



UNIVERSITY
OF
LUSAKA

SCHOOL OF MEDICINE AND HEALTH SCIENCES

**KNOWLEDGE ATTITUDE AND PRACTICE OF INDIVIDUALS ON QUALITY
AND SAFETY LABELLING ON PACKAGED FOOD IN THE CENTRAL BUSINESS
DISTRICT OF NDOLA**

BY

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A RESEARCH DISSERTATION SUBMITTED TO THE UNIVERSITY OF LUSAKA IN PARTIAL
FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF A DEGREE IN BACHELOR OF
SCIENCE IN PUBLIC HEALTH

DECLARATION

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I declare that this proposal (Knowledge Attitude and Practice of Individuals on Quality and Safety Labelling on Packaged Food in The Central Business District of Ndola) is my creative work and to the best of my acquaintance has not been presented for a degree in any other institution.

Signature: _____

Date: 29/05/2023.

Supervisor Name: DR CHITUNDU KASASE, PHD.

This dissertation has been submitted with my approval as a University of Lusaka (UNILUS) supervisor.

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Signature: 

Date: 29/05/2023

I, **DR CHITUNDU KASASE, PHD** having supervised and read this dissertation is satisfied that this is the original work of the author under whose name it is being presented.

I confirm that the work has been completed satisfactorily and is ready for presentation to the examiners.

Signature/Supervisor: 

Date: 29/05/2023

DEDICATION

The lord is my strength and my shield; my heart trusted in him and I am helped, so my heart rejoices and with my song I will praise him

I dedicate this dissertation to my dear and loving mother the late Mrs. Sylvia M'hango Kampewu who throughout my degree program facilitated me financially despite her untimely demise (M.H.S.R.I.P)

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ABSTRACT

Introduction: Food labelling serves a crucial role by providing consumers with essential details about ingredients, quality, and nutritional value, enabling them to make healthier and more informed choices. Manufacturers hold the responsibility of ensuring precise labelling, in strict adherence to established regulations, as misleading labelling is considered an offence under the Food Safety Act of 2019. Improved food labelling has the potential to reduce the risk of health issues such as heart disease and diabetes, while organisations like the Competition and Consumer Protection Commission of Zambia actively work to enhance consumer awareness regarding pre-packaged food labelling. These efforts include initiatives to incorporate local languages and enlarge font sizes on labels, making critical information more accessible and promoting health literacy among a broader audience. Consumers also have a role in determining quality and safeness of food lables and with regards to ensuring adequate knowledge, attitude and practice in the determination of food label quality, this study was done to assess individuals' knowledge attitude and practice on quality and safety labelling on packaged food in the central business district of Ndola.

Methods: This study used a qualitative case study design at Shoprite Ndola, President Avenue, including individuals from Ndola's business district and nearby areas. Primary languages were Bemba and English.

The participants were teenagers and adults who buy pre-packaged food at Shoprite Ndola. Thirty participants volunteered through self-selection. Data collection involved one-on-one interviews on socio-demographics, knowledge, attitudes, and practices regarding food labelling. Content analysis was applied for data summarisation

Ethical clearance was obtained from the University of Lusaka's Research Ethical Committee and the National Health Research Authority, ensuring consent, confidentiality, and participant well-being.

Results: The study involved 30 participants from various residential areas in Ndola, encompassing both high-density (Kansenshi and Northrise) and medium-density (Chifubu and Pamodzi) neighborhoods. These participants, aged between 19 and 72, were all shoppers at

Shoprite's Ndola town branch, and the study's focus was to evaluate their knowledge, attitudes, and behaviors regarding food labeling.

Demographically, the majority of participants (56.67%) were male, and among the captured individuals, there was an age range difference, males captured had an age range of between the age of (19-72) and females (23-35). Most participants belonged to the middle-class socioeconomic group, with 63.33% having completed college or university education, while 36.67% had primary or secondary education. Among females, secondary school education was more common, while among males, college and university education prevailed. Furthermore, the majority of study participants were employed, with males forming the larger segment.

Conclusion: this study showed that most consumers have a good understanding of the quality and safety aspects of food labeling on packaged products. However, their attitudes and actual practices often diverge from this knowledge. Many consumers tend to rely on trusted brands, which can lead to a lack of interest in scrutinizing label details.

The study highlights that consumers are generally familiar with critical label information such as expiry dates, manufacturer names, and production dates. However, nutritional content information on labels is less well-understood, with consumers often favoring specific brands influenced by national advertising and inherited brand preferences. Fortunately, overall consumer attitudes toward food label quality and safety are mostly positive.

Moreover, the research reveals that social demographic characteristics, especially in middle to low-income areas, can influence consumer practices. Those in these areas often opt for trusted brands without thoroughly examining labels. Notably, participants from lower-income backgrounds tend to have poorer practices in assessing label quality and safety.

Increasing awareness, encouraging bilingualism labeling, adding written warning labels for products with high levels of specific ingredients, incorporating instructional demonstrations on packaging to guide product usage, enhancing label legibility, especially for health-related information by increasing font size and minimizing unnecessary labels and implementing a social marketing model to promote the benefits of reading and using food labels, aiming for sustained behavior change.

These above recommendations may collectively help empower consumers and promote healthier choices when purchasing packaged food in Ndola.

CHAPTER ONE

1.0 INTRODUCTION

Food labelling can be described as any information presented by any tag, brand, mark pictorial or other descriptive matter which is written, printed, marked, impressed on or attached to the container of the food product. The information includes items such as ingredients, quality and nutritional value and freshness of the food product among others (Food and Drug Administration, 2022). The main importance of food labels is, they help potential buyers of the food product to make informed choices about the food they are about to buy and helping consumers to use the product in its most safely usable means, this therefore enables consumers to lead healthier and longer lives as they try to avoid poor dietary habits.

Manufacturers have a huge responsibility of ensuring that all necessary information but most importantly the contents of the food product including ingredients are to be provided on the packaging of the product, however a person shall not label, package, sell or advertise any food in a manner that is false, misleading or deceptive as regards its character, nature, value, substance, quality, composition, merit or safety or in contravention to the standards prescribed for any food or if they contradict the standards set by the safety act of Zambia, if a person is found wanting, they commit an offence (Food Safety Act, 2019)

Improved food labelling could provide consumers with easy-to-read nutrition and ingredient information that they can use to reduce their risk of heart attack, stroke, certain forms of cancer, and diabetes. The Competition and Consumer Protection Commission of Zambia has been conducting several health promotion campaigns with regards to raising awareness among consumers on issues concerning pre-packaged food labelling in Zambia. Furthermore, manufacturers and regulators must play a role in improving food labelling, ideally on how to improve on the display of food labels, for example the inclusion of different local languages apart from English or the increase in font size on food labels, this will enable a wider coverage of individuals in making them aware of the contents of the product. Literacy also plays a major role in the promotion of health, health literacy can be improved by providing information, effective communication and ensuring adequacy in education which can help increase the level of awareness if properly done.

1.1 STATEMENT OF THE PROBLEM

Consumers have little information on the knowledge about the influence of food labelling on their health, they also have poor attitude and practice towards considering the quality and safety labelling on packaged food in the central business district of Ndola. As the problem keeps on escalating, where individuals purchase food products but lack awareness about the importance of food labelling information, there is an increased number of victims, it is a public health concern that deserves adequate and effective means of solving the problem. Poor knowledge about the influence of packaged food labelling's may lead to consumers purchasing expired food products or purchasing food products with ingredients that the consumer may be allergic to due to a health condition or a health problem that can later lead to ill health.

Research on knowledge, Attitude and practice of individuals on quality & safety labelling on packaged food particularly in the central business district of Ndola, was ideally carried out in order to identify means in which awareness can be raised and promote suitable and healthier attitudes and practices towards the purchase of food products that may ideally solve or rather reduce to minimal numbers of individuals suffering from ill health as a result of lack of awareness towards the effects of food labelling on their health.

Food labelling is intended to extensively inform the consumer about the nutritional properties including the freshness of when the product was manufactured and expiry date of a food product, public health in recent years has been concerned with raising awareness among individuals about food labelling in Zambia, this is because of the growing prevalence of diet linked diseases such as Diabetes, obesity, cancer, hypertension, cardiovascular diseases. Heart disease, cancer and high blood pressure among other diseases have been identified to be as a results of poor eating habits (Center for Disease Control and Prevention, 2020). All the mentioned diseases above are non-communicable diseases that the ministry of health in Zambia have acknowledged to be of great threat on the Zambian population. There have been little to no research studies done with focused on investigating the nutrition status of individuals with regards to lack of awareness, poor attitude and poor practices in the use of food label information in the Copperbelt, however the most recent reliable study is recorded by the Zambia Demographic and health survey, (2013-14) the study showed that 23% of females were overweight and 30.3% are from the Copperbelt province. Furthermore, Data on male individuals was unavailable and this showed the need of further interventions in ensuring awareness among the people of the Copperbelt. It further showed that 36% ranging from 40 to

49 age groups of females suffer from overweight, thus posing great threat on the life expectancy of females which should be ideally longer. Lack of information on the nutritional status of individuals in the Copperbelt, Ndola gave ground to this research as it tried to determine awareness, attitude and practices of individuals with regards to quality and safety labelling on packaged food.

1.2 JUSTIFICATION

Labels on food products are for the purpose of helping to communicate by informing consumers about the products quality, safeness and contents, this helps in the promotion of health because it ensures that all details about the product are displayed thus this indirectly helps potential buyers to make informed choices about the product they wish to buy and who is suitable to consume the food product they are about to purchase. Findings from this study provides information on the knowledge, attitude and practice of individuals with regards to food labelling information with focus on lack of awareness of food labelling having an effect on human health among consumers in the central business district of Ndola, the research on their attitudes focused on their level of thinking which helped to determine their behaviour/ practice towards the purchase of food products, ideally it tried to know whether they use food label information in purchasing pre-packaged foods or they do not use the information at all. Research on knowledge/ awareness facilitated in the determination of the amount of information and the level of understanding with regards to Knowledge Attitude and Practice on quality & safety labelling on packaged food of individuals. Furthermore, the degree to which food labels serve as health promoting tools entirely depends on the consumers knowledge attitude and practices.

This research was ideally done to give information to policy makers, manufacturers and regulators that play a role in food labelling, on how to improve on the display of food labels, for example the inclusion of different local languages apart from English or the increase in font size on food labels, this will enable a wider coverage of individuals in making them aware of the contents of the product. Literacy also plays a major role in the promotion of health, health literacy can be improved by providing information, effective communication and ensuring adequacy in education which can help increase the level of awareness if properly done.

1.3 GENERAL RESEARCH OBJEVTIVE

To assess individuals' knowledge attitude and practice on quality and safety labelling on packaged food in the central business district of Ndola.

1.4 SPECIFIC RESEARCH OBJECTIVES

1. To assess the level of awareness or knowledge on quality and safety labelling on packaged food in the central business district of Ndola
2. To identify individual attitudes towards quality and safety labelling on packaged food in the central business district of Ndola
3. To assess individual practices on quality and safety labelling on packaged food in the central business district of Ndola

1.5 RESEARCH QUESTIONS

1. What is the level of awareness or knowledge that individuals have on quality and safety labelling on packaged food in the central business district of Ndola?
2. What are the individual attitudes towards on quality and safety labelling on packaged food in the central business district of Ndola?
3. What are the practices of individuals on quality and safety labelling on packaged food in the central business district of Ndola?

CHAPTER TWO

2.0 Literature Review

2.0.1 The Importance of Food Labels in The Determination of Human Health

Food labels play a vital role in determining the consequential health status of individuals, the information on food labels is for the purpose of helping consumers to make good judgements about their food choices therefore, good judgement in food choice presents a good health status as the consequence, it helps to prevent some diet related illnesses like cancer, heart disease for example while bad or poor judgement in food choice represents a poor health status as the consequence (NHS Health Scotland, 2020). People look at food labels on food products for various reasons, but whatever the reason, one of their most basic reasons should be to try to know the product they are purchasing and how to use it. It is the duty of the consumer to ensure that they are purchasing the right products with contents that cannot compromise their health (F.A.O and W.H.O, 2018). However, it is also the duty of the manufacturer to provide food products that are not harmful and with appropriate labelled information to individuals and if not followed, the manufacturer is held liable for injuries as a result of consumers using the product that has a risk to harm the public.

Research was conducted by Margareta Wandel in 1997, the research focused on food labelling from the perspective of consumers, she carried out the research using two methods and one included a study of consumer survey which included personal interviews with a sample population of 1,050 people above 15 years of age. Data for this survey was collected by precoded questionnaire, the questions were created to help disclose consumer perception and judgement and how they use food labels. some Questions that were asked included;

1. In what area can you need better information on food labels? The response was food contents, additives, contaminants, cultivation process such as use of agrochemicals, production country.
2. How often do you read food labels on what you buy? Response categories: very often, sometimes, never, no answer.
3. What do you think needs to be focused on when making a healthy diet? Response category: many fresh products as possible, much home-made foods, few fat food, few fried and grilled foods, few sweet foods, no answer.

2.0.2 Essential Information Provided on Food Labels

The following are essential and mandatory information that are expected to be displayed on food labels;

1. **Expiry date:** This may indicate the last date on which the food product may reach its peak in quality, taste or flavour. Usually, the expiry date on food products is displayed by including the day, month and the year (Mile Rock, 2020).
2. **Date of manufacture:** this is the date on which the food product becomes a ready to consume product or a finished product. This information details the quality of the food product from the day it was manufacture, ideally the freshness of the product. (Food safety helpline, 2013).
3. **Directions of use:** This involves instructions on how a product should be used or how it is supposed to be prepared before consuming by the customer for health and safety reasons that may prevent ill-health (Food Standards Agency, 2018).
4. **Nutritional information:** this includes a list of nutritional contents of a food product, it helps to determine if the added contents can either harm your health or if they can improve your health, this all depends on the dietary needs of a specific individual, an example may be of individuals reducing on consuming of high amounts of sugar to reduce the risk of having diabetes (Food and Drug Administration, 2022).
5. **Name and address of manufacturer:** FDA requires that manufacturers include identity of the products manufacturer, distributor and providing their address. The city and zip codes may be included as well on the information panel (food standards agency, 2021).
6. **Barcode:** Barcodes play a vital role on food labels as they make it easy for the traceability of the specific food product and mostly it improves on the information of a particular food product because a barcode is never repeated for each product even if it's of the same make or type (Travis Wayne, 2020).

2.0.3 Awareness of Food Labelling Information to Have an Effect on Health

Food labels have an effect on the health of individuals if not understood and so it is the duty of the manufacturer to ensure food label information that is basically presented in order to promoted understanding of the labels and the labels should also be straining out all essential food label information in order to prevent harm, injury that can arise due to poor food labelling. However, it is also mainly the duty of consumers to always practice reading the contents of a food product they are buying and also understand the labelled information in order to prevent harm on individual health. The consumers knowledge on the influence of food label information on individual health is an important element as it includes what information specific individuals have on food label information and its importance, individuals need to be aware that adequate knowledge maybe help in preventing diet linked diseases that may arise from ignorance of gaining sufficient information on the effects of food labels on individual health. Attitude also plays as a key role in determining their level of thinking which can determine their behaviour towards the purchase of food products, ideally trying to know whether they use food label information in purchasing pre-packaged foods or they do not use the information at all.

2.0.4 Factors Related to Knowledge Attitude and Practice Towards Quality and Safety Labelling on Packaged Food and Food Labelling Information and Its Effects on The Health of Consumers

2.0.4.1 Personal Income

Income has had an association with the kind of diet that individuals have, this means it is linked with what individuals can afford to buy. Research was conducted by Simone A. French, Christy C. Tangney, Melissa M. Crane, Yamin Wang & Bradley M. Appelhans (2019). The study focused on how the nutrition quality of food purchases varies by household income. It was discovered that low-income households purchase less healthy foods as compared to higher income homes, the study showed proof that low-income household's resort to the purchase of sugar sweetened beverages and less consuming of fruits and vegetables. However, high income house-holds have the capacity to purchase any food product they wish to consume, this may result from being ignorant in food labelling information and out of self-efficacy which may involve an individual's capacity to carry out the behaviours.

2.0.4.2 Location

The venue in which food products are purchased can affect food choices, this is based on what food products the shop offers. Research was done by Alice Karanja, Amy Lckowitz, Barbra Stadlmayr and Stepha McMullin (2019) the study focused on trying to understand the drivers of food choices in low- and middle-income countries, the study concluded that food choice is linked to the environment an individual is present in based on what food is available, accessible, affordable. Furthermore, the study suggested that strategies and interventions are necessary to create supportive food environments and influence consumer awareness and behaviour that can change their perspective to make healthier food choices (A Karanja, 2021). Therefore, individuals may be aware of the health effects that may arise from consuming certain food products but due what's available in the environment they are present in, they have no choice but to consume anything they can

2.0.4.3 Age

Research was conducted by A, Shultz JM. (2001) on the impact of aging on eating behaviors, food choices, nutrition, and health status. The results showed that older individuals tend to consume less energy food products and quick food sources, and eat more energy-weaken grains, vegetables and natural products as compared to young individuals.

2.0.4.4 Education

There has been a relationship between education and the knowledge and attitude of food label information. A study was conducted by Song et. al (2015) on the understanding, attitude and use of nutrition label among consumers in china, the study showed that education was associated with understanding of food labels. Washi's study in the United Arab Emirates, showed a positive relationship between high education and the probability of reading food labels.

2.0.4.5 Cost

Cost plays a major role in influencing food choices, just as the law of demand states with regards to food products; the lower the price of a food product the higher the demand and the higher the price of a food product the lower the demand. This in some cases tends to influence

individuals' attitude to execute behaviour even though in some cases they might have sufficient knowledge on the health effects of a specific food product, they tend to be ignorant due to the low price.

2.0.4.6 Personal Taste Preferences

Personal taste preferences involve individuals prioritizing taste of a food product more than its health benefits, this can result into harmful health outcomes due to individuals' ignorance to adjust in consumption of the food product or ignorance for the contents even though in some cases they might be aware of the harmful outcomes and how the contents can affect their health. Research that focused on Factors affecting consumer food preferences: food taste and depression- based evoked emotional expressions with the use of face reading technology was carried out by Elena Barkiene et al (2019). The research included several study factors which were social status, age, gender, education, knowledge about healthy eating and attitude towards food affecting consumer food choices and the relation between taste of food and depression. The research that was conducted concluded that gender is a significant factor in the emotional motivation of individuals thinking "food assists me to cope with stress", "for me, food fills in as a comfort", and "I have an increased desire for sweets when I am depressed". differences among female and male participants were observed as regards selection of the perception "food assists me cope with stress", "for me, food fills in as a comfort", and "I have an increased desire for sweets when I am depressed". It further concluded that age has an influence on the emotional motivation "food makes me feel good ", and that education also has an influence on the way individuals perceive regarding healthy eating. The suggestion was that mood also has a link to the choice of food.

2.1 Theoretical Framework

This study was based on Albert Bandura (1960) Behavioural Theory, which states that all behaviours are learned through interaction with the environment, the theory was utilized in an attempt to determine the knowledge Attitude and Practice of individuals on quality and safety labelling on packaged food in the central business district of Ndola. This study used behavioural change theory with acknowledgment of the Reasoned Action Theory by Fishbein & Ajzene (1975) which suggests that a person's behaviour is determined by their intention to perform the behaviour, intention in the study's idea is as a result of having knowledge about the behaviour intended to be executed and is also as a result of the attitude executed towards a specific factor. Intention in the study's idea can be shown through attitudes, social norms and self-behaviour which involves behavioural control. Attitude represents the behaviour of

individuals towards food labelling information, the social norms represent the shared standards or knowledge of acceptable behaviour by groups, while Self efficacy represents an individual's belief/ level of Knowledge in his or her capacity to execute behaviours. Using these constructs from the theory, this study attempted to find out the level of self-efficacy that individuals have on quality and safety labelling in packaged food. Besides self-efficacy, this study further looked at, opinions and feelings (attitude) of individuals towards quality and safety and the social norms which is how individuals identified required or acceptable standards of behaviour within a group, with the view that the level of knowledge attitude and practices they carry out on quality and safety labelling on packaged food determines their health.

2.2 Conceptual Framework

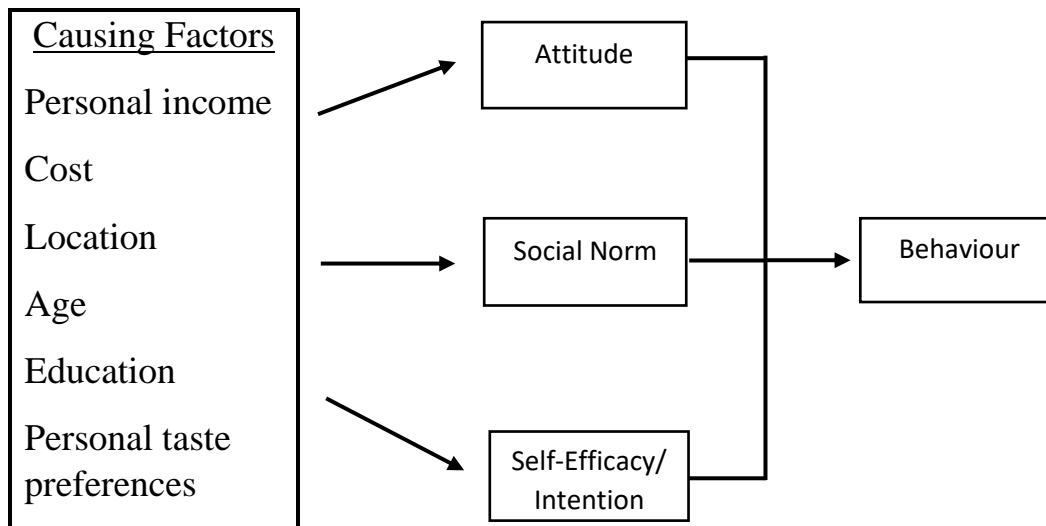


Figure 1. Conceptual framework of factors that can influence individuals knowledge attitude and practice on quality & safety labelling on packaged food

CHAPTER THREE

3.0 METHODOLOGY

3.1 Study Approach

The study approach which was used in this research was the qualitative approach.

3.2 Study Design

A Case study using qualitative methods was used. This is because the data contained an in depth with diverse understanding of the matter to be studied on and it was in its real life context as the targeted population was shopping in Shoprite Ndola, president avenue.

3.3 Study Site

The study was carried out in the grocery sections of Shoprite which is located along president avenue in the business district of Ndola. This shop has been identified to have high numbers of shoppers; therefore, best conclusions was assumed to be generated from it.

Ndola is an important commercial centre in Zambia, it lies on some 320 kilometres north of Lusaka with an estimated population of 528,330 (AZ Nations, 2018). Ndola's population is middle class in terms of socio-economic status. The targeted individuals where mainly those residing in the business district of Ndola, but also individuals in nearest areas of town centre, a good number of individuals came from surrounding areas such as Kansenshi, Pamodzi and Chifubu. The language commonly used in the business district of Ndola as a form of communication among the inhabitants is Bemba followed by English.

3.4 Study Population

The targeted population were individuals who have the ability to buy or purchase food products from the specified shop, ideally teenage aged individuals and above age groups who where found purchasing pre-packaged foods in the food grocery sections of the named store.

3.4.1 Inclusion Criteria

The only people that were considered for the study were teenagers and above age groups of individuals, both male and females were allowed to participate in this research survey. Participants of the study included individuals from high- and low-density residential areas like kansenshi & northrise as high-density areas and chifubu & Pamodzi as medium residential areas, these individuals were found purchasing pre-packaged foods at the time of data collection. All the study participants were Zambians, because non-Zambians were presumed might have a different purchasing behaviour depending on their country of origin.

3.4.2 Exclusion Criteria

The study excluded non-Zambians and those below the teenage age group. The study further excluded all those who were not residents of Kansanshi, Northrise, Pamodzi and Chifubu. It also excluded those who were not agreeable to take part in the study.

3.5 Sample size

Since a self-selection method was used, this required having as many participants as possible for the study based on individuals' willingness to take part in the research. A sample size of 30 participants was used. This was the number considered not to be ideal but as a minimum for this particular study, the sample size should be determined on basis of informational needs so that the research question can be answered with sufficient confidence; this idea was adopted from Mariette Bengtsson 2016 cited from Fridlund & Hildingh 2000. It further adopted the concept that states that when the research reaches a point where no new concepts emerge from interviews then the sample size needs to be determined from the minimal point, hence 30 individuals were interviewed, fewer individuals would have been interviewed but in order to avoid information bias and increase confidence of the research findings this idea was utilized.

3.6 Sampling Procedure

A non-probability, Self-Selection sampling method was used for the need to respect individuals decision to participate in the study or them choosing not to participate.

3.7 Data Collection Techniques

Data collection was done using a one to one interview technique, ideally only shoppers who agreed to participate in the study were interviewed. The interview had questions and study variables like; socio-demographic characteristics of participants, knowledge, attitudes, and practices to determine if they use food labeling information and if individuals understand the effects of food labelling on their health.

3.0.8 Data Management and Analysis

Data entry and analysis in this paper is performed using Content Analysis. This aimed to categorize verbal or behavioural data which was to be classified, summarized and tabulated.

3.9 Ethical Considerations

Ethical clearance/approval for conducting this study was requested from the Research Ethical Committee of the University of Lusaka and the National Health Research Authority. Further permission/ authorization to conduct the study was requested from the Shoprite store manager of the town centre brunch.

The ethics below were observed;

Voluntary Participation (informed Consent): Participants were informed that participation in the study was on voluntary basis and consent was asked from them prior to their participation.

Confidentiality: the study ensured anonymity, variables like names of the participants and their personal identity was not captured

Non- maleficence (do no harm): this aimed at preventing harm to both participating and non-participating individuals

Maximize benefit (Beneficence): this aimed to ensure that persons are treated in an ethical manner by protecting them from harm, respecting their decisions and making an effort to secure their well-being.

CHAPTER FOUR

4.0 RESULTS

4.1 Basic Characteristics of The Study Participants

A total sample of (30) individuals, consisting of consumers from high- and low-density residential areas like Kansenshi and Northrise as high-density areas and Chifubu and Pamodzi as medium residential areas; who were found purchasing pre-packaged food in Shoprite, Ndola town branch were interviewed. The age range of the participants was 19 – 72 years and assessed participants based their knowledge, attitude and practices.

4.2 Social Demographic Characteristics of Study Participants

The social and demographic characteristics are shown in table 1 below, for the consumers interviewed, the majority of the participants were males who comprised of about 17(56.67%) of the study participants and 13(43.33%) who were females. among the captured individuals, there was an age difference, males captured had an age range of between 19-72 and the age range in females captured was 23-35 respectively. From table 1, we further can see that majority of the study participants came from the middle class of the social economic status and majority of about 19(63.33%) had at least college and university education, with only 11(36.67%) indicating that they had only Primary and others had secondary level education. Majority of the women of about 6 indicated attaining secondary school education as their highest level of education whilst majority in the male section of about 12 had college and university education as their highest level of education. Majority of the study participants were employed and comprised the majority in the male sex. Further social demographic characteristics are shown in table 1 below.

Table 4.1. Summary of Social Demographic Characteristics of The Study Participants.

	Male	Female
Gender	17	13
<u>Age</u>		
19-35	10	13
36-46	3	0
47-57	3	0
58-68	0	0
69-72	1	0
<u>Education</u>		
Secondary school or less	5	6
College	3	3
University	9	4
<u>Employment Status</u>		
Employed	11	7
Unemployed	7	5
<u>Location</u>		
Kansenshi (Urban)	8	2
North-rise (Urban)	5	10
Pamodzi (Rural)	1	3
Chifubu (Rural)	1	0
<u>Social Economic Status</u>		
High	0	0
Middle	13	12
Low	4	1
<u>Primary Language</u>		
Bemba	5	4
Nyanja	10	9
English	2	0

Table 4. 2. A summary of Questions, Themes and (Codes) Categorized.

The table below illustrates the questions which were asked during the survey and created themes & codes that were used to help determine similarity in terms of identifying the participants responses.

<i>Question</i>	<i>Themes & (Codes)</i>
1. what consumers understand by quality and safeness on labelling on packaged food	1. Manufacturing date and expiry date (a)
	2. Product awareness (b)
	3. Value of product (c)
	4. Product Safeness (d)
	5. Storage (e)
	6. Product name and contents (f)
	7. Product Freshness (h)
	8. No answer (x)
	9. Price (i)
	10. Product Freshness and Contents (k)
	11. Manufacturer (l)
	12. Country of Manufacture (m)
	13. Readable labels (n)
	14. Products health effects (o)
2. In your view, what determines the quality and safeness on food labels	1. Expiry date (e)
	2. supplier (s)
	3. contents, expiry(x)
	4. usual products (u)
	5. storage (a)
	6. shop (b)
	7. contents (c)
	8. labels available(l)
	9. uniqueness (y)
	10. vitamins (v)
	11. simplicity of label (d)
3. Importance for individuals to be aware of the necessary contents of a food product that they may not be familiar with before purchasing	1. Expiry date (e)
	2. manufactured and expiry date (m)
	3. to avoid allergies (t)
	4. health benefits (h)
	5. edible or not (x)
	6. nutritional value (n)

Continuation
of table 2:

<i>Question</i>	<i>Themes & (Codes)</i>
4. Importance of individuals to have the ability to read and understand food labels	1. For easy understanding (f)
	2. Ingredient awareness (i)
	3. Understanding contents (u)
	4. understanding expiry date (w)
	5. understand food labels (y)
	6. Awareness of product Safeness (a)
	7. Improves health awareness (z)
5. How quality and safety labelling on packaged food can be improved	1. Demonstrations (d)
	2. Simple label (s)
	3. translate language (t)
	4. Recommended shop (r)
	5. various languages (v)
	6. magnification (m)
	7. local language (l)
	8. symbols (x)
6. What can the manufacturer do to improve food labels in order to make people understand the labels	1. Include local languages (i)
	2. Include demonstrations (x)
	3. Specify who is permitted to consumers (s)
	4. magnify labels(m)
	5. Ensure accuracy (e)
7. How can improved quality and safety labelling on packaged food reduce the burden of health effects	1. Full awareness=Reduced health effects (f)
	2. Minimize bad food choices (m)
	3. Awareness of food benefits=Reduced health effects (a)
8. Can expired food be used a day or a few days after the expiration date?	1. Do not use (d)
	2. Can use (c)
	3. Health hazard (h)
9. How often do you read labels on packaged foods	1. Always Read (a)
	2. Not often (n)
	3. Rare (r)
	4. I don't read (i)
10. To what extent do you pay attention to the quality and safeness of labels on packaged food	1. Particular Attention (p)
	2. Not at all (n)
	3. Rare (p)
11. In a situation where you do not understand food labels, what do you do	1. Ask Shop Attendants (a)
	2. Do not buy (d)
	3. Ask anyone (x)
	4. buy or leave it (b)
	5. Google (g)

Descriptive Narrative of Findings

INTRODUCTION

In the first instance, when the researcher had asked the respondents to state, in their own view, what their understanding of quality and safeness on labelling on packages meant, the following were some of the descriptive responses given:

What do you understand by the quality and safeness on labelling on packaged food?

Respondent 2: “to me, I regard the quality to relate to showing the products contents as well as a description of the expiry date because that is very important information.”

Respondent 6: “I feel like safety and quality can be looked at in many ways and to me, I would say that safety is in showing the chemicals that can be dangerous and how the food or material is supposed to be stored and kept. Also, the expiry date for safety reasons especially in food stuffs is very critical”.

Respondent 7: “quality I think goes with the taste of something and also if its going to satisfy you. That’s why when buying for the first time we usually ask our friends or family whether the product is safe and whether or not it can be taken by anyone else. Even when you think of safety, it comes from how it is packaged and on the way they have labelled it.”

Respondent 11: “quality is the way the product is looking and how it is working and also to make sure that the labels that have been put are the right one for us to say they are communicating on how safe it is for anything, be it being consumed as food or unless otherwise.”

The researcher further went on to ask the respondents to give their understanding on what they felt determined the quality and the safety of the food labels that were attached to the goods and products that they purchased. The following were the responses:

In your view, what determines the quality and safeness on food labels?

Respondent 1: “I think what determines the quality of any food is on the ingredients (laughed). The issue of what makes a good label is on whether it speaks to the product and its content and specifically highlights the positives around the food but also stresses points around the consequences of over-consumption. It should not just end at whether the label is attractive or

not. To guarantee that us consumers are safe, we need all the information provided and these have to be in a way to make us feel like when we consume the food, we are protected from any harm, that's quality enough."

Respondent 4: "what determines the quality and safety of food labels is one on which the type of contents that have been placed on the cover of course, also, on whether this is clear information that any person can understand and not overselling and complicating things. So, the simplicity of the labels, but not forgetting how detailed, the message is what makes buyers like me create brand loyalty and stick to such similar brands as Coca-Cola for example."

Respondent 7: "understanding the reading culture of many Zambians, what determines the quality of labels is on how simple they are but straight to the point. People just want to know when food is expiring and very few people pay attention to things like the ingredients and the like, if we can have this culture of checking more often, I tell you we would see people getting better foods and also just doing away with other brands for safety reasons".

Respondent 13: "what determines quality and safety sometimes is very personal because we all have different preferences in what food we buy. The brand labels and safety issues that are showed on the packaging sometimes can just attract a buyer without paying attention to more details like if the food has more carbs or not".

Respondent 17: "I don't think that anything changes in the food if the labels are not that clear or not at times. Even when the food is nicely labelled and clear, you can find that its actually bad inside so kaya sometimes it's just on making sure you check the meat for example inside to make sure it's not bad. So, the labels are not enough for me, even the texture and appearance of food is important".

In the same vein, the researcher also asked the respondents to highlight the importance of knowing the contents of new food products that they have not consumed before. The following were some of the responses derived:

Why is it important for individuals to be aware of the necessary contents of a food product that they may not be familiar with before purchasing?

Respondent 2: “I think it’s important because we live in a time when we have so many issues around allergies and the like and it’s important to check on whether this food can give you such problems even before trying to eat it”.

Respondent 5: “even if we speak of issues around expiry date all the time, when it comes to new food stuffs, we also must take into consideration the effect it has on the general health. It can be a food recommended by a friend so you have to check on what health benefits it might have and also on whether it won’t cause issues in you and the like”.

Respondent 7: “with the new food, you must make sure that it is not expired of course but the bigger issue is that you must make sure that it is something that you can actually enjoy and that it will be safe for you. You can’t just be trying new things without any benefit, that’s not being normal now. So, the benefits on your health and avoiding allergic reactions is very important”.

Respondent 19: “another thing we have to know is that these foods are different to each one of us and so if we have to try something new, we should know who is manufacturing it. Me I like to stick to companies I know or a company that I have eaten food from and not just anything because that’s what I trust, and I like the taste”.

The researcher also asked the respondents to note the importance around how they feel quality and safety labelling can be improved. The following are some of the responses derived from the respondents:

How do you think quality and safety labelling on packaged food can be improved?

Respondent 11: “it’s hard sometimes to understand the language especially for some of us and our brothers and sisters who are not very learned in society. We seem not to understand some chemicals and you can find that they are difficult. They can try and translate it even in local languages so that we understand them better and then we can feel safe to eat even the new food”.

Respondent 13: “having a choice of more local languages to read can be important but the problem is like we import a lot so they have to work at helping more local business generate more things to put in the shops like this so that we can read the things they write better and then we can be confident about buying these new brands”.

Respondent 17: “me I feel like even having some demonstrations and the adverts are being done can really help in sensitizing consumers and that is something that is not really focused on. These adverts we see on ZNBC or Muvi Tv can have a few of them demonstrating the use of the products that would be good to help us understand better on the product use”.

Respondent 18: “I think it’s just on the way they communicate what is labeled and how this can be improved is by making them relatable to us as much as possible. This is something the manufacturers have to understand and start working on in the long run.

On the same point, the researcher asked the respondents to note areas around how manufacturers can improve their product sensitization and labelling can reduce health poor effects. The following were some of the responses that were given:

How can improved quality and safety labelling on packaged food reduce the burden of health effects?

Respondent 1: “with issues of BP and the like, the labels are important because they get to show which things we are eating and how they will affect us. They are aimed at increasing awareness among consumers on health effects, so the labels have to be very critical and well stated in any place and any product”.

Respondent 3: “the labels educate us also because we then know what is contained in the food and when you know, we will look out for anything that might affect your health in a bad way so they have to be encouraged at any point. It’s just about whether we people who buy and eat understand the labels”.

Respondent 21: “the labels also play a role in minimizing the risk of poor food choices. So, the labels are important to show you which foods are bad and which ones are actually okay to be eaten and they won’t be so bad on your health”.

Respondent 24: “if the package is very clear and is actually true, then we are protected as consumers because me I will choose something I feel is safe for me to eat and will not bring problems. So, because I have that choice, that is what I use to make sure that I read and protect my health at all costs”.

After considering all the issues around the safety and labels, the researcher also went on to find out how often the consumers actually read on the packaging of food products. The following were the responses derived:

Respondent 5: if it is a product I know, I rarely read much, I just throw it in the basket”.

Respondent 8: “I rarely read the packaging to be honest. If I do, then I am just checking the expiry date”.

Respondent 9: “the main issue is the expiry date and also just how the food is looking so I don’t do it every time.

Respondent 11: “I don’t think I read the packaging for any other reason than really just checking the expiry date and also to make sure that it looks clean and all.”

Respondent 14: “I usually do it because I am very particular with what I consume and half the times, I want to make sure that my body is getting the right nutrients”.

CHAPTER FIVE

5.0 DISCUSSION

5.1 DISCUSSION OF KEY FINDINGS

5.1.1. Knowledge Of Participants Regarding Quality And Safeness On Labelling On Packaged Food

The major aim of this study was to determine consumer knowledge attitude and practice on quality and safeness labelling on packaged food. Generally, the use of the knowledge in determining the quality and safeness of labelling on pre-packaged foods in the central business district of Ndola was achieved by administering an interview guide with open ended questions, the interview guide also assessed participants attitude and practices towards the matter. The general social demographic characteristics of this study were in collaboration with other studies (Samson, 2012; Aryee, 2013). Only the age variable was different because this study collected the age of the participants. The age range between 19- 35 where the most individuals in the age groups that were ignorant in having the interest to read labels due to them having a usual product brand that they considered to be trustworthy.

Most of the study participants interviewed had high level of knowledge of pre-packaged food labels. This may have been attributed to the fact that many participants in the study had attained college and/or university education. Nayga (1996) and Loureiro et al. this is seconded by a study that was conducted by Duvan (2016) who cited that a higher uptake of information and changes in knowledge shifts did point at the idea that people had attained a higher level of education. Aryee (2013), “described how highly educated consumers are more likely to read scientific, academic articles or prints and are more likely to be exposed to nutritional and health related news and this therefore causing an increase in their degree of awareness on diet and health issues.” The most degree of knowledge was expected to be seen among participants with dietary related complication, but only a few were interested in reading labels in the determination of its quality and safeness. This may also have been caused by the fact that only little to no numbers of participants disclosed to have a nutritional related health complication and they had specific product brands that they considered to be trustworthy. Further, low levels of consumer knowledge regarding quality and safeness of labels on packed food has been observed in other studies, especially those from developing countries; the main cause may be insufficient capacity or resources in the promotion of education with the aim of changing

behaviour in individuals to make use of labels thus, determining product safeness and making healthier dietary choices (Samson, 2012; Bazhan, et al., 2015).

From the notion's stated around the knowledge parameters, majority of the responses were based on the actual feelings and cognitions that were attached to the product and how it went on to satisfy the consumer. For example, it was found that knowledge was linked to the notions of the product feeling nice and that it was tasty more so than it had much to do with the consumers cognition of safety and quality. The same applied on the thoughts around consumer brand loyalty being critical at deciding whether the client would read the ingredients or labels that were placed on food stuffs. This was similar to the study by Mabweni et al (2018) who pointed out that the product loyalty that is placed on certain products determines whether the client would read labels or not. The importance attached to this takes away the desire that many place on the consideration of quality and safety with regards to the use and consumption of the product.

5.1.2. Attitudes And Practices Of Regarding Quality And Safeness On Labelling On Packaged Food

The study further sought to determine the attitudes of consumers towards quality and safeness of labelling on pre-packaged food, this implied trying to assess their level of thinking which helped to determine their behaviour/ practice towards the purchase of food products, ideally it tried to know whether they use food label information in purchasing pre-packaged foods or they do not use the information at all. It was observed that majority of the study participants had fair attitudes towards pre-packaged food labels, the ratio of participation between male and female was 17:13, this may have implied that there was a fair level of participation between the two genders. However, males appeared to have had a more positive attitude as compared to females in this study. The explanation for this may be that more males were recorded to have attained at least college and/or university education, which increased their likelihood of being more knowledgeable and in turn developing a more positive attitude towards determining the quality and safeness of food labels. Further, we can note that there was an increase in the number of people with positive attitudes towards food label quality and safety with increasing level of education (meaning the more education one gets, the more positive their attitude towards the determination of quality and safeness of labelling on pre-packaged food labels).

According to the data collected, the age of the participants was not influencing the attitude or practices towards the determination of quality and safeness of labelling on pre-packaged food labels, this study involved only teenage age groups and above age groups; therefore, this means

that despite the age between being young or elderly, the degree of knowledge is the main influence of attitude and practises towards determination of quality and safeness on labelling on food products. However, participants of the study that were elderly were noted to give out responses out of more experiences.

The relationship between level of education and practice was discovered that there was an increase in the use of a food label with increasing level of education. This means the degree of awareness resulted to them either good practices or bad practices in the interest to determine quality and safeness of labelling on food products. This is consistent with the findings from studies conducted by Bazhan, et al. (2015) in Iran and Aryee (2013) in Ghana.

The last focus of this study was to determine how many of the participants were influenced by available labels in the determination of quality and safety labelling on pre-packaged food labels in their purchase choices. It was discovered that there was little to no participants who were very particular and always had the interest in reading labels as all the participants except two participants had interest in reading labels always and the rest responded that they had usual brands of products that they considered trustworthy and so they always purchase those products without reading labels to determine quality and safeness on labels of food products. This indicated that there was a need to invest more resources for the aim to succeed in social and change of behaviour to more healthier behaviours, in this case individual's behaviour towards always reading labels to determine the quality and safeness of labelling on food labels.

5.2 Study Limitations

Some limitations were experienced in this study therefore some caution should be observed in the interpretation of results. The study was done in the Central Business District of Ndola, which is an urban area. It is possible that if the study was done in one of the rural areas different results could have been found, this means it may therefore not be possible to generalize the findings for the whole country due to the study having a limited area of focus.

A limitation was also experienced by the inclusion of people who do not know how to read, write or ability to understand concepts so long as they decide to participate in the study, this consumed a lot of time when answering the interview guide questions. The self-reported responses may not represent actual awareness and use of food labels, this is mainly because a degree of Social Desirability Bias was experienced, and this resulted to individuals/ participants answering questions in a way that is viewed favourably by others.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.0 Conclusion

Majority of the consumers had high knowledge regarding quality and safeness on labelling on packaged food; however, their idea with regards to practice and attitude was not entirely satisfying, this resulted from the fact that most of them had a certain brand that they trusted as they choose what food product to purchase, which therefore prevents them from being interested in looking for the quality and safety information on labelling of packaged food. Furthermore, consumers were most familiar with the expiry date, the name of the manufacturer and the manufacture date, they were not so aware of the nutritional content on a packaged food label but they mostly considered and had a specific brand of their specific food products that they usually purchased, this was found to be influenced by adverts that were nationally broadcasted and also it was found to be influenced by inherited food brand choices, this was also the same case even for high education level participants; generally, this portrayed the attitudes of consumers in the determination of quality and safe food labels. Consumers attitudes were fair with only a few participants who were identified to have a bad attitude towards the determination of food label quality and safeness.

There was a relationship noted in the association of the social demographic characteristics with practices, this study did not have individuals from upper class but only had middle class and lower class individuals, the consumers in the study that came from the two reported social economic statuses; middle to low-income areas were found to use food labels not so often because they had a specific brand that they considered to be trust worthy even without reading the labels on the packaging of the food product; however, participants from the lower class showed bad practices the most towards quality and safeness determination on labels. The results showed a normal distribution in terms of where the highly educated individuals stay and where the not so educated individuals stay.

Overall, in the determination of quality and safeness of labels on pre-packaged foods, fair to good knowledge, attitude and practice was seen in consumers of different age groups from those with increasing level of education mostly.

6.1 Recommendations

- i. Although majority of the consumers had high knowledge, the idea they had about the phenomenon was not so reliable due to contradictions that were arising from the fact that they had specific brands that they considered trustworthy and so that prevented them from having the interest to check for the quality and safeness on labelling on packed food. More awareness should be raised among consumers in Ndola, especially among those with the least level of education. This promotion can start from places that promote and create the environment for promoting health. In this case, using settings such as schools, workplaces, gyms, etc can be a starting point to influence the decision-making channels of the consumers. The idea is that if local authorities through the public health department at local government level can be a good start to ensure that a higher reach is obtained.
- ii. For the local food vendors and manufacturers, the best way to shift dynamics is to ensure that food labels contain at least 2 major languages that are spoken in those areas to promote an understanding of safety and quality of products and services. This can be a good turning point in memorizing.
- iii. Manufacturers should include written warning labels, such as those showing a product having a higher amount of a specific ingredient.
- iv. Manufacturers should make available demonstrations on food packages; these demonstrations may include drawings or signs that provide a message on either how to use the food product or who is particularly suitable to consume the specific food product.
- v. Manufacturers should improve on the magnification of labels ideally by increasing the font size of health educating labels. This may also mean that the addition of unnecessary labels should as much as possible be reduced.
- vi. The promotion of the benefits of reading and use of food labels in the purchase of packaged food will help to improve the attitudes and practices of consumers in Ndola. This should be done by the use of a social marketing model as it provides evidence for sustained health behavior change (Lee and Kotler, 2020).

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APPENDICES:

Appendix 1: GANTT CHART FOR THE WORK PLAN (2022-2023)

#	ACTIVITY	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
1	Proposal writing and Submission to supervisor									
2	Preparation of study approach, study design, data collection methods, data analysis, ethical considerations									
3	Proposal Defence									
4	Final Proposal submission to university									
5	Data collection									
6	Data compilation & Entry, Data Analysis									
7	Submission of dissertation									
8	Presentation of Dissertation									

Appendix 2: BUDGET

	Budget Category	Unit Cost	Quantity	
1	<u>PERSONAL</u>			
	Transport	K 700	4 weeks (except sat & Sunday)	
	Assistant	K 200	1	
	Lunch	K 200	Data collocation days only	
	Data Bundles	K 100	For 1 month	
2	<u>STATIONERY AND SUPPLIES</u>			
	Interview guide photocopying	K 250	50	
	Pens, Pencils and Book	K 50	3 pens, 3 pencils, 1 book	
	Printing and Binding	K 250	2	
	<u>TOTAL:</u>	K 1, 750		
	Incidentals at 10%	K 175		
	<u>GRAND TOTAL:</u>	K 1, 925		

Appendix 3: Consent Form

TOPIC: Knowledge Attitude and Practice of Individuals on Quality and Safety Labelling on Packaged Food in The Central Business District of Ndola

General information on the study

The purpose of this study is to determine consumers knowledge attitude and practice on quality and safety labelling on packaged food, mainly the use of the knowledge in determining label quality and safety on packaged foods. All participants who will be taking part in this study are shoppers teenage age groups and above. In the case that you agree to participate in the study, you will be required to answer a few questions which shall be read to you by the interviewer. Some questions will require you to explain further depending on the question and answer given. The whole process should take 15minutes at least to complete. You will also be asked to sign a consent form as proof of your agreement. You are therefore requested to provide honest opinions as answers to the questions contained in the interview guide. Participation in this research is voluntary.

Possible Benefits:

The information that shall be collected from this study will help relevant authorities to address the issues surrounding quality and safety labelling in our country and will further provide baseline information for further research.

Possible harm and/or injury

Due to the nature of this study, we do not anticipate any harm and/or injury to occur to you or your family as a result of your participation. However, should you feel uncomfortable at any point of the interview process, you are at liberty to discontinue the interview. You also have the right to be explained to about the nature of this study, benefits, and risk among many others including the signing of a consent form before you can participate

Confidentiality:

All information collected in this study will be held with high esteem. To ensure anonymity, you will not be required to provide personal information (i.e. name, cell number, place of work and place of residency). The records of this study will be kept private and confidential.

Compensation:

You will not be paid for participating in this study or for your time. Remember that it is voluntary.

Agreement of the Participant

Do you agree?

Yes.....

No.....

I Have read and understood the contents in this form and agree to participate in this study.

Signature of participants

Signature of research assistant.....

Date of signed consent

Appendix 4: Data Collection Tool

INTERVIEW GUIDE

OPEN ENDED QUESTIONS

INSTRUCTIONS TO PARTICIPANTS:

Please answer the following questions as to own appropriate reasoning by sticking in the box and writing the answers to a specific question respectively.

Date of Interview: _____

PART A

Social Demographic Information

1. Age.....
2. Gender [] Male or [] Female or [] prefer not to state
3. Employment status.....
4. Social Economic Status.....
5. Education level.....
6. Location.....
7. Primary Language.....
8. Religious affiliations

A. Christian [] B. Islam [] C. Traditional [] D. Irreligion [] E. Others

.....

PART B

Knowledge Attitude and Practice on quality and safety labelling on packaged food

1. What do you understand by the quality and safeness on labelling on packaged food?

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.....
.....

2. In your view, what determines the quality and safeness on food labels?

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.....
.....

3. Why is it important for individuals to be aware of the necessary contents of a food product that they may not be familiar with before purchasing?

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.....
.....

4. Why is it important for individuals to have the ability to read and understand food labels?

.....
.....
.....

5. How do you think quality and safety labelling on packaged food can be improved?

.....
.....

6. With lack of awareness, not understanding food labels and poor behavioral practices in food choices that individuals make, they tend to accrue health effects like diabetes, cardiovascular diseases, stroke etc. with regards to quality and safety labelling, what can the manufacturer do to help people understand and improving food labels?

.....
.....
.....

7. How can improved quality and safety labelling on packaged food reduce the burden of health effects?

.....
.....
.....

8. Can expired food be used a day or a few days after the expiration date? If yes, why?

.....
.....

9. How often do you read labels on packaged food?

.....

10. To what extent do you pay attention to the quality and safeness of labels on packaged food?.....

.....

11. In a situation where you do not understand food labels, what do you do?

.....
.....

Appendix 5: University of Lusaka Research Ethics Committee Approval Letter

**SCHOOL OF MEDICINE AND HEALTH SCIENCES LEOPARDS
HILL CAMPUS**

Plot No. 37413, Off Alick Nkhata Mass Media. P. O Box 36711, Lusaka.
Phone: +260211258505, 258409 Fax +260211233409; Cell +260976075850,961917862,
E-mail:unilus@zamnet.zm.ictar@zamnet.zm

**SCHOOL OF MEDICINE AND HEALTH SCIENCES
RESEARCH ETHICS COMMITTEE**

Ref no: IORG0010092-2023/019

Date: 15th DECEMBER, 2022

EMMANUEL KAMPEWU - BSPH19114399

**Re: RESEARCH TITLE: KNOWLEDGE ATTITUDE AND PRACTICE OF
INDIVIDUALS ON QUALITY AND SAFETY LABELLING ON PACKAGED FOOD
IN THE CENTRAL BUSINESS DISTRICT OF NDOLA**

The above research was submitted to the research ethics committee for review. The study has no major ethical problems and is approved subject to the following:

1. The study cannot be changed without express permission of the UNILUS Research ethics committee
2. Approval from the Lusaka District health Management or equivalent health authorities should be sought.
3. The study tools should be added.
4. An informed consent form should be attached and filled by all study participants (If dealing with primary data)
5. The risks and benefits should be included in the consent form.
6. Ensure before commencement that approval is sought from ZNHRA

Congratulations and the committee wishes you success in your work.



Prof Kasonde Bowa

MSc(Glasgow),M.Med(UNZA),FRCS(Glasgow),FACS,FCS,DPH(LSTMH),MPH(UCL)

Chairman- UNILUS REC

Professor of Urology and Consultant Urologist

Executive Dean

University of Lusaka and University Teaching Hospital School of Medicine and Health Sciences.

Appendix 6: National Health Research Authority Approval Letter



NATIONAL HEALTH RESEARCH AUTHORITY

Lot No. 18961/M, off Kasama Road, Chalala, P.O. Box 30075, LUSAKA

Tell: +260211 250309 | Email: znhrasec@nhra.org.zm | www.nhra.org.zm

Ref No: NHRA000035/23/01/2023

Date: 23rd January 2023

The Principal Investigator,
Emmanuel Kampewu,
UNILUS,
Lusaka, Zambia.

Dear Mr Kampewu,

Re: Request for Authority to Conduct Research

The National Health Research Authority is in receipt of your request for ethical clearance and authority to conduct research titled “**Knowledge Attitude And Practice Of Individuals On Quality And Safety Labelling On Packaged Food In The Central Business District Of Ndola.**”

I wish to inform you that following submission of your request to the Authority, our review of the same and in view of the ethical clearance, this study has been **approved** on condition that:

1. The relevant Provincial and District Medical Officers where the study is being conducted are fully appraised;
2. Progress updates are provided to NHRA bi-annually from the date of commencement of the study;
3. The final study report is cleared by the NHRA before any publication or dissemination within or outside the country;
4. After clearance for publication or dissemination by the NHRA, the final study report is shared with all relevant Provincial and District Directors of Health where the study was being conducted, University leadership, and all key respondents.

Yours sincerely,
Acting Director/Chief Executive Officer

Prof Victor Chalwe,
National Health Research Authority

Appendix 7: Shoprite Authorization Letter

Shoprite
Plot 91, President Avenue
Ndola, Zambia.

24TH January, 2023.

Dear Sir/ Madam,

RE: LETTER OF AUTHORIZATION

We hereby confirm that the bearer of this letter, Mr Emmanuel Kampewu, a student at the University of Lusaka was given authorization to conduct a research Study at our store. The study was based on " Knowledge Attitude and Practice of . This study was done from 23rd January to 24th January, 2023. Should you require any further information, please feel free to contact the undersigned

Yours Faithfully,

Town Centre Store
Shoprite
Ndola, Zambia.

CELL:

SHOPRITE NDOLA (2816)	
CASHIER'S NAME:	TILL No.
ADDRESS:	
PHONE No. WORK:	
HOME:	
I.D. No. (GOVERNMENT CHEQUES ONLY)	
AUTHORISED BY:	