



UNIVERSITI PUTRA MALAYSIA

***NEEDS ASSESSMENT AND DEVELOPMENT OF INTERVENTION TO
IMPROVE FOOD SAFETY BEHAVIOR AMONG FOOD HANDLERS IN
SELECTED SCHOOL CANTEENS IN THE KLANG VALLEY, MALAYSIA***

STEPHENIE WONG YOKE WEI

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By

STEPHENIE WONG YOKE WEI

**Thesis Submitted to the School of Graduate Studies, Universiti Putra Malaysia,
in Fulfilment of the Requirements for the Degree of Doctor of Philosophy**

February 2021

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Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfilment of the requirement for the degree of Doctor of Philosophy

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February 2021

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In Malaysia, the number of foodborne outbreaks in schools has increased over the years. One of the main contributing factors is the improper handling of food among food handlers. The study aimed to develop an intervention to improve two selected food safety behaviors (handwashing and preventing contamination of ready-to-eat food) among food handlers at public school canteens. An-extended Health Action Model (HAM) was used as a framework to conduct a needs assessment, using a mixed-method approach comprising of focus group, survey and direct observation. A total of seven focus group discussions with food handlers (n=64) were first carried out to identify their perceived barriers and motivation to perform handwashing and preventing food contamination, which were used as part of the instrument adaptation and validation process. This was followed by a baseline survey (n=211) on food handlers' knowledge, belief, norm, motivation, habit, and behavioral intention according to the HAM constructs. The proposed research model extends HAM by incorporating five dimensions of beliefs (i.e., self-efficacy, perceived susceptibility, severity, barriers, and benefits) and four dimensions of motivation (law and enforcement, reward, internal motivation, and resources). Analysis using PLS-SEM (v3.0) revealed that norm and knowledge significantly influenced belief, ultimately affecting food handlers' intention to perform handwashing practices ($p \leq 0.001$). Instead, the intention-behavior relationship, specifically for contamination prevention, was not supported in this study ($p > 0.05$). Importance and Performance Matrix Analysis (IPMA) revealed that self-efficacy was identified as a priority variable to focus on the development of the intervention. An educational intervention program focusing on enhancing self-efficacy was developed and tested using a treatment group (n=31) and a control group (n=30). The effectiveness of the intervention package was evaluated after a 14-day intervention period. The intervention program produced a significant increase ($p < 0.001$) in the behavioral compliance, knowledge and self-efficacy scores. Even though there are rooms for improvement, the post-intervention handwashing compliance score shows an increase in the overall frequency of soap use and compliance with the correct handwashing technique among the participants. Findings from this study provide

valuable information on the possible use of the HAM model to develop a customized food safety educational program to improve food safety behavior among school food handlers. This study is the first one known to test the HAM using observational food safety behavioral data empirically. Future studies should focus on identifying other variables that may bridge the intention-behaviour gap, especially for contamination prevention.



Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia sebagai memenuhi keperluan untuk ijazah Doktor Falsafah

**PENILAIAN KEPERLUAN DAN PEMBANGUNAN INTERVENSI BAGI
MEMPERBAIKI AMALAN KESELAMATAN MAKANAN DI KALANGAN
PENGENDALI MAKANAN DI KANTIN SEKOLAH TERPILIH DI SEKITAR
LEMAH KELANG, MALAYSIA**

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Di Malaysia, bilangan kes keracunan makanan di sekolah semakin meningkat beberapa tahun kebelakangan ini. Salah satu penyumbang utama adalah pengendalian makanan yang tidak betul di kalangan pengendali makanan. Kajian ini bertujuan untuk membangunkan intervensi bagi memperbaiki dua tingkah laku keselamatan makanan terpilih (mencuci tangan dan mencegah pencemaran makanan yang sedia dimakan) di kalangan pengendali makanan di kantin sekolah awam. Model 'Health Action Model (HAM)' yang diperluaskan digunakan sebagai kerangka untuk melakukan penilaian keperluan, dengan menggunakan kaedah pendekatan campuran yang merangkumi perbincangan kumpulan fokus, kajian soal-selidik dan pemerhatian secara langsung. Sebanyak tujuh perbincangan kumpulan fokus dengan pengendali makanan (n=64) telah diadakan terdahulu bagi mengenal pasti kepercayaan halangan dan motivasi mereka untuk mengamalkan tingkah laku yang terpilih. Hasil perbincangan kumpulan fokus digunakan untuk proses penyesuaian dan pengesahan instrumen. Ini diikuti dengan soal selidik garis dasar (n=211) berkenaan pengetahuan, kepercayaan, norma, motivasi, kebiasaan, dan niat tingkah laku pengendali makanan berasaskan kesemua konstruk HAM. Model yang dicadangkan ini memperluaskan HAM dengan memasukkan lima dimensi kepercayaan (iaitu efikasi sendiri, kerentanan, keparahan, halangan, dan faedah) dan empat dimensi motivasi (undang-undang dan penguatkuasaan, ganjaran, motivasi dalaman, dan sumber). Analisis menggunakan PLS-SEM (v3.0) menunjukkan bahawa norma dan pengetahuan secara signifikan mempengaruhi kepercayaan yang akhirnya mempengaruhi niat pengendali makanan untuk melakukan amalan mencuci tangan ($p \leq 0.001$). Sebaliknya, hubungan niat-tingkah laku khusus untuk pencegahan pencemaran tidak disokong dalam kajian ini ($p > 0.05$). Analisis Matriks Kepentingan dan Prestasi (IPMA) mendedahkan bahawa keberkesanan diri dikenal pasti sebagai pemboleh ubah keutamaan yang harus diberi tumpuan untuk pembangunan intervensi. Program intervensi pendidikan yang memfokuskan pada peningkatan efikasi sendiri dibangunkan dan diuji menggunakan kumpulan rawatan (n=31) dan kumpulan kawalan (n=30). Kedua-dua kumpulan dinilai

sebelum dan selepas tempoh intervensi 14 hari. Program intervensi menghasilkan peningkatan yang signifikan ($p < 0.001$) dalam kepatuhan tingkah laku, pengetahuan dan skor efikasi sendiri. Walaupun terdapat ruang untuk penambahbaikan, skor post-intervensi kepatuhan pencucian tangan menunjukkan terdapat peningkatan dalam frekuensi penggunaan sabun dan pematuhan terhadap teknik mencuci tangan yang betul di kalangan peserta. Hasil kajian ini memberi maklumat yang berharga mengenai penggunaan model HAM dalam pembangunan program pendidikan keselamatan makanan yang khas untuk meningkatkan tingkah laku keselamatan makanan pengendali makanan sekolah. Kajian ini adalah yang pertama yang diketahui menguji HAM secara empirik, dengan menggunakan data tingkah laku keselamatan makanan pemerhatian secara langsung. Kajian masa depan harus memberi tumpuan kepada pengenalan pembaharuan lain yang boleh merapatkan jurang niat-tingkah laku, terutamanya untuk pencegahan pencemaran.



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This thesis was submitted to the Senate of Universiti Putra Malaysia and has been accepted as fulfilment of the requirement for the degree of Doctor of Philosophy. The members of the Supervisory Committee were as follows:

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LIST OF ABBREVIATIONS

AVE	Average Variance Extracted
CFA	Confirmatory Factor Analysis
CR	Composite Reliability
EFA	Exploratory Factor Analysis
FDA	US Food Drug and Administration
FGD	Focus Group Discussion
HAM	Health Action Model
HBM	Health Belief Model
HTMT	Heterotrait-Monotrait Ratio of Correlations
KAP	Knowledge, Attitude and Practices
MOE	Ministry of Education
MOH	Ministry of Health
PLS-SEM	Partial Least Squares Structural Equation Modelling
RTE	Ready-to-eat
SEM	Structural Equation Modelling
SK	Sekolah Kebangsaan
SKJC	Sekolah Kebangsaan Jenis Cina
SKJT	Sekolah Kebangsaan Jenis Tamil
SMK	Sekolah Menengah Kebangsaan
TPB	Theory of Planned Behavior
TRA	Theory of Reasoned Action
VIF	Variance Inflation Factor

LIST OF GLOSSARIES

Canteen	a place where food and drinks are sold, often at a lower price
Focus group	A well-planned series of discussions designed to identify perceptions on a defined topic of interest
Food handler	a person who is involved in food preparation and comes into contact with food, food contact surfaces, packaged or unpackaged food in food premises
Foodborne illness	disease that are infectious or toxic in nature and caused by bacteria, viruses, parasites or chemicals entering the body through contaminated food or water
Food contamination	Food that has been corrupted with another substance (biological, chemical or physical)
Food poisoning	illness caused by eating food or drinks that contain toxins that are released by dangerous pathogens
Food safety	assurance that foods served are chemically, physically and microbiologically safe for ingestion
Foodservice industry	the serviced provision of meals purchased outside home
Needs assessment	a process determining, analyzing, and prioritizing needs and identifying strategies to address them
Personal hygiene	includes the attire, hand hygiene, and the personal health and behaviour of food handlers during food handling
Ready-to-eat food	Products that are safe to eat without additional preparation
Temperature abuse	Insufficient cooking and keeping food at ambient temperature for extended period of time which give rise to the growth of microorganisms in food

CHAPTER 1

INTRODUCTION

1.1 Introduction

This chapter describes the background of study by giving an overview of food safety issues and its implications in school foodservice operations. It also highlights how poor food handling behavior among food handlers contribute to foodborne outbreaks and why educational interventions should target behavior-change. The chapter also includes the problem statement, significance of study and research objectives. This study employed a mixture of qualitative and quantitative method to achieve the objectives, namely focus group discussions, survey questionnaire and direct observation method. Thesis organization is also presented at the end of this chapter.

1.2 Background of Study

Foodborne illness is a global health concern and is threatening the lives of millions worldwide. The illness, commonly associated with the consumption of contaminated food or water, pose a threat to unsuspecting consumers at foodservice establishments. An estimated of one in every 10 people globally would be affected in some sort of foodborne illness every year. Till date, up to 420,000 deaths due to the ingestion of unsafe food have been reported. Even though unsafe food causes health risks to everyone, vulnerable groups such as children, pregnant women, elderly, and the immunocompromised may have more severe consequences (World Health Organization, 2019c).

Being a tropical country, Malaysia is not spared from the foodborne illness burden. The hot and humid climate in Malaysia is especially conducive for the growth of microorganisms in food (Abdul-Mutalib et al., 2015). Despite the fluctuation in the number of foodborne cases in Malaysia over the years, there are persistent outbreaks that warrant for attention. The number of food poisoning cases increased by 9.21%, from a total of 13,490 cases in 2017 to 14,732 cases in the same period of 2018 (Ministry of Health Malaysia, 2018a). One such case was attributable to the bacteria, *Salmonella enterica* serovar weltevreden. According to New Straits Times (2018), the Salmonella poisoning caused 83 cases and two deaths due to the consumption of *laksa* noodles in three states in Malaysia. Among the cited reasons were poor hygiene, improper storage, and inadequate cooking and reheating of the food.

Majority of the food poisoning cases in Malaysia occurred in schools (New et al., 2017). From year to year, an increasing trend of food poisoning cases were observed. From the year 2010 to 2015, the number of cases occurring in schools increased from 3822 to

8000 cases (Fuentes, 2015). In addition, foodborne outbreaks in schools increased by a drastic 57% within the first four months of 2016, with 95.7% of these cases occurring in school or hostel kitchens (The Sun Daily, 2016). As students, also regarded as 'captive customers', rely heavily on foods sold in schools, improperly cooked food will put them at risk of contracting foodborne illness (Aziz & Dahan, 2013). Young children are at a higher risk of contracting foodborne illness as they do not have fully mature immune system (Barrett & Riggins, 2011). In addition to affecting the health of the young population, food safety is also an economic burden to the country (New et al., 2017). Thus, various measures need to be taken to improve food safety in schools.

Literature have shown that food handlers are generally accountable for foodborne outbreaks through various means (Chapman et al., 2010; Sharif et al., 2013), and up to 97% of cases associated with food handlers have been reported (Egan et al., 2007). Among many, food handlers' health status and their respective food safety behaviors have great impact on food contamination risks (Bhausahab et al., 2010). According to the US FDA (2018), the three critical risk factors requiring improvement that are directly related to food handlers' behaviour are: (1) improper holding, (2) protection from contamination, and (3) poor personal hygiene. Harmful microorganisms associated with poor personal hygiene have the highest incidence and it was recommended that food safety education should focus on handwashing, adequate cooking, and avoiding cross-contamination (Medeiros et al., 2001).

Improper handwashing practices, a subset of personal hygiene, has been identified as one of the main contributing factor to foodborne illness (Green et al., 2006; Robertson et al., 2013). Despite being generally knowledgeable about hand hygiene, majority of the food handlers do not carry out proper handwashing at work (Pellegrino et al., 2015). The adherence to hand hygiene in foodservice remains low, with studies recording 0% (Tan, Bakar, Abdul Karim, et al., 2013), 19% (US FDA, 2000), 31% (Clayton & Griffith, 2004), and 27% (Green et al., 2006) compliance. As the food handlers' hands harbor infinite amount of microorganisms, poor hand hygiene will contribute to the spread of diseases (Gashaw et al., 2008). Performing proper handwashing could lead to at least a 2 log reduction in bacteria, viruses and protozoa (US FDA, 2013) and significantly reduce the risk of foodborne illness (Yu et al., 2018).

Cross contamination, the potential contamination of a ready-to-eat (RTE) food through direct or indirect contact with a contaminant, is another important factor that influence food safety (Chapman et al., 2013). For instance, harmful microorganisms can be transmitted from raw food (Baş et al., 2006), bare hands or contaminated gloves (Robertson et al., 2013) to a RTE food. Cross contaminations caused by food handlers were sighted in school foodservice operations in Korea (Ryu et al., 2011), and grocery store food handlers in the US (Robertson et al., 2013). Nevertheless, there is generally lack of published reports specifically on food handlers' cross contamination behavior. Thus, the potential for cross contamination to happen is much greater than foodborne outbreak data suggest (Clayton & Griffith, 2004).

Temperature abuse has been identified as another important contributory factors for foodborne outbreaks (Smigic et al., 2016; Tóth et al., 2017) and this risk factor is also apparent in Malaysia (Abdul-Mutalib et al., 2015; Musa et al., 2015; Sharifa et al., 2013). This includes insufficient cooking and keeping food at ambient temperature for extended period of time which give rise to the growth of microorganisms in food (Abdul-Mutalib et al., 2015). In order to ensure food doneness, the use of food thermometers is highly recommended. However, based on a review of 85 studies done for the past two decades, it was highlighted that the compliance to thermometer-use was still low (Feng & Bruhn, 2019). The lack of compliance may lead to the growth of dangerous pathogens in food. These critical risk factors generally stemmed from food handlers and is preventable through appropriate food safety education (Mcfarland et al., 2019).

Training of food handlers is an important strategy for managing food safety (Nieto-Montenegro et al., 2008). Most formal certificated food hygiene training programmes is designed using the Knowledge, Attitude, and Practices (KAP) model, that emphasizes greatly on the provision of knowledge (Tan, Bakar, Abdul Karim, et al., 2013). Similarly, majority of the food safety studies done in Malaysia revolve around the KAP model (Abdul-Mutalib et al., 2012; Abdullah Sani & Siow, 2014; Norazmir et al., 2012; Siau, 2015). Even though positive increase in knowledge have been reported following training intervention (McIntyre et al., 2013; Soon & Baines, 2012), improvement in attitude and actual food handling practices may not occur (Da Cunha et al., 2014; Mullan & Wong, 2010; Park et al., 2010). In a review study involving 253 articles and 36 original articles on the food safety KAP of food handlers, it was concluded that 50% of the studies reported a lack of translation of knowledge into attitude and practices following training (Zanin et al., 2017). This situation is obvious especially when food handlers had to multitask during meal peak hours (Yu et al., 2018).

As educational intervention that only concentrates on knowledge-provision is not sufficient to change behaviour (Yu et al., 2018), this raise the need for multiple-component intervention that involves a combination of training and other behavioral change strategies, such as providing feedback, reminders, resources, incentives or involvement of superior (Doronina et al., 2017). Intervention programmes targeting behavioural change was found to be more effective in improving handwashing behaviour (Yu et al., 2018). In an intervention study by York, Brannon, Shanklin, Roberts, Howells, et al. (2009) using the Theory of Planned Behavior (TPB) as a framework, it was reported that training generally improved handwashing knowledge, but when combined with a mixture of incentives, persuasive messages and provision of thermometer, the overall behavioral compliance improved significantly. The effectiveness of food hygiene education could be greatly improved through the use of health education theories and models. Food safety education should incorporate elements of behavioural change theories, motivational, and other environmental factors to improve the training effectiveness of food handlers (Medeiros et al., 2001).

Many models have been used to understand the behaviour of food handlers. Among many, are the TPB and the Health Belief Model (HBM). As with many social cognitive models, there are a number of criticisms on TPB and HBM. TPB emphasizes that attitude act as a predictor of behavioural intention, but Naidoo and Wills (2000)

argued that behavior may not necessarily be predicted by attitudes. While the HBM is mainly guided by beliefs, values and perception, it overemphasizes a rational approach to behaviour and excludes the influential effects of social norms (Corcoran, 2010). Although HBM has been widely used in health prevention programmes, it cannot fully explain the complexity behaviour of food handlers when it comes to food safety practices (McArthur et al., 2006). When HBM was used to predict food safety behaviour, it was found to be lacking in predictive power. Studies on food hygiene ought to also include other dimensions, such as knowledge, norms and environmental condition to better explain food safety behavioural intention and behaviour.

One model that helps to improve understanding of the social, psychological, and environmental factors that influence a person's decision-making behaviour and subsequent behaviours is the Health Action Model (HAM) (Nieto-Montenegro et al., 2006; Tones & Tilford, 1994). This model has been applied in food hygiene education and it provides a comprehensive coverage of factors influencing behavioural change following training. Although not widely tested, HAM had been successfully used to promote general safe behaviour among workers in a steel company in Iran (Mazaheri & Heidarnia, 2015), develop a food hygiene training course for butchers (Vaz et al., 2005), and in the designing of food safety education programme for Hispanic workers in the mushroom industry (Nieto-Montenegro et al., 2006, 2008). Therefore, this study set out to conduct a needs assessment using an extended-HAM model and to develop and assess the effectiveness of a customized intervention programme in improving food safety behaviors among school food handlers.

1.3 Problem Statement

The persistent occurrence of foodborne illnesses may lead to severe economic losses and put the lives of many at risk. In Malaysia, majority of the food poisoning cases happened in schools and is still on the rise (New et al., 2017; New Straits Times, 2019). From the year 2010 to 2015, an obvious increase in the number of cases in schools was observed, from 3822 to 8000 cases, in a span of 5 years (Figure 1.1) (Fuentes, 2015). A staggering 57% increase in the first four months of 2016 was reported, with 95.7% of these cases occurring in schools (The Sun Daily, 2016). In the year 2018, a 24% increase of cases was recorded compared to the previous year (New Straits Times, 2019). Children in particular are at an increased risk of contracting foodborne illness as they have immature immune system (Barrett & Riggins, 2011). As students rely heavily on foods sold in schools, improperly cooked food will put them at risk (Aziz & Dahan, 2013). Literature have shown that most outbreaks are associated with food handlers' food safety behavior (Sharif et al., 2013), and are thus preventable. Unfortunately, the food handlers in Malaysia still exhibited poor compliance to various food safety practices (Abdul-Mutalib et al., 2015; Musa et al., 2015; Sharifa Ezat et al., 2013).

In order to improve food safety, besides through formal trainings (Soon et al., 2011), it is crucial to alter people's behavior (Yiannas, 2009). Training that only focus on knowledge provision based on the KAP model is not sufficient to change behaviour (Yu et al., 2018). The use of multiple-component intervention, involving a combination

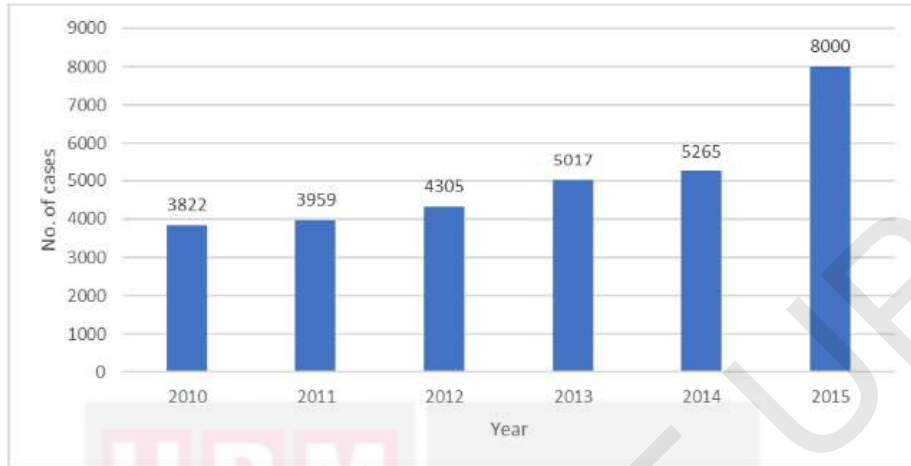


Figure 1.1: Food Poisoning Cases occurring in Schools in Malaysia from 2010 to 2015 (adopted from Fuentes, 2015)

of training and other strategies may be more effective (Doronina et al., 2017). Published literature on interventions, while useful, may not be applicable in all populations due to the differences in social, cultural and economic context (Foster & Kaferstein, 1985). Before developing any intervention, it is crucial to identify the food handling beliefs and behaviors, and have specifically designed messages for the target audience (Medeiros et al., 2001). As there is a lack of educational intervention specifically designed for Malaysian school foodservice, it creates a gap that needs to be addressed.

In Malaysia, there are lack of studies that use social cognition model to change food handlers' behavior. Majority of the food safety studies have focused on investigating the KAP of food handlers (Abdul-Mutalib et al., 2012; Abdullah Sani & Siow, 2014; Lee et al., 2017; Norazmir et al., 2012; Siau et al., 2015; Siow & Abdullah Sani, 2011; Tan, Bakar, Abdul Karim, et al., 2013), which are commonly criticized for the knowledge-behavioural compliance gap. Till date, only two such studies exist, which utilized the Theory of Planned Behavior (TPB) to predict intention (Ahmad et al., 2018) and to develop an educational intervention to improve handwashing practices (Nil Rosmawati et al., 2018). Ahmad et al. (2018) found that perceived behavior control and attitude fail to predict intention. On the other hand, Nik Rosmawati et al. (2018) reported that there was no significant difference between the mean proportion in handwashing practices of trained and control group. Due to the inconclusive results of the two studies and the limitation of KAP model, HAM was used as a framework for needs assessment in this study. This is the first study that uses HAM model in school foodservice operations.

HAM, recommended for use in food hygiene education (Rennie, 1995), is able to address some of the limitations of KAP model as it helps to improve understanding of the social, psychological, and environmental factors that influence a person's intention

and subsequent behaviours (Nieto-Montenegro et al., 2006). Till date, HAM had been mainly used as a framework to develop a food safety training course for butchers (Vaz et al., 2005), and educational material for Hispanic workers in the mushroom industry (Nieto-Montenegro et al., 2006). Even though both studies showed promising results, no empirical study on the model has been done. In addition, the belief and motivation constructs under HAM have underlying dimensions (Arendt et al., 2011; Barrett & Riggins, 2011; Harris et al., 2017) which have not been thoroughly investigated. Therefore, there is a need to empirically test an extended-HAM by incorporating the dimensions of beliefs and motivation. This study is expected to identify significant factors that improve selected food safety behaviors as the underlying basis for the development of a strategic intervention. As the type of intervention varies according to the nature of foodservice operations, the needs assessment enables the design of a customized intervention to improve food safety in schools.

1.4 Objectives of the Study

This study aimed to conduct a needs assessment and to develop and assess the effectiveness of a customized intervention programme in improving food safety behaviors among school food handlers. The specific objectives are:

- 1) To gain an insight on the current practices, perceived barriers and motivators to perform three selected food safety behaviors (handwashing, contamination prevention and temperature control) among school food handlers.
- 2) To conduct a needs assessment and to identify priority variable that can be enhanced to improve handwashing and contamination prevention behavior.
- 3) To evaluate the effectiveness of a food safety intervention by comparing the handwashing and contamination prevention knowledge, self-efficacy and behavioral compliance score between control and treatment group.

1.5 Overview of the Conceptual Framework

The mixed-method study consists of two research phase. It began with a qualitative phase that is made up of a series of focus group discussions to identify the current practices, perceived barriers and motivators of food handlers to perform the selected food safety behavior. This was followed by a quantitative phase, where HAM was used as the underlying theoretical framework of the study (Figure 1.2). According to HAM, the intention to perform an action is influenced by a set of beliefs, motivations, and norms, all of which establish a state of preparedness for action when there are supportive conditions. Social pressures or norm influences both the motivation and the belief of an individual. In turn, motivation influences both belief and the intention to perform a particular behaviour. Intention can be translated into actual behaviour provided if appropriate environmental conditions are available. Habit is also said to influence behaviour directly as individuals may also make a decision without considering various options or analysis of the situation (Tones & Tilford, 1994). Full details of HAM and the hypothesis testing for the model are described in literature review and Chapter 4, respectively.

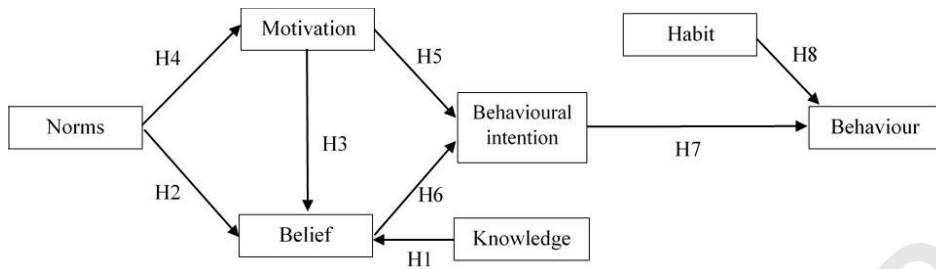


Figure 1.2: Conceptual Framework based on Health Action Model (HAM)

Note: Endogenous latent variable: Behavioral intention, behavior

Exogenous latent variable: Knowledge, belief, norms, motivation, habit

1.6 Overview of Methodology

A mixed-method approach, a combination of qualitative and quantitative method was used to achieve the research objectives. In a mixed-method study, the integration of both qualitative and quantitative methods is far superior than the conventional mono-method research as it provides a through understanding of the research problem (Johnson & Onwuegbuzie, 2004). The study first conducted focus group discussions to identify the current practices, perceived barriers and motivators of school food handlers in carrying out selected food safety behaviors. The qualitative findings, together with insight from previous literature, content validation and pre-test results were used as part of the instrument adaptation and validation process. This was followed by needs assessment of school foodservice operations and the intervention phase, using a combination of survey and direct observation method. The overall flow of study is shown in Figure 1.3.

1.7 Significance of the Study

Theoretical research has often been criticized of the lack of grasps of the broader view, especially in terms of translating research into practical suggestions that will have impact on people in the real world (Michie et al., 2007; Moss-Morris & Yardley, 2008). To bridge the gap between theory and practice, this study has both theoretical and practical significance, and are able to contribute to the academics, policymakers and school foodservice managers, as discussed below:

1.7.1 Theoretical significance

Following the early efforts to applying the HAM model as a framework in designing food safety educational materials (Nieto et al., 2006; Vaz et al., 2005), this study is expected to have theoretical significance by being the first to empirically study the

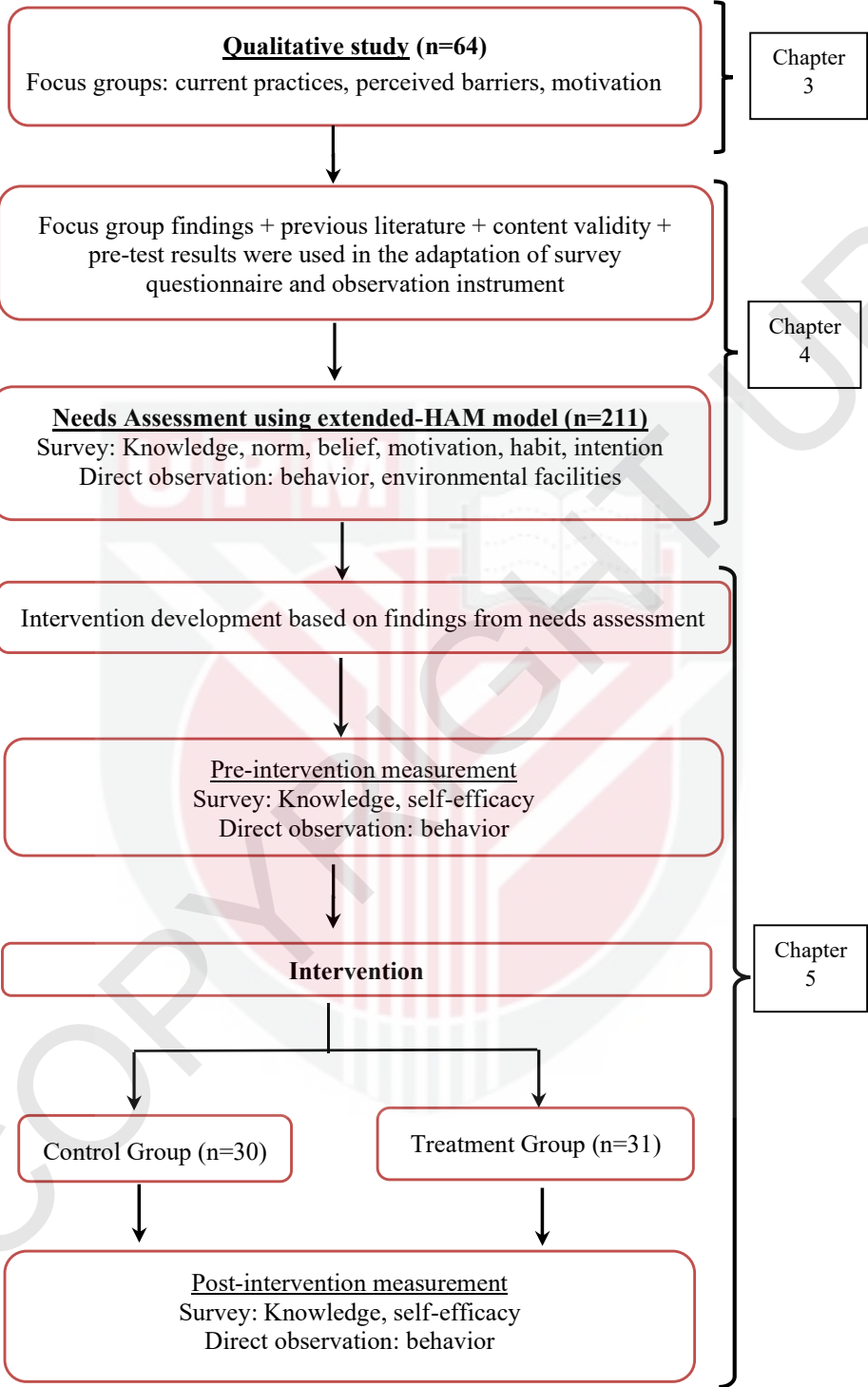


Figure 1.3: Overall Flow of Study

HAM model using actual observed food safety behavioural data. By moving beyond self-report measure of behaviour, which has been long known for its limitations, incorporating observed behavioural data in the model paints a more realistic picture of the actual behaviour of food handlers. In addition, the belief and motivation constructs have underlying dimensions and such studies applied to foodservice setting have been limited (Arendt et al., 2011; Barrett & Riggins, 2011; Harris et al., 2017). By incorporating the dimensions in the extended-HAM model, this study is expected to provide useful information on the five dimensions of beliefs and four dimensions of motivation, from the perspective of Malaysian school foodservice.

1.7.2 Practical significance

Published literature on interventions, while useful, may not be applicable in all populations and situation due to the differences in social, cultural and economic context (Foster & Kaferstein, 1985). As there is a lack of educational intervention been specifically designed for Malaysian school foodservice, it creates a gap that needs to be addressed. Using a mixed method approach (focus group, direct observation and survey). this study provides realistic insights on the actual scenario of school foodservice operations in Malaysia and sheds some light on the factors that influence selected food safety behavior. From the perspective of policymakers and school foodservice managers, this study provides valuable information regarding factors that should be prioritised for future intervention programs targeting selected food safety behaviour among school food handlers. Improving food safety behaviour of food handlers has direct impact in ensuring food safety in schools. Some of the findings may also be used to enhance existing food safety initiatives and policies concerning school foodservice operations in Malaysia.

1.8 Thesis Organization

Overall, this thesis is made up of six chapters (Figure 1.4), which is organized as follows:

Chapter One describes the background of study and gives an overview why the study is important. The chapter also includes the problem statement and objectives of the study.

Chapter Two provides a review on related literature, covering an overview of the foodservice industry and the current food safety scenario at a global and national level. The chapter also highlights the main risk factors of foodborne illness and explains how most cases stem from poor food handling behavior of food handlers. Besides, it also provides a review on past intervention studies done and some of the theories and models used in food safety studies.

Chapter Three narrates the qualitative findings through focus group discussions, with respect to objective 1 of the study. The chapter is important as it sheds some light on school food handlers' current practices, perceived barriers and motivation to perform selected food safety behavior. Some of the information gathered were used as part of the instrument adaptation and validation process in Chapter 4, to quantitatively measure the perceived barriers and motivation of the study population. The use of this qualitative study is expected to help in assuring the content validity of the instrument used in a Malaysian context. In addition, it also provides a realistic picture of the current situation at school foodservice operations which helps in the development of an intervention in Chapter 5.

Chapter Four represents the food safety needs assessment phase, with respect to the objectives 2 of the study. The chapter highlights the use of an extended Health Action Model (HAM) to identify variables that influence behavioral intention and behavior. Results from Importance and Performance Matrix Analysis (IPMA) identified a priority variable that can be enhanced to improve behaviour. Findings from this chapter were used to develop an intervention programme to improve food safety behavior in Chapter 5.

Chapter Five presents the results of the intervention phase, with respect to objective 3 of this study. The effectiveness of a food safety intervention programme in terms of the knowledge, self-efficacy and behavioral compliance score were discussed.

Chapter Six is the conclusion chapter which summarizes the major findings of this study. This chapter also discuss the limitations of study and suggestions for future research.

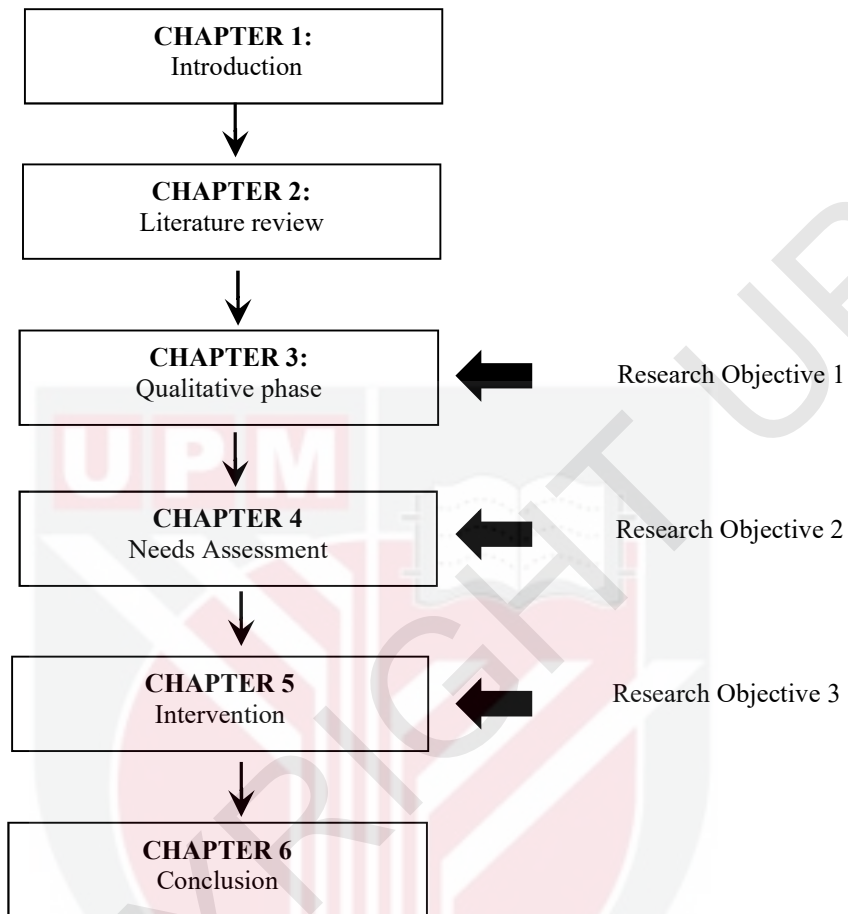


Figure 1.4: Thesis Structure

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BIODATA OF STUDENT

Stephenie Wong Yoke Wei is a PhD candidate from Universiti Putra Malaysia, in the area of food safety. She graduated with an honors degree in Food Science and Technology and Master of Science in Food Biotechnology from the same university, in the year 2000 and 2007, respectively.

She is currently a senior lecturer with the Faculty of Applied Sciences, UCSI University, Malaysia. Since joining UCSI University in 2006, she has been teaching Food Microbiology, Advanced Food Safety and Quality, Food safety and Quality System, Microbiology, Halal & Food Legislation, Contemporary Issues in Food Science, Food and Nutrition, and the Academic Communication course. At the university, she is also an appointed internal auditor for ISO 9001:2005. Her past roles at UCSI include the Head of Food Science and Nutrition Department from 2010 - 2014, chairperson of Faculty Board Quality Assurance and Enhancement committee, member of Faculty Examination Board (FEB) committee and member of Faculty Board Regulations, Examination and Assessment Committee.

Currently, she is a certified trainer for the food handler training program under the Ministry of Health Malaysia and has been actively conducting trainings for the past two years. In addition, she has successfully passed the lead auditor course in ISO 22000. Her research interest includes food safety in foodservice operations, probiotic studies and microencapsulation work.

LIST OF PUBLICATION

Journal

Wong, S. Y. W., Ahmad, I. A., Ho, J. A., Mahyudin, N. A., & Ungku Zainal Abidin, U. F. (2020). Insight into food handlers' perceived barriers and motivators to perform food temperature control practices in Malaysian public schools. *Food Research*, 4(3), 793-804.

Conference Presentation

Wong, S. Y. W., Mahyudin, N. A., Ho, J. A., & Ungku Zainal Abidin, U. F. (2016). Perceived barriers and motivators of school food handlers to using food thermometers in Klang Valley, Malaysia. Presented at 4th Asia-Pacific International Food Safety Conference & 7th Asian Conference on Food and Nutrition Safety. 11-13 October 2016. Penang, Malaysia.

Wong, S. Y. W., Ahmad, I. A., Mahyudin, N. A., Ho, J. A., & Ungku Zainal Abidin, U. F. (2019). Needs assessment and the development of a self-efficacy-building intervention to improve food handlers' handwashing practices in Klang Valley school canteens. Presented at 2nd International Food Research Conference 2019. 27-29 August 2019. Putrajaya, Malaysia.



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