Kwon et al., (2021). Majority 230 (63%) indicated that their food culture encourages communal eating without considering possible cross contamination. This disagrees with research done in Ghana by Mensah, Yeboah-Manu, Owusu-Darko, and Ablordey (2019), which discovered that the majority of the 177 food sellers were well-educated and behaved hygienically.

Majority 347 (95.1 percent) of the respondents agreed that food-related cultural practices focus on hygiene. This means that indeed the respondents understand that hygiene prevents food borne diseases and should be practiced regularly. With the whooping majority getting the question right, it affirms that majority of restaurant food consumers in the Ho municipality understand the importance of hygiene in food preparation and consumption. Also, majority 328 (89.8%) of the respondents agreed that food preparation and cooking methods in their culture are designed to ensure health and safety. To add more, 181 (49.6) percent of the respondents agreed that they are confident in the safety of traditional foods from their culture. Some studies have found that cultural factors significantly affect how consumers respond and adhere to food safety regulations. For instance, Smith J. D., (2023) show that their eating habits are influenced by cultural standards on food safety. The scientific field of food safety describes how to handle, prepare, and store food in a way that minimizes the risk of contracting a foodborne illness (Henson and Triall, 2013). This covers certain practices that must be adhered to in order to prevent potentially serious health risks. Majority 253 (59.4%) of the respondents said that there can be effective blend of food culture practices and modern food safety practices. Tuglo et al. (2021) in their research also found that the knowledge of food hygiene has an influence on the attitudes of food vendors which further improves food hygiene practices.



Majority 217(59.4) percent of the respondents indicated that cultural food festivals and events maintain high standards of food safety. Hirschi's (2019) proposition would suggest that adherence to healthy standards of food handling is conditioned by utility maximization motives of food handlers and consumers. To add more, food preparation and consumption customs vary throughout cultures, which may have an impact on safety results. Greater percent (77.3%) of the respondents revealed that education on food safety is an integral part of their food culture. It is worth noting that reheating prepared food at a safe temperature avoids food-borne illness. In an effort to assess consumers' understanding of food safety, the study looked at their opinions. Customers were asked to indicate whether food culture encourages the consumption of leftover foods without warming in order to gauge their understanding of contaminated foods. Majority 290 (79.4%) percent of the respondents indicated that reheating food does improve the food quality. This finding indicates that restaurant food consumers in the Ho municipality are well informed in terms of food hygiene in their culture. According to food experts, different types of foods should be stored separately in the refrigerator clean, and sealed containers so that they cannot come into contact with or spill on other items. Majority 254 (69.6%) of the respondents said that food storage practices in their food culture are effective in preventing contamination. This suggest enough understanding of storage ensure food safety in respondent's culture.

Table 3: The effect of traditional food practices on the safety of consumers in Ho Municipality

Statement(s)	1 n(%)	2 n(%)	3 n(%)	4 n(%)	5 n(%)	$\sum_{i=1}^n w_i / N$	Std. Dev.
My traditional food culture practice of consuming raw or undercooked foods is a common practice.	114 (31.2)	62 (17)	92 (25.2)	97 (26.6)	-	2.47	1.190
I am aware of the possible health risks associated with consuming raw or undercooked foods in my culture.	40 (11)	84 (23)	39 (10.7)	197 (54)	5 (1.4)	3.12	1.119
My food culture practices prioritize consumer safety.	35 (9.6)	32 (8.8)	17 (4.7)	200 (54.8)	81 (22.2)	3.71	1.185
My food culture encourages communal eating without considering possible cross contamination.	119 (32.6)	111 (30.4)	26 (7.1)	81 (22.2)	28 (7.7)	2.42	1.343
Food-related cultural practices focus on hygiene	7 (1.9)	5 (1.4)	6 (1.6)	226 (61.9)	121 (33.2)	4.23	0.724
I have experienced foodborne illness from consuming traditional foods prepared based on culture of my tribe.	172 (47.1)	146 (40)	39 (10.7)	8 (2.2)	-	1.68	0.751
Food preparation and cooking methods in my culture are	152 (41.6)	176 (48.2)	25 (6.8)	12 (3.3)	-	1.72	0.734



designed to ensure health and safety.							
I am confident in the safety of traditional foods from my culture,	23 (6.3)	158 (43.3)	19 (5.2)	109 (29.9)	56 (15.3)	3.05	1.265
There can be effective blend of food culture practices and modern food safety practices	54 (14.8)	65 (17.8)	29 (7.9)	188 (51.5)	29 (7.9)	3.20	1.252
There is a cultural understanding and awareness of food safety regulations.	88 (24.1)	40 (11)	22 (6)	130 (35.6)	85 (23.3)	3.23	1.522
Cultural food festivals and events maintain high standards of food safety.	43 (11.8)	78 (21.4)	27 (7.4)	114 (31.2)	103 (28.2)	3.43	1.396
Education on food safety is an integral part of my food culture.	13 (3.6)	43 (11.8)	27 (7.4)	139 (38.1)	143 (39.2)	3.98	1.123
My food culture promotes the consumption of left over foods without reheating.	138 (37.8)	152 (41.6)	38 (10.4)	37 (10.1)	-	1.93	0.941
Food storage practices in my food culture are effective in preventing contamination.	92 (25.2)	14 (3.8)	5 (1.4)	213 (58.4)	41 (11.2)	3.27	1.419
Overall						2.96	1.140

CONSUMERS KNOWLEDGE OF FOOD SAFETY ISSUES

Personal Hygiene

In order to assess the food safety knowledge, questions about whether hand washing with soap and warm water before, during, and after cooking and serving lowers the risk of food contamination were asked for answers. The majority of respondents, 352 (96.44%), confirmed that hand washing with soap and warm water both before and during cooking and serving lowers the risk of food contamination (see table 4). Furthermore, the majority of respondents 350 (95.89%) said that wearing gloves while preparing foods that are consumed raw or fresh is a must. Additionally, the majority of respondents 354, (96.99%) agreed that personal hygiene practices including wearing clean clothes and tying back hair help ensure the safety of food. This suggests that a higher proportion of respondents possess a high degree of expertise about food safety. It was encouraging to see that all 365 responders (100%) concurred that using the same napkin to wipe kitchen surfaces and dry hands is unsafe. Additionally, 365 (100%) of the respondents said that in order to prevent food contamination, restaurant operators must undergo routine medical examinations.

According to the majority of respondents 284, (77.81%), it is true to state that hand washing should be done before and after using the lavatory before handling foods. This implies that after handling any unclean objects that could contaminate food, food workers can wash their hands. But not only after using the toilet. According to the study's findings, all 365 (100%) of the participants stated that touching hair, ears, noses, or skin while food is being prepared or served is not advisable. Furthermore, 288 (78.9%) of the respondents stated that food handlers



are not allowed to lick their fingers during food preparation and service. Food type and preparation technique, water availability, finger handling, exposure temperature, and holding duration all affect food risk. According to the study's findings, the majority of respondents, 272 (74.52%), claimed that food handlers are not allowed to have long fingernails. Food contamination can occur when someone coughs or sneezes directly on food while it's being prepared and served. Similarly, 286 respondents (78.36%) said that sneezing or coughing directly on food during preparation and serving affects the food.

According to these findings, an overall majority of consumers (89.89%) have sufficient and accurate knowledge about personal hygiene and food safety, with a few of the respondents with little above 8% overall also having false beliefs. Thus, an overwhelming majority of the consumers have a sufficient understanding of personal hygiene practices related to food safety and a sizable majority of consumers have a correct understanding of kitchen hygiene procedures as well. This indicates that a greater percentage of the respondents in the Municipality have a good level of food safety knowledge and are well informed. In other words, consumers' knowledge of kitchen hygiene is high (86.65%), and personal hygiene is very high (89.89%). Again, the observational findings indicate that sufficient personal hygiene practices were exhibited at the study areas. According to Kumar et al. (2022), this suggests a positive trend in consumer awareness, which is essential for lowering foodborne illnesses and advancing public health.

Table 4: Responses of Consumers' knowledge system regarding food safety (personal hygiene) in Ho Municipality.

Personal Hygiene	True n(%)	False n(%)	Don't know n(%)
Hand washing with soap and warm water before and during cooking and service reduces the risk of food contamination	352 (96.44)	5 (1.37)	8 (2.19)
It is not optional to wear hand gloves when preparing foods that are eaten raw/fresh	350 (95.89)	8 (2.19)	7 (1.92)
Personal hygiene practice, such as tying back hair and wearing clean clothes, contributes to food safety.	354 (96.99)	6 (1.64)	5 (1.37)
It is not safe to use the same napkin to dry hands and clean kitchen surfaces.	365 (100)	-	-
Regular medical examination of the restaurant operators is required to ensure food safety.	365 (100)	-	-
It is necessary to wash your hands always and after visiting the toilet before handling food.	284 (77.81)	76 (20.82)	5 (1.37)
It is not advisable to scratch skin, touch hair, nostrils, and ears during food preparation and service	365 (100)	-	-
One is not at liberty to lick fingers during food preparation and service	288 (78.9)	77 (21.1)	-
Food handlers are not at liberty to wear long fingernails	272 (74.52)	83 (22.74)	10 (2.74)
Coughing or sneezing directly on food during preparation and service has an effect on the food	286 (78.36)	45 (12.33)	34 (9.31)
Overall percentage (%)	89.89	8.22	1.89



Environmental hygiene (kitchen hygiene)

The majority of the respondents (71.99%) affirmed that proper cleaning and sanitization of utensils decreases the risk of food contamination. The food preparation and service area should be free from pests and rodents. All kitchen towels must be washed at least once a week. All garbage bins in the food preparation and service area should not be left open for easy usage. Hand-washing stations should be equipped with sanitary towels. Moreover, unclean work surfaces and kitchen cloths are a means of contamination. A good drainage system can limit the spread of micro-organisms, and garbage bins should be emptied regularly. The results indicate sufficient kitchen hygiene knowledge among the consumers in the municipality. A sizable portion of consumers appear to be aware of basic kitchen hygiene procedures, based on the overall percentage of true responses (86.65%). This degree of awareness is encouraging because it suggests that public education initiatives regarding food safety may have been successful in reaching and educating the public. The finding does not agree with Cassou (2018). According to Cassou (2018), there is proof that unsafe food practices are common across the food supply chain, from production to consumption, endangering the general public's health. According to Cassou (2018), foodborne pathogens and food product contamination are caused by inappropriate food handling procedures, poor sanitation, and adulterated food items. These difficulties highlight how crucial it is to raise consumer and food handler awareness of and adherence to food safety procedures.

Table 5: Responses of Consumers' knowledge regarding food safety (environmental hygiene) in Ho Municipality.

Environmental hygiene (Kitchen and Restaurant)	True n(%)	False n(%)	Don't know n(%)
Proper cleaning and sanitization of utensils decrease the risk of food contamination	235 (64.38)	76 (20.82)	54 (14.79)
Food preparation and service area should be free from pests and rodents	324 (88.77)	20 (5.48)	21 (5.75)
All kitchen cloths must be washed once a week	307 (84.11)	31 (8.49)	27 (7.40)
All garbage bins in the food preparation and service area should not be left opened for easy usage	295 (80.82)	22 (6.03)	48 (13.15)
Hand-washing stations should be equipped with sanitary towels.	354 (96.99)	5 (1.37)	6 (1.64)
Uncleaned work surfaces and kitchen cloths are a means of contamination	355 (97.26)	6 (1.64)	4 (1.10)
A good drainage system can limit the spread of micro-organisms	304 (83.3)	-	61 (16.7)
Garbage bins should be emptied regularly.	360 (98.63)	-	5 (1.37)
Overall percentage (%)	86.65	5.55	7.74



RECOMMENDATIONS

According to the study, a customer who has received food safety education and training is knowledgeable about food safety. Therefore, it is the government's responsibility to step up its existing initiatives to educate consumers about food safety to enhance public health.

In order to educate consumers about safe handling and preparation techniques, restaurants should think about increasing the transparency of their food safety procedures. Continuous public education campaigns, especially from Consumer International (CI), are required to raise knowledge and comprehension of food safety laws and procedures.

LIMITATION OF THE STUDY

By focusing on only registered restaurants in Ho Municipality, the study excludes informal food vendors, which are highly prevalent in Ghana. This may lead to potential response bias.

CONCLUSION

With an overall mean score of 2.96, most respondents believe that food culture has a neutral or slightly below-average impact on consumer food safety. This implies that although consumers have some favourable opinions about food culture's contribution to safety, there is also a great deal of ambivalence or worry. Furthermore, the majority of consumers have accurate knowledge about personal and kitchen hygiene and food safety, 89.89% and 86.65% respectively. This indicates that a greater percentage of the respondents have a good level of food safety knowledge and are well informed. In other words, customers' knowledge of kitchen hygiene is high, with overall scores of 86.65%, and personal hygiene knowledge is also very high at 89.89%, which suggests strong consensus among respondents on their food safety knowledge.

FUTURE RESEARCH

Future studies should focus on the general level of awareness regarding food safety across all Ghanaian municipalities. Moreso, further studies should be carried out on the informal food vendors since they are prevalent in Ghana.



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