

UNIVERSITY OF EDUCATION, WINNEBA

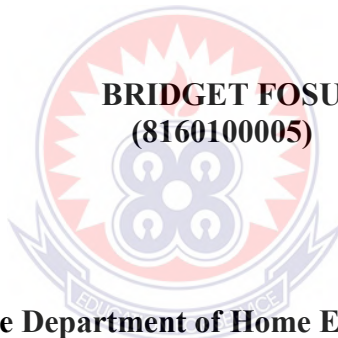
**FAST FOOD CONSUMPTION PATTERN OF BANKERS IN KASOA IN
THE CENTRAL REGION OF GHANA**



2021

UNIVERSITY OF EDUCATION, WINNEBA

**FAST FOOD CONSUMPTION PATTERN OF BANKERS IN KASOA IN THE
CENTRAL REGION OF GHANA**



**A thesis in the Department of Home Economics Education,
Faculty of Home Economics Education, Submitted to the School of
Graduate Studies in partial fulfilment
Of the requirements for the award of the degree of
Master of Philosophy
(Home Economics)
in the University of Education, Winneba**

NOVEMBER, 2021

DECLARATION

Student's Declaration

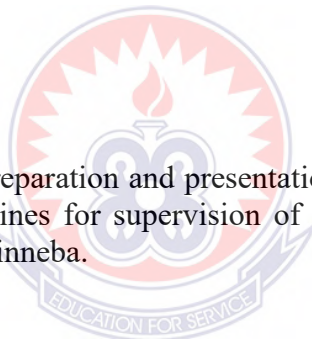
I, Bridget Fosu, declare that this thesis, with the exception of quotations and references contained in published works which have all been identified and duly acknowledged, is entirely my own original work, and it has not been submitted, either in part or whole, for another degree elsewhere.

Signature:

Date:

Supervisor's Declaration

I, hereby declare that the preparation and presentation of this work was supervised in accordance with the guidelines for supervision of Dissertation as laid down by the University of Education, Winneba.



Name of Supervisor: Ms. Kutum Comfort Madah

Signature:

Date:

DEDICATION

This thesis is dedicated to my mother, Mrs. Hannah Fosu who has assisted me in diverse ways to climb further the academic ladder.



ACKNOWLEDGEMENTS

I wish to express my gratitude to my supervisor Ms Kutum Comfort Madah of Home Economics Department, University of Education, Winneba, for her mentorship, guidance, supervision, objective criticisms, suggestions and corrections which contributed immensely to the completion of this thesis.

I am also grateful to my lecturers at the Faculty of Home Economics Education (Food and Nutrition Department) especially Ms Joana A. Donkoh, Ms Jacqueline Ogoe and Ms Janet Agyarkwaa Oti for their wonderful guidance and counseling which has helped shaped my horizon and experiences. My sincere gratitude also goes to Mr Gershon Doku at the Education Resource Centre of the University of Education Winneba, and Dr. Benjamin Otchere Ankrach of Central University whose advise and efforts facilitated my work. My husband, Mr Robert Acquah and my kids (Nanice, Prudence and Bridget Acquah) cannot be left out for the great sacrifices done throughout the period of my study.

I am indebted to bankers at various banks within the central part of Kasoa for their encouragement and support during my fieldwork in their banks. Without their interest, ardent commitment and involvement, this study would not have been possible.

Finally, I express my sincere thanks to my family members, especially my mother who took care of my baby girl while I furthered my education. To friends and my entire course mates, who have assisted me in diverse ways to climb further the academic ladder, God bless you. I owe everything to you all and am grateful; thank you and may God bless you.

TABLE OF CONTENTS

Contents	Page
DECLARATION	iii
DEDICATION	iv
ACKNOWLEDGEMENTS	v
TABLE OF CONTENTS	vi
LIST OF TABLES	ix
LIST OF FIGURES	ix
ABSTRACT	xi
CHAPTER ONE: INTRODUCTION	1
1.0 Overview	1
1.1 Background to the Study	1
1.2 Statement of the Problem	8
1.3 Purpose of the Study	9
1.4 Research Objectives	9
1.5 Research Question	9
1.6 Hypothesis	10
1.7 Delimitation of the Study	10
1.8 Limitations of the Study	10
1.9 Significance of the Study	11
1.10 Organization of the Study	11
CHAPTER TWO: LITERATURE REVIEW	13
2.0 Overview	13
2.1 Importance of Food in Human Life	14
2.2 The Concept of Street-Vended Foods	15
2.3 Fast Foods: Definition and Concepts	21

2.4	Factors Influencing Fast Food Choice and Consumption	22
2.5	Fast Food Patronisers/Consumers	29
2.6	Nutritional Knowledge	32
2.7	Food Preferences of Customers	33
2.8	Fast Food Consumption	34
2.9	Theoretical Framework-Theory of Reasoned Action (TRA)	51
2.10	Conceptual Framework	53
2.11	Summary	54
CHAPTER THREE: RESEARCH METHODOLOGY		56
3.0	Overview	56
3.1	Setting of the Study	56
3.2	Research Design	57
3.3	Population	59
3.4	Sample and Sampling Technique	60
3.5	Research Instruments	62
3.6	Data Collection Procedure	66
3.7	Data Analysis Procedure	67
3.8	Ethical Considerations	68
3.9	Summary	69
CHAPTER FOUR: RESULTS AND DISCUSSION		70
4.0	Overview	70
4.1	Demographic Data	70
4.2	Research Question One	75
4.3	Research Question Two	85
4.4	Research Question Three	87
4.5	Research Question Four	90

CHAPTER FIVE: SUMMARY, CONCLUSIONS, RECOMMENDATIONS AND SUGGESTIONS FOR FURTHER STUDIES	98
5.1 Summary	98
5.2 Conclusion	99
5.3 Recommendations	100
5.4 Suggestions for Future Research	101
REFERENCES	102
APPENDICES	114
APPENDIX A: Introductory Letter	114
APPENDIX B: Questionnaire	115



LIST OF TABLES

Table	Page
3.1: Sample distribution of the study	61
3.2: The reliability of the items in the questionnaire	65
3.2: Details of statistical tools for the analysis of research questions	67
4.1: Demographic characteristics of respondents (N =124)	71
4.2: Are you aware about nutritional information about some ingredient content in each of fast food that you consume? (N=124)	75
4.3: Fast foods nutritionally good for consumption	76
4.4: Fast food nutritionally bad for consumption (N = 124)	78
4.5: Places for fast food consumption (N = 124)	80
4.6: Diseases associated with regular consumption of fast food (N=124)	81
4.7: Categories of food consumed by bankers	85
4.8: Bankers' fast food consumption pattern (N = 124)	87
4.9: Factors that influence fast food consumption among bankers (N = 124)	90
4.10: Relationship between bankers' nutritional knowledge and their fast food consumption	96

LIST OF FIGURES

Figure	Page
3.1: Researcher's construct (2019)	54
4.1: Gender distribution of the study	73
4.2: Age distribution of the study	73
4.3: Marital distribution of the study	74
4.4: Distribution of highest education of the samples of the study	74



ABSTRACT

This study investigated Fast Food Consumption Pattern of Bankers in Kasoa located in the Central Region of Ghana. The study sought to ascertain the nutritional knowledge bankers have on fast food, identify kinds of fast food bankers consume, their consumption pattern as well as, to find out the factors that influence their fast food consumption. This study adopted a descriptive survey design method (thus, a cross sectional survey design). The researcher used convenience sampling techniques in selecting one hundred and twenty-four (124) participants for the study. A questionnaire was designed and used to collect quantitative data for the study. Analysis of data was carried out using descriptive statistical tools. The results indicated that 124(100%) respondents have a good nutritional knowledge about the food ingredients of the fast foods they consumed. Meanwhile, majority of the respondents, 85(68.55%), claimed that they consume cereals and grains such as rice dishes, millet porridge, roasted corn, banku, kenkey, burger, sandwich, pizza, biscuits, and turn over/ pie. Also, 81 (65.32%) agreed that they usually consumed starchy roots and plantain in the form of Yam, Plantain, Cocoyam, Roasted corn, Chips, and Fufu. Other respondents, 78 (65.32%) confirmed that they mostly consumed fruits such as Sweetened Fruit juice, Lemonade, Carbonated drinks, Sobolo (Bisap), Plain tea, Coffee, Chocolate, Homemade fruit juice, Mango, Orange, Pineapple, Pawpaw, Banana, and Water melon. More so, 44 (35.48%) of the bankers consume fast food 3 to 4 times daily. It was also evident from the study that factors which influenced bankers the most to consume fast food were emotions with 40 (32.26%), no home assistance 37 (29.84). Again, 15(12.10%) claimed that they always consider nutrition information and lack of cooking skills respectively as factors which influence them to purchase fast food with the least factors being cost and busy schedule, thus nine 9 (7.26%). It is recommended from the findings that banking authorities be duty-bound to assist in maintaining a healthy body of its staff by serving its members with a pack of cut fruits a day for the week and if possible one vegetable dense food served to them. Also, it was recommended that bankers go through health screening once or twice a year to ensure they are in good health. Finally, the study recommended that bankers should consider health issues and nutritional information of fast foods before consuming to avoid diseases associated with fast food consumption.

CHAPTER ONE

INTRODUCTION

1.0 Overview

This chapter presents the background to the study, statement of the problem, purpose and objectives of the study, significance of the study, limitation and delimitation of the study as well as the organisation of the study.

1.1 Background to the Study

Food is an integral part of every healthy body. The choice of foods eaten contributes to a sound mind and body. Food can be seen as a something eaten to provide the various nutrients for the body to grow strong and healthy. Food includes fruits and vegetables, cereals and grains, starchy roots and plantain, legumes, fats and oils, animal and animal products. These food groups when eaten provide the body with essential nutrients such as carbohydrates, fats, protein, vitamins, minerals and water. These nutrients aid with the maintenance of life and stimulate growth as it provides a form of energy to the body (Ohlhorst et al., 2013).

Diet is an important health factor of the mind as it is also for the body's physical health. Diether and Willing (2019) indicated that eating three square meals a day prepared at home with locally produced and natural ingredients and carefully selected methods of preparation ensures a nutritious food needed to promote a healthy body. However, because of rudiment of modern-day work, where most workers go to work early and return late, leave them little time to prepare food at home thus pushing most of the workers to resort to eating from vender food popularly called fast food (Santana & Amparo-Santos, 2019).

Fast food is a form of standardized meal that is primarily pre-prepared and served rapidly, according to the English definition. In this study, the term 'fast-food' refers to food that is quick-to-prepare and available to be carried away for or for ingestion within the premise(s) other than what is prepared in the house. Eating style of people globally have changed due to technological advancement, increased level of knowledge as more and more people get glued to civilization. This has brought about the establishment of fast food joints, eating homes, restaurants, food stands and kiosks among others, which may provide no shelter or seating and could be termed as quick service restaurant (McCroory et al., 2019).

Fast food was defined by Robins (2018) as foods produced in bulk which is prepared and served hurriedly. Fast foods, also applies to pre-heated and pre-cooked ingredients that are used in preparing meals in a rapid manner to be served to customers. It is also seen as a type of food that is made quickly but of low nutritional value. It is easily available and most are inexpensive and often of low value.

In recent years, global food consumption habits have shifted substantially. The rising expenditure on fast food is one common consumption pattern shared by many countries. The expansion of the fast food industry segment, which has been extremely popular in recent years, exemplifies this (Akram & Gharabaghi, 2018). Fast-food restaurants, on the other hand, have surpassed full-service restaurants as the primary supplier of food away from home. Many academicians have connected the fast food market's expansion to a variety of socioeconomic/demographic characteristics, including income, age, urbanization, gender, household size and composition, time value, educational level, distance from home to work place, and occupation, among others (Omari & Frempong, 2016).

The pioneers of fast food industry in America were the McDonalds brothers. Fast food business was established in Britain with the production and sale of fish and chips shop in the 1860's. America was known for 'Meat and Potatoes in the era of post-World War11. There has been a high growth of fast food in America due to a rise in the fundamental changes of the society. This led to a number of fast food restaurants established in the fast food industry. This was as a result of women entering the work force and taking up paid jobs to foot family bills and meet life demands (Omari & Frempong, 2016).

In Europe, ready-made fast foods which were provided included pies made with animal offal's but were unsanitary and foods served were spoilt. Oysters, Burger, as well as 24-hour noodle stands were other fast foods that were provided (Clara, 2020). In the Ghanaian society, fast food is seen from a different direction from that of the western world's view. Fast food as defined from the perspective of the Ghanaian setting is any food prepared and sold outside the home other than what is being prepared in the house (homemade foods) (Omari & Frempong, 2016).

Fast foods differ from place to place and from country to country (Enemuo & Obinwanne, 2015). The foods are mostly served from 'a drive through outlet' to customers in a wrapped and well packaged take- away or take out pack for convenience sake. Popular fast food outlets mostly patronized in the Capital city of Ghana includes; Papaye fast food, Barita's Chinese and Pizza Takeaway restaurant- East Legon, KFC-Oxford Street- Osu. Other stands also includes; Chicken inn, Pizza inn, Creamy inn, Chix-n- Ribs, Barcelo's Chicken, Chicken republic, Osu Food Court as well as Frankies among others.

Other common fast food stands are established in various parts of the country which are less expensive and easily accessible by all persons regardless of status. In the Ghanaian fast food industry, common meals prepared include; fried Yam with pepper sauce and fried fish, Kenkey with pepper sauce and fried fish, Waakye (cooked red cowpea and rice), Jollof rice, Fried rice, Noodle stands, Banku with grilled Tillapia and others (Omari & Frempong, 2016; Forkuor, Agyemang & Odongo, 2020). These foods are mostly sold out by hotels, restaurants, wayside food vendors, food hawkers, eating homes and take away spots and stands.

Fast foods are patronized by a lot of people including single households with less adequate kitchen facilities to make homemade foods. Also, school children as well as students whom due to their academic work schedule could not make ample time to cook also patronize fast foods often (Omari & Frempong, 2016; Forkuor et al., 2020). Travelers' and religious people on pilgrimages, people on excursion and picnics also do enjoy much of fast foods (Omari & Frempong, 2016; Forkuor et al., 2020). Interestingly, various scholarly workers including; bankers, insurance companies, district assembly workers, micro- financial institutions among others, as well as other similar paid job workers highly patronize fast foods (Omari & Frempong, 2016; Forkuor et al., 2020). Manual workers, hawkers, market women and street vendors also enjoy a quota of fast foods in their vicinities of operation (Omari & Frempong, 2016; Forkuor et al., 2020).

Majabadi et al. (2016) published a paper that showed the worldwide increase in fast-foods consumption. People of all ages, especially young adults and adolescents are relatively more interested in fast-food consumption (Marras, Stefano & Bendeck, 2016). According to recent studies, the trend of fast-food consumption among young

adults, as well as the number of fast-food establishments in Ghana, is rapidly expanding, posing a serious public health risk, particularly in metropolitan areas (Omari & Frempong, 2016).

Fast-food consumption is growing in Ghana, as more members of the working class opt to eat out rather than prepare meals at home. Fast foods are simple to prepare, convenient to obtain, moderately inexpensive, and enjoyed by people of all ages. Furthermore, they are often served in huge portions with high calorie, sugar, and salt content, as well as low micronutrient and fiber content. Fast-food consumption has been linked to a variety of detrimental impacts, ranging from weight gain in children to an increased risk of diabetes, according to (Feeley & Norris, 2014).

Several publications have recounted the negative effects of fast-food consumption. These effects range from weight gain to increased risk of diabetes among the young adults and adolescents (Forkuor et al., 2020; Nondzor & Tawiah, 2015). These health issues are of concern to the government and the entire citizens of the land. Frequent consumption of fast food may predominantly be attributed to weight loss, anemia, diabetes, obesity, hypertension and cancers both in the developed and developing countries (Majabadi et al., 2016). Similarly, fast-food consumption in Ghana was associated with obesity and central adiposity (Nti, 2017). An examination of literature on fast-food consumption around the world, as seen through the eyes of users and food experts, reveals that there are still disagreements about the health benefits of fast food. Some organizations, such as the World Cancer Research Fund and the American Institute for Cancer Research, have recommended that fast-food intake be limited due to a suspected link between fast-food consumption and weight gain (Jiang et al., 2019).

The nutritional levels of fast foods are said to be usually less valuable since fast foods are prepared and packaged in a way that will be pleasing to attract customers in the competing fast food industry. It mostly smells good and feels tasty due to its high content of monosodium, sodium chloride, sugar, fat especially saturated fat, calories among others. It also has less vitamins and appreciable amount of valuable nutrients needed by the body, as a result of production and processing methods used, which rip off some of its valuable nutrients (Omari & Frempong, 2016; Akram & Gharabaghli, 2018).

On the other hand: cooking methods, selected ingredients, quantity of ingredients used as well as the environment in making homemade foods contribute to it being nutritious and healthier when compared to most foods outside the home.

Despite the growing concern on consumer health, researchers have emphasised that the fast-food industry in Ghana has grown (Sola et al., 2016; Inguglia et al., 2017). The emergence of multinational fast-food outlets such as Papaye, Eddy's Pizza and KFC and the like in the past decade is a clear evidence of this claim by Sola et al., (2016) and Inguglia et al. (2017). The fast-food industry attracts more proprietors like fast-food outlets in new shopping malls/supermarkets especially in the urban settings. Fast-food consumption has increase in the urban centres as a result of changing lifestyles, increase in the Ghanaian population as well as an increase in the number of markets and sales outlets like supermarkets, sale vendors and hawkers, (Nondzor & Tawiah, 2015).

The mundanely and sedentary kind of banking work makes it mostly impossible for staff to have time especially during weekdays to eat nutritious meals prepared at

home. A sedentary worker is one who works in an office and does principally clerical or administrative work (McGuckin, Sealey & Barnett, 2017).

People who work on building sites or construction works, and hitting the gym for hours may burn off many more calories than those with desk jobs (McGuckin et al., 2017). Bankers are sedentary workers who conduct the business of banking. They are also seen as individuals or a member of a company who keeps an establishment for the deposit, withdrawal, and loan of money, or for traffic in money, and bills of exchange, among others (McGuckin et al., 2017).

For both formal and informal workers to be productive and effective in their line of work they need a healthy body and food plays a major role in their lives. For a sound mind and a healthy body, one needs to choose foods that are rightfully prepared with the right amount of ingredients which will supply the required nutrients needed by the body for normal functioning. Due to the nature of banking work which demands early reporting to office, it is assumed most of the bankers hardly take breakfast at home and their eating pattern for the rest of the day is something worth looking into.

Though some office workers might be able to prepare homemade food (either by themselves or house helps) to the work site or office, it is seldom sent and fast foods are used to supplement the day's meal often (Sahagun & Vasquez-Parraga, 2014; Saghaian & Mohammadi, 2018). Time spent on food preparation has reduced drastically and being replaced by take away and eating 'on the run' (Jaworowska et al., 2013).

1.2 Statement of the Problem

Fast foods have dominated the food market due to urban development and increased civilization (Omari & Frempong, 2016). There seem to be increase in the establishment of a lot of eating stands and spots that serve the increasing demands and needs of the ever changing and growing population (Nondzor & Tawiah, 2015). Fast foods seem to be gaining popularity and this could be attributed to high patronage. Recently, fast food consumption is becoming very common and an alternative for all persons who spend much time on their work, studies, travelling and other time-consuming activities (Nti, 2017; Forkuor et al., 2020). It is also an easy option for a busy family (Clara, 2020). As people consider the need to eat from fast food joints, it is very crucial to examine the factors that influence their fast food patronage and their eating pattern (Feeley & Norris, 2014; Saghaian & Mohammadi, 2018; McCrory et al., 2019; Clara, 2020).

The Kasoa Township accommodates an appreciable amount of rural urban, and/or urban urban migrants who add up to the total populace. Due to these informal sector businesses, which include fast food joints, eating homes and soft drink outlets, the number of people living in the Kasoa Township who continually consume fast food has increased (Eli-Cophie, Agbenorhevi & Annan, 2017). As lots of people engage in income generating activities, entrepreneurs have capitalized on it and many banks have been set up to serve the growing population in Kasoa.

It is believed that bankers in Kasoa get very busy with little time for other activities especially food preparation, and fast food seem to have become their hunger saviour for bankers throughout the working hours. The pattern of fast food selection is of much concern in the study. Fast food patronage and consumption of bankers may in

one way or the other affect the status of their health positively or negatively, therefore the nutrition information of the bankers on fast food is of concern (Omari, 2014). These issues surrounding fast food consumption pattern of bankers are of interest to the study and would want to delve into it to be enlightened if choices are varied, mono dieting and malnutrition is encouraged, hence the topic.

1.3 Purpose of the Study

This study aims at investigating fast food consumption pattern of bankers in Kasoa central, (thus the catchment area of the Kasoa Township) in the Awutu Senya Municipal.

1.4 Research Objectives

The objectives that guided the study were;

1. To ascertain the nutritional knowledge bankers have on fast foods.
2. To identify kinds of fast foods bankers consume.
3. To find out the consumption pattern of fast food by bankers.
4. To investigate the factors which influence fast food consumption among bankers.

1.5 Research Question

The following questions guided the study;

1. What nutritional knowledge do bankers have on fast food consumption?
2. What kinds of fast foods are consumed by bankers?
3. What is the consumption pattern of fast food by bankers?
4. What factors influence fast food consumption among bankers?

1.6 Hypothesis

H_{0a}: There is no statistically significant relationship between bankers' nutritional knowledge and their fast food consumption

H_{1a}: There is a statistically significant relationship between bankers' nutritional knowledge and their fast food consumption

1.7 Delimitation of the Study

The study was delimited to banking institutions in Kasoa Municipality. The findings of this research were also confined to the commercial banking staffs who are working within the catchment area of the Kasoa Township.

1.8 Limitations of the Study

Issues concerning fast foods and consumption behaviors are broad and varied that, it is not possible for any single study to capture all issues. The scope of this study was therefore limited to identifying the factors that influences fast food consumption among the bank staff, their consumption pattern and the nutritional knowledge they have on fast foods.

The study focused on banking staff in the Central part of the Kasoa municipality only. Time constraints within the confines of this study did not allow for exploration beyond the scope of this study. Hence, the findings, inferences and deductions from this could not be generalized on consumption, health and fast food vending in other districts or municipality other than the study area.

Lack of adequate literature on fast food industry in Ghana was a problem. This posed a challenge to the researcher. Some of the respondents were not prepared to collect,

fill the information on the questionnaire because of trust and time which is assumed to have affected the credibility of findings of the study.

1.9 Significance of the Study

The findings of this research have the following significance for both fast food consumers, non-consumers, bankers as well as management of the various banking and financial institutions. This study when considered and its findings utilized, will serve as a guide to fast food consumers to make right choices of food. The study may also help to enlighten consumers of fast food and others who are yet to take up sedentary works to examine their consumption pattern and make the necessary adjustments to help reduce mono dieting and malnutrition. This might help to achieve a healthy body free from much and frequent health related diseases associated with high and frequent fast food consumption. It will also help banking officials to put the necessary measures in place to help address their diet/ food problems where necessary. These research findings may also help add up to literature on fast foods and serve as a reference material for other researchers.

1.10 Organization of the Study

This thesis is organised into five chapters. The first chapter, Chapter one gives an introduction to the study. It comprises of an overview, background to the study, statement of the problem, purpose and objectives of the study. The research questions, significance, delimitation, limitation to the study are all presented here. Chapter two comprises reviews of literature related to the study. Chapter three concentrates on the methodology including an overview of the chapter, population, sample size and sampling technique, instrumentation, data collection and data analysis procedures as well as ethical considerations. The research results and findings are presented in

Chapter four while the last chapter, Chapter five gives a summary of the findings gathered from of the study, presents a conclusion and gives recommendations.



CHAPTER TWO

LITERATURE REVIEW

2.0 Overview

This chapter reviewed related studies in order to develop a thorough understanding of the concepts and the theories. It also reviewed empirical findings of authorities on issues that had a significant impact on the current study in terms of providing a basis for comparisons and inferences to be made between the findings that emerged from this study and the earlier.

Literature was reviewed under the following headings;

1. Importance of food in human life
2. The concept of Street – Vended foods
3. Fast foods: Definition and concepts
4. Factors influencing Fast Food Choice And consumption
5. Fast Food Patronizers /Consumers
6. Nutritional Knowledge
7. Food preferences of Customers
8. Fast Food consumption
9. Positive effect of fast food consumption
10. History and implication of Consumer behavior
11. Consumers Attitude and Behaviour towards Fast Foods
12. Theoretical framework
13. Conceptual framework

2.1 Importance of Food in Human Life

According to Wandolo et al. (2018), food is defined as any liquid or solid substance that provides the body with materials for heat, energy, development, and repair, as well as regulating physiological activities. Food can also be defined as any edible or portable item (often of plant or animal origin) that contains nourishing and nutritive components such as carbohydrates, proteins, fats, vitamins, and minerals that, when swallowed and digested through digestion, keep the body going (WHO, 2017). In the view of Durazzo et al. (2017), food is a mixture of natural substances known as nutrients, such as protein and carbohydrates that are required by man for body upkeep.

According to Astorga-Espaa et al. (2017), food is the fuel that provides chemical energy to the body in order to support everyday activity and the synthesis of vital chemicals within the body, and it is thus essential for survival, growth, physical capacities, and overall health. In summary, food is ingested with the main aim of assimilating the vital components within it for the growth and development of the human body. Therefore, it contains essential components that are vital to life and critical in the performance of daily activities of humans (Astorga-España et al., 2017).

For food to perform the intended functions for which it is consumed, it must be nutritionally complete and be free of any injurious substance. As such, the food consumed must contain all the essential nutritional components in their right proportions to support growth and development appropriately (Astorga-España et al., 2017). A lack or insufficiency of food or consumption of food containing inadequate nutrients may result in dietary illnesses including Pellagra, Rickets, Marasmus, Kwashiorkor and Ketosis. In addition, food containing harmful bacteria may cause

food borne diseases such as Cholera, Dysentery, Hepatitis, Salmonellosis and Typhoid (Naeem et al., 2017). Although food is consumed for health benefits to the body, it can also lead to health deterioration if not prepared or consumed appropriately. This is why knowledge of food is highly essential and must be treated with the utmost seriousness it deserves (Al-Ani et al., 2016).

In further understanding the concept of food and its importance to humans, food can be grouped based on specific physical/biological properties or nutritional composition. However, the current study draws more inference from the nutritional information of foods consumed.

According to the WHO (2017), nutrition refers to the intake of food, considered in relation to the body's dietary needs. Furthermore, good nutrition is an adequate, well balanced diet in addition to regular physical activity. Nevertheless, practicing poor nutrition can lead to a reduction in immunity, increased susceptibility to disease, reduced physical and mental development, and an overall decrease in productivity (WHO, 2017). In line with the overall objective of the current study, bankers' knowledge on the nutritional benefits of foods prepared via fast food, consumers were examined to further highlight their consumption pattern, influencing factors, and effects fast food consumption has on their health.

2.2 The Concept of Street-Vended Foods

The FAO/WHO Codex Alimentarius Commission defines "street-vended foods" or "street foods" as ready-to-eat foods prepared and/or sold by vendors and hawkers especially in the streets and other public places (WHO, 2017). Another study explained street food vending as a prevailing and distinctive part of a large informal sector which is commonly seen in public places, particularly in the cities, and is

distinctive in the sense that it provides a basic need to urban inhabitants (Nowak, Du & Charrondière, 2016).

Small-scale operators or micro-entrepreneurs that prepare and/or sell street foods are considered part of the informal food sector. Because many people in developing countries' rapidly growing urban populations have not been absorbed into the formal organized labor market, they have a variety of self-employed, small-scale, income-generating businesses, both legal and illegal, which make up the informal sector (Teo et al., 2018). Also, these street food vendors barely have legal documentation regarding their operations; thus, are not regulated for revenue collection and other public service purposes (Teo et al., 2018).

According to the World Health Organization (2017), there are various sorts of food vending sites, including mobile stalls, a variety of pushcarts, roadside booths, and hawkers, depending on the individual's ingenuity, available resources, type of food sold, and other facilities. Trafialek et al., (2018) divided street food sellers into three categories: 'mobile' vendors, 'semi-mobile' vendors, who are either stationary or move from one location to another, and 'fixed' vendors, who serve their food at the same location every day.

Henderson (2017) also explained that with regard to mode of selling, street food vendors sell their wares from small stalls and kiosks and are the predominant type in most of the countries studied as well as towns and cities. The street food vending business is thought to contribute significant income inflows for households involved in selling these foods. The types of street foods sold vary greatly between countries, cultures and cosmopolitan nature of the environment. The basic cuisine is offered in many forms and in combination with side dishes such as stews, gravies, and spices in

the majority of meals (Henderson, 2017). Snacks such as dried meat, fish, and ready-to-eat cereal-based dishes are also made and served. As a result, street food vending provides a diverse choice of items that may be nutritionally beneficial and handy for different segments of the population (Emmanuel et al., 2015).

Due to the increasing population of street food vendors, food products are usually taken to their customers and therefore operate from such places as bus terminals, industrial sites, market places, traffic jams and other street corners where there are ready and numerous clientele. Unfortunately, these locations usually do not meet all food safety requirements. For example, large amounts of garbage accumulate and provide harbourage for insects and pests at bus terminals, market places and street corners. These insects and pests carry harmful micro-organisms and at some point, have direct access to the foods vended on the streets. In addition, utensils used for food preparation may get contaminated, either through hazardous heavy metal leaching or simply due to the filthy circumstances in which they are stored. It is also speculated that street-food vendors lack an understanding for safe food handling standards due to their lack of or no education, as well as their poverty. As a result, together with the conditions in which food is cooked and served, street food is seen as a major public health hazard (Dalton et al., 2017). However, Senapati and Semenov (2020) argue that food produced on the street can be safe, offering consumers with a variety of options.

Over the years, the street food trade has become an important source of employment for both the young and the old, particularly for women who are quite often the victims of poverty (Adhikari, 2017). It is not surprising to see a lot of women in urban and

Peri-Urban Centres in Ghana, engaging in a variety of trading activities on the streets just to make a living for themselves and their families.

A survey conducted by the FAO (2015) in West African countries confirmed that in West Africa, the success of the street food vending sector is largely attributed to female labour. The study further revealed that women represent between 89 and 98% of the total sample interviewed and their ages range between 33 and 49 years. This data only partially represents the total number of women informally employed in street food vending as it fails to capture the army of mothers, sisters, daughters who stay in their houses preparing the food for sale.

Women supply the ingredients (managed by market queens), the transportation, the preparation and selling of the products. Thus, women are largely engaged in the entire food supply chain (Osei-Boateng & Ampratwum, 2011).

Street food is considered to be a source of livelihood for people who otherwise could not have been able to establish a business for lack of capital, space or other reasons. A mini-census and a survey by the National Resources Institute involving 334 street vendors in Accra, Ghana, indicated that the street food sector employs over 60,000 people and has an estimated annual turnover of over US\$100 million. Similarly, in a longitudinal study conducted in Ghana, street foods accounted for 19% to 27% of food expenses and provided 134-417 kcal per day per person (Sezgin & Şanlıer, 2016).

Consumer spending on street foods accounts for a sizable component of the household budget. Takeuchi, Kojima, and Luetzow (2014) found that 20% of meals were eaten outside the home in Abidjan, with the majority of them being purchased from street

vendors. In Ghana, street food purchases account for over 40% of the total food budget. Consumers, particularly those in the middle and low-income segments of the population, who rely on street meals as their primary source of nutrition, benefit greatly from them (Haleegoahet al., 2020). It has however been established by Hiamey, Amuquandoh and Boison (2013) that street foods provided nutritionally balanced diets, sufficient in quantity and presenting options for variety and choice for consumers, particularly from middle and low-income sectors of the population, who depended heavily on them.

According to Agyei-Baffour, Sekyere, and Addy (2013), hygienic precautions used in selling street food include making sure that the points of sale, whether stationary or mobile, are in good working order and scrupulously cleaned, particularly the surfaces where the food will be placed. Foods on display for sale should be covered from dust, insects, and exhaust fumes using lids, glass panes, plastic sheeting, or other easy-to-clean materials that do not emit hazardous compounds. Again, displayed street food should be kept at acceptable temperatures and shielded from contamination by the environment. For example, hot food should be served at 60°C or above (high temperature), whereas cold food should be served at 7°C or lower (low temperature) (low temperature). Customers' plates and cutlery should never be licked by domestic animals like dogs and cats, whether they have leftovers or not. Food that is going to be taken away should be wrapped in plastic or another clean material. Newspaper and cement bag paper are unsanitary wrapping materials that should not be used to wrap food (Omari & Frempong, 2016). A study by Mwadime (2011) reported that printed papers were used as the major packaging media in street foods in Nairobi.

Annan-Prah et al.(2011) in a similar study also observed that 6% of street food vendors in Cape Coast, Ghana use newsprints and (20%) polythene bags to package food. According to FAO (2015), customers should be provided with means to wash their hands, including washing under running water or individual bowls with water and detergent soap. Reheated food should never be returned to the refrigerator; it should be consumed or what is left should be thrown away. With regards to the current study, the main concept behind street vended foods extracted to support the overall objective lies in the fast food service and the convenience provided consumers in their search for food (Haleegoah et al., 2020).

2.2.1 Emergence of street-vended foods in Ghana

As the name suggests, the concept of street-foods connotes meals prepared and/or sold along the streets or in an outside setting from the home. Prior to Ghana's independence, the capital city, Accra, was sparsely populated, and meals were made and eaten at the family or individual level, according to Ababio and Lovatt (2015) (at home). As a result, food vending only existed in the form of food prepared at home and sold as take-out. Ghana's independence in 1957 ushered in a new era of economic development and employment opportunities. People started working outside of their homes and regular work environments. Those who were unable to transport food to their places of employment needed to be provided for. As a result, merchants began selling cooked food, snacks, and fruits to consumers and workers (Lah, 2016).

The food industry after independence in 1957 grew rapidly and food vendors could be found around offices, factories, schools, markets, construction sites, beaches, lorry stations, commercial centres, and along almost every street of Accra as well as other cities and towns. The industry has now been recognized as part of the informal sector

of the Ghanaian economy with millions in cedis as annual turnover. The operations of fast food joints, restaurants and “chop bars” (local eating centres) have increased in most communities especially in urban areas including Kasoa in the Central Region of Ghana. Currently, the increasing number of working population and the cosmopolitan nature of the major cities and towns in the country has caused a lot of changes in the eating habits of people from all walks of life. In view of these many people including children and adults tend to patronise breakfast, lunch and at times supper on the go from vendors on the streets and outside the home environment (Marras & Ag Bendeck, 2016).

2.3 Fast Foods: Definition and Concepts

The current study seeks to explore people’s (bankers) consumption of fast foods, thus, it is imperative that an understanding of fast foods is established. The prevalence of fast food has not only increased over recent years but it has also diversified and fast food consumption has become a global phenomenon (Prabhu, 2015).

Park (2018, p. 25) observed that the term “fast food” is a universal expression used for a “limited menu of foods that lend themselves to production line techniques; suppliers tend to specialise in products such as hamburgers, pizzas, chicken, or sandwiches. The main difference between fast food services and food services from contemporary restaurants or other foods consumed away from home is the fast or on the spot service, consistency and standardization of the products menu, and also convenience in regard to store location and ease of access (Mak, Lumbers & Eves, 2012).

The word "fast food" refers to food that is prepared quickly. Restaurants are defined as establishments that serve fast food either independently or as part of another

establishment. According to other experts, they are eateries that exhibit two or more of the following characteristics: rapid food service, takeout business, low or no wait staff, and payment required before food is delivered (Thornton, Lamb & Ball, 2016). Most of these fast food restaurants in both the developed and developing countries are multinational corporations with millions of dollars in annual turnover. One common example is McDonald's which is considered as undoubtedly the market leader in the United States (US) and other developed countries (Thornton et al., 2016).

According to Monney, Agyei and Owusu (2013), the global fast food industry provides a rapid, convenient and relatively inexpensive service to their patrons. In Ghanaian societies, the concept of fast foods is slowly gaining grounds, especially among the young. However, eating at home is still entrenched in the Ghanaian traditional culture, especially during weekends and family gatherings. Undoubtedly, the consumption of fast food is an urban phenomenon in Ghana, as majority of the fast food chains can be visibly spotted in big shopping malls and urban centres within major cities in the country with no outlets in other sections of the country. Fast foods are frequently produced using local ingredients in more conventional settings to fit local taste and preferences, whereas "international" fast food models are more diverse. Because of its availability, accessibility, and the desire of largely the youth to fit into what are regarded growing global trends, customers in urban regions are more inclined to consume fast food similar to those patronized in western countries (Osei-Boateng & Ampratwum, 2011).

2.4 Factors Influencing Fast Food Choice and Consumption

It is essential to understand why people will patronize fast foods and not the usual home cooked meals. Ascertaining the reasons for consumer choices and decisions

towards fast foods is key to the overall realization of the current study. The determinants of a customer's decision to select or patronize fast food or fast food services mainly differs from country to country and from region to region as a result of cultural, environmental and socioeconomic specifications (Sahagun & Vasquez-Parraga, 2014; Olise, Okoli & Ekeke, 2015). Aikins et al. (2014) also mentioned that the physical environment, service quality, and food quality are all characteristics that influence fast food patronage. In addition, service quality, ambiance, and perceived value are all elements that influence consumers' purchasing decisions.

Fast food is becoming one of the most common sources of workday nutrition in Ghana, whereas traditional home meals are more likely to be saved for weekends and special occasions. Prior to this trend, it is not common to see Ghanaians patronising fast food services from well-developed food vending centres such as Kentucky Fried Chicken (KFC). Rather, a significant number of Ghanaians opt for fast food services from table-top food vendors, street hawkers and in some cases, food vendors in stalls and kiosks. Unlike the western countries where most of the foods sold are in the form of snacks and quick bite meals, the Ghanaian fast food vending fraternity tends to sell all kinds of foods. These days, it is even common to see street hawkers selling cooked rice, packaged and sold to passengers in vehicles in traffic jams (Omari & Frempong, 2016).

The rise in fast food consumption has been attributed to a number of variables, the most prominent of which being time constraints and convenience. The rise in fast food consumption can be attributed to the fact that today's society has more single parents and more households with both parents working. A quick survey of most cosmopolitan communities including Kasoa reveals a lot of families having to set-off

early from their homes in a bid to get to work and school on time by avoiding long hours of traffic jams. Some families have to set off in the early hours of dawn. In such situations, there is little or no time to prepare or serve meals, thus, resorting to quick meal services vended outside the home (Annor, 2014).

According to Harris (2014), families with both parents working spend the greatest money on food made outside of the home, with fast food being the most common option. Annor (2014) claims that one explanation for the growth of fast food is the growing number of women who are now working instead of staying at home. Previously, the concept of the family and home structure largely depended on the men being breadwinners and the women caring for the home in terms of chores and home keeping. However, education and a massive evolution in the nature and structure of our society has given women the opportunity to take up top executive and working positions in the work environment alongside the men; thus, an increase in the number of working families (Annor, 2014).

Fraikue (2016) categorized the reasons for patronizing fast foods or foods sold outside the home under physiological, social and psychological factors. Physiologically, individuals get hungry or thirsty as they go about their daily activities and thus, might have a desire to relieve hunger and quench or restore one's thirst or hunger as a means for survival. Thus, some people patronise fast foods basically because they are hungry and need to satisfy that need without considering other factors associated with eating outside the home. Social occasion is one other reason for eating out. Social networking or the desire to enjoy the company of business colleagues is another reason why people eat outside. Psychologically, the factors that determine people eating out are associated with esteem and lifestyle.

Furthermore, Fraikue (2016) conclude that with higher monthly household incomes people spend significantly more on food away from home. (Kasriel-Alexander, 2016) observed that eating out is solely for convenience as well as saving time and effort in cooking. In addition, the nature and structure of our society today has ensured that people are not ready to spend a large portion of their already packed schedule in the kitchen just to cook food, thus, they prefer to try other cuisine.

Additionally, eating out during lunch time in restaurants was very convenient because 92.3% of diners stated that it is quick and 80.1% said it is easy to get. Others are unable to get home for meals, have no knowledge and skill to prepare the food they like (Fraikue, 2016).

Likewise, the absence of anyone at home to prepare meals for them since they are unmarried or stay far away from their wives was also a factor realised. Drawing inference from these authors, suggests that convenience plays a very important role in the patronization and consumption of fast foods and eating outside the home in general. In relation to the current study, bankers barely take time of their busy schedule to enjoy meals of their choice. Thus, ordering-in fast foods can be a sure and convenient means of satisfying their needs with respect to food. An extension of the concept of convenience can be linked to business and corporate environments. Within the context of these environments, business meetings are ended with a lunch, dinner or even a quick snack in selected restaurants depending on the level of business (Forkuor et al., 2020).

Health related issues can determine if people patronise fast foods or not. In one assessment, Lah (2016) indicates that healthy reasons for eating out is based on the nutritious and nourishing food options that are available in restaurants and other food

outlets. In contrast, the general notion among most Ghanaians is that foods prepared and sold outside the home is mostly unhealthy. However, society these days have people who decide to patronise foods from restaurants and fast food joints because they are prepared to pay a premium price for high quality (Sezgin & Şanlıer, 2016).

Another health-related concern that influences the patronisation of fast foods has to do with eating late, especially at night and obesity. Due to the work schedules, congestion with movement and time factor, most workers prefer eating outside as they might arrive home very late after work. Thus, most workers can avoid cooking and eating late in the evening after close of work for healthy benefits (Sezgin&Şanlıer, 2016). Another twist to this reason is a lot more people are resorting to eating small quick meals on the go instead of the regular meals so as to save time and increase productivity at work(Saghaian & Mohammadi, 2018).

According to Fraikue (2016), other reasons why people eat out or patronise fast foods include knowledge of a variety of meals and a desire to be adventurous, advertisement, culture and traditions, nature of work and time schedules and the location or environment that people find themselves. More specifically, people with knowledge about variety in menu choice basically eat so as to enjoy an assortment of which may not be the same as domestic food prepared. In such a case, consumers may have heard of such meals or foods from friends or other sources and have cultivated a desire to try and satisfy their curiosity (Fraikue, 2016).

With regards to advertisement, Mitel report as cited in Fraikue (2016) confirmed that media has promoted the rate at which people patronise fast foods because they get influenced by continuous advertisements viewed. In so doing, consumers and potential consumers become aware of a variety of foods available, thus, creating a

yearning for the satisfaction of curiosity within the consumer. An influx of women in the workforce has also contributed significantly to the limited amount of time to prepare meals which was not so a few years ago. Similarly, work environments that are demanding can also result in their workers patronising fast foods to save time and energy which can then be channeled into attaining targets at work. Most people consume fast foods mainly because they have no other choice. In further explaining this assertion, some people who fall into this category include people who find themselves in hospitals, institutions, prisons, in flights and conferences or travel for more than a day's program where there are no facilities available for meal preparation (Prabhu, 2015).

In realising the overall objective of the current study, bankers in Kasoa had the opportunity to identify the factors that determine their fast food consumption with specifics on advertisements, fast foods' taste, work/busy schedule, lack of cooking skills, price of fast foods, variety in menu, emotions (happiness, joy, sadness), a lack of home assistance, health related issues, influence from colleagues and nutritional information.

In a similar view, Islam and Ullah (2010) identified some factors from a pilot study which may be related to the consumer's preferences of fast food products in Bangladesh. The factors include: Time factors (time of delivery, management of queues) cost factors (the price of the products); hygiene factors (clean packaging, clean environment and displayed hygiene records); convenience factors (accessibility, location proximity); taste factors (Uniqueness, less variability of taste); brand factors; group influence factors (friends, family); nutrition factors; environmental factors of the restaurant (personnel, decoration of shop, ambience) (Islam & Ullah, 2010).

Food is described as the most basic and most important factor and as an integral part of the overall experience in the food service industry. International survey data disclose that fresh-tasting, natural, home-cooked tastes are driving consumer demand around the world and not just in mature food service establishments (Geissler & Rucks, 2011).

In countries as varied as Nigeria, Brazil, Poland and China authentic and the natural-tasting food is the customer's favourite. In a recent survey focused on urban customers' taste preferences, attitudes and behaviours, data revealed that more than half (55%) believe a 'fresh or natural' flavour is what makes food taste delicious, followed by 'tastes as if it was made at home'. This was evidenced strongly by urban customers living in China while their counterparts in Brazil said they first and foremost wanted food that 'tastes as if it were made at home'. These desires for fresh, natural or home-made tastes is one of the most important challenges for food producers in the face of consumer behaviour, as nearly two-thirds (64%) of urban consumers report they are using the same amount of or more processed food at home than they were 3 years ago and actively seek out food that meets their taste and health requirements (Allen, de Brauw, & Gelli, 2016).

Food taste is regarded as the most important element of food attributes in several studies. Taste is perceived as a core element in food that greatly influences customer intentions to purchase (Awan, Siddiquei & Haider, 2015). Food is described tasty when the freshness is associated with the crispness, juiciness, and aroma (Aryeetey et al., 2017).

The results of a study by Westhead (2012) indicated that consumers dining out in UK considered unique tastes and authentic ingredients as the most important components

of their authentic dining experiences (Westhead, 2012). Customers' preferences for taste, texture, and appearance of food had a much greater influence on the food service establishments. In similarly, taste and distaste are more important for younger consumers while elderly people are more concerned about nutrition and health (Akova et al., 2016). Taste is typically found to be the most, or amongst the most important determinants of food choice. Taste, in turn, is enhanced with ingredients that are over consumed by most customers – sweeteners, salt and fat. Customers may even have expectations that unhealthy food (i.e. food high in fat, sweeteners and salt) tastes better. Customers' taste (pleasantness of food), is higher for food portrayed as unhealthy, compared to the same food which is not portrayed as unhealthy. Similarly, favourably descriptive menu names can increase sensory perceptions of appearance and taste just as they have been shown to influence food sales, food service attitudes and repurchase intentions (Westhead, 2012). Previous studies have shown that descriptive names improved sales and improved expectations related to the food and the food service establishment (Acar & Torquati, 2015).

2.5 Fast Food Patronisers/Consumers

In the light of growing fast food patronage and consumption, there still is the need to identify the type of people who are more prone to patronizing fast foods and fast food services. This section discusses the people who patronize fast foods the most. According to Cooney et al. (2013) people aged between 18-29 years eats at fast food restaurants weekly. In addition, Aly Hassan and Sadek (2019) observe that generation X and Y born from 1965-1976 and 1977-1994 respectively are noted for frequent eating out whilst older consumers (baby boomers) shy away from trying new food trends but visit restaurants as an opportunity to socialize.

In another study, Fraikue (2016) explains that the younger generations of customers patronise fast foods a lot, because they conveniently follow food fads and try new ones (Cooney et al., 2013; Fraikue, 2016). A cursory look at Ghanaian societies does not reveal a significantly different picture. Most of older generation is still entrenched in the values of home cooked meals while the youth can be seen eating out and patronising all sorts of trends in the fast food industry (Buxton, 2014).

Some studies have revealed that when young girls and women from African and South Asian origin in the UK do not have enough time to prepare their “traditional” meals, they usually have a preference for a variety of fast food products. Again, the common variable in the findings is “young girls and women”. The influx of young people towards fast food and fast food services could also be attributed to the fact that most of them are unmarried and do not have families to raise yet. On the other hand, older folks who have settled down with families and responsibilities in their care are more inclined to opting for home cooked meals and spending quality family time together (Schrempf, 2014).

As such, Fraikue (2014) postulates that young customers who are aged between 21-30 years (35%) and 31-40 years (31%) eat out more frequently and the figure keeps dropping as the age advances. Ajzen (2015), supports this assertion by stating that historical information states that people eat out less frequently as they get older.

Another main reason young people patronise fast foods is the cost. Most fast food products are designed for quick meals on the go at affordable prices, thus, young people with low income levels might find this option more appealing. Low-income group earners eat out for convenience reasons especially when they lack some cooking facilities and trying out with cooking is a luxury they cannot afford (Fraikue,

2014). However, individuals with higher income levels mostly eat out than those with lower income because they can afford it (Fraikue, 2016). As the consumption of fast food is becoming a global phenomenon and is especially popular among young adults and adolescents, several studies have been conducted to further investigate the dynamics of this trend.

In a study to examine students' daily consumption of fast food and to assess students' perceptions of their weight status compared to computed body mass indices of university students in McLean-Meyinsse, Taylor and Gager (2015) found that about 36 percent of students eat fast food meals more than three times per day. In addition, the study results suggested that 48 percent of the students who were overweight and 23 percent of those who were obese perceived themselves as being in the healthy weight (McLean-Meyinsse, Taylor & Gager, 2015).

In a similar study conducted to find out fruit, vegetables and fast food consumption among university students in Timisoara, Romania; the findings of the study indicated that "two thirds of the university students from Timisoara were not eating fruits and vegetables daily, however, (26%) of students were engaged in often consuming unhealthy fast food products (Avram & Oravitan, 2013).

Although the current study does not seek to primarily investigate obesity related issues of fast food consumption, the findings of both studies in Timisoara and Louisiana further affirm the high consumption pattern of fast food products among young people associated with obesity. Generally, young people, whether as adolescents, students and/or workers have been established to be the primary and regular consumers of fast foods (Buxton, 2014).

2.6 Nutritional Knowledge

The term "nutritional knowledge" refers to the understanding of nutrients. When a consumer learns how to benefit from their understanding of nutrients, this knowledge becomes useful. Understanding the factors that influence nutrition knowledge is crucial, both for developing strategies to improve nutritional knowledge and for the food sector trying to position products based on their nutritious qualities (World Health Organization, 2017). Unhealthy eating habits and lifestyles, as well as the growing number of fat people around the world, have prompted many health professionals to wonder how these trends may be reversed. As a result, many tactics and concepts have been proposed to help people break bad eating patterns. One of these tactics is to increase consumer nutrition understanding (Sears et al., 2014).

People who have misunderstandings about their eating habits are more likely to benefit from nutrition interventions such as nutrition education, counseling, and information than those who lack this specific expertise. However, research has revealed that nutritional knowledge is not the only factor that influences dietary habits; other factors include the perceived consequences of a particular behavior, beliefs about a particular behavior, required skills, consumers' social and physical environments, and, most importantly, motivators (Adhikari, 2017). Other studies suggest that education could improve eating behaviours, yet the behaviour is not necessarily guaranteed (Olise, Okoli & Ekeke, 2015).

A report from another study showed that nutrition education interventions tend to increase nutritional knowledge but have low, short-lived effects on actual healthy eating behaviour changes (Ajzen, 2015). Therefore, to ensure success in the fight against diabetes and other health related diseases associated with food, intervention

strategies should target programs that include comprehensive behavioural components such as family involvement, dietary modifications, nutrition information, physical activity, and behavioural strategies (Prosekov& Ivanova, 2018).

2.7 Food Preferences of Customers

In order for one to live, one must eat but in all, food is not only eaten to stay alive, but also to express appreciation, sense of belonging, part of family customs, and self-realization (Shah et al., 2019). What is eaten affects human ability to stay healthy, work, be happy, and live well. Knowledge of what to eat and in what quantities are a prerequisite to a healthy and happy life as this knowledge will help in taking the right quantity of food as the average requirements are fixed and depend on measurable characteristics such as age, sex, height, weight and rate of growth.

According to Omari and Frempong (2018), customers' food preferences involve three main areas of concern: the nutritional requirements, the food habits preferences and the food characteristics. The nutritional requirements relate to customers' awareness of healthy food and demand for a healthier diet. Food characteristics deal with sensory properties such as taste, texture, shape, consistency, and flavour. Customers' preferences for a particular product may vary considerably between individuals, segments, groups and cultures.

Omari et al. (2016) in a study on customer satisfaction in the local Ghanaian restaurant industry found out that *Fufu* with Light soup/*Nkontomire* soup/Groundnut soup/ Palmnut soup was the most preferred and the least preferred was *Kenkey* with fried fish. A study by Osei-Boateng and Ampratwum, (2011) on traditional food preferences of tourists' in Ghana have found out that 17 of the traditional foods were

popular among the international tourists, with “red red” as the most preferred food and the least preferred being *Imputomputo* (Irish stew).

The issue of customers’ behaviour is a complicated task, and less simple is a preference for a certain food. Along the process, customers may express their needs and desires and still may act in a totally opposite way. At times, it is possible that people are not even aware of the true motivations behind their buying behaviour and they could react to factors determining last minute changes to their buying decision. Although customers’ decisions are relatively easy to notice and quantify, the psycho-physiological processes behind them are very difficult to take into account (Edwards, Hartwell & Brown, 2019). Food preferences of customers have positive motivation, expressed by their effective compatibility towards a product, service or trading firm. Preferences can be triggered by the features of the food such as shape, size, taste, colour, and consistency (Ha & Jang, 2017).

2.8 Fast Food Consumption

Food is one of the primary essentials needed by humans to survive. As discussed earlier in this chapter, food consumption, however good, can also be deadly to the human body if not prepared hygienically or eaten in the right proportion. Similarly, fast food consumption can be deadly as it is useful to consumers. This section of the chapter explores some of the harmful or negative effects associated with fast food consumption. In Ghana, the general labels people attach to food prepared and sold outside the home is “unhygienic”, whereas other societies refer to their fast food products as having “high calories”. More specifically, a study named “Local Concentration of Fast-Food Outlets Is Associated with Poor Nutrition and Obesity” was conducted in 2014 by Daniel J. Kruger and his colleagues in the USA. A total of

1688 respondents were randomly selected through a computer-aided telephone interview. The results of the study suggest that consumers of fast food were “at greater risk for adverse consequences of poor nutrition because of the patterns in local food availability, which may constrain the success of nutrition promotion efforts, (Kruger et al., 2014).

Most food items that are available at fast food outlets and in food service centres are generally considered energy dense and poor in micronutrients, which is of great concern to health professionals amidst the spike in recorded obesity and chronic disease cases worldwide (Ohlhorst et al., 2013). Common fast food servings such as fried potato chips (fries), burgers, fried chicken, pizzas, and soft drinks are largely considered unhealthy options, but they are popular items on fast food outlets menus (Ogden et al., 2014). According to Lassen et al. (2019) those foods found on the menus of fast food outlets are high in energy, fat, saturated fats, added sugar, sodium and low in fibre as well as micronutrients, all of which generate a lot of health concerns to experts. All of these high energies, if consumed and not dissipated appropriately, can lead to an increase in fat build-up and obesity among consumers (Lassen et al., 2019).

In the same vein, a body of research has established a direct link between obesity and fast foods. Despite the bulk of provisions on the menu of fast food service providers being considered “junk food”, there are in most cases, health meal options such as salads. Thus, the choice to consume food that is healthy or unhealthy is largely dependent on the decisions made by consumers. Because most consumers are concerned about healthy living and lifestyles, provision of healthy food options by

fast food service providers can go a long way to influence consumers' perceived evaluation of their restaurant experience (Lazzeri et al., 2015).

Obesity and overweight was defined as the abnormal or excessive fat accumulation that presents a risk to health. Obesity is considered to account for 2–7 per cent of total health costs in industrialized countries but are now dramatically on the rise in low- and middle-income countries, particularly in urban settings (Lazzeri et al., 2015).

Overweight and obesity are major risk factors for a number of chronic diseases, including diabetes, cardiovascular diseases and cancer. With a strong positive correlation being drawn between fast food consumption and obesity, consumers are a high risk of developing chronic health conditions at very young stages in their lives which can also influence overall life expectancy (Lazzeri et al., 2015). In the case of cancer, a group of researchers in the USA hypothesized that breast cancer risk is related to fast food and sugary drinks (Chandran et al., 2014).

In the study, well-trained interviewers conducted interviews and questionnaires to a total of 3219 women in New York and New Jersey, who were confirmed as having breast cancer with their age ranging from 20-75. The results of the study indicated a positive association of frequency of fast food intake with breast cancer. It was concluded that frequent consumption of energy-dense and fast foods that are poor in nutritive value appeared to increase the risk of breast cancer (Chandran et al., 2014).

Other major health risks that are associated with obesity and stem from the consumption of some fast food products are cardiovascular diseases and diabetes (Ajzen, 2015). According to the World Health Organization, cardiovascular diseases are a group of disorders of the heart and blood vessels, mainly as a result of build-up

of fatty deposits on the inner walls of the blood vessels causing a blockage that prevents blood from flowing to the heart and other major organs. These fat deposits that line the walls of blood vessels are as a result of poor eating habits. Most of the fats are as a result of eating “junk food” from fastest food outlets. Some of these foods are prepared in deep oils, thus, soaking up oils and other fats that can be tasty but unhealthy to consumers. In the case of diabetes, it is referred to as a chronic, metabolic disease characterized by elevated levels of blood glucose (or blood sugar), which leads over time to serious damage to the heart, blood vessels, eyes, kidneys, and nerves. Also, fast foods components have the capacity to increase blood glucose levels due to their high caloric contents (World Health Organization, 2016).

Fast food's societal repercussions have been extensively contested, with the majority of the disputes focusing on its negative health effects. These negative implications, it should be highlighted, also pose significant development issues in urban Ghana, which this study will address. Ghana is currently struggling with rising rates of non-communicable diseases, environmental pollution, primarily from plastic trash, and a deterioration in cultural values, all of which are linked to national development processes such as urbanization and industrialization (Marras & Bendeck, 2016).

The first aspect of fast food that has been intensively debated and criticised is the assumption that fast food can enhance the vulnerability to degenerative diseases and is perceived as a risk factor for obesity, cardiovascular disease and diabetes. Some factors inherent in fast food that increase risk for obesity and diabetes are said to be high energy density, high glycaemic load and palatability with emphasis on primordial taste preferences for sugar, salt, and fat, which are compounded by excessive portion size and single large meals often approaching or exceeding

individual daily energy requirements. Indeed, studies have shown that corporate chain restaurants are promoting and spreading diets high in calories, saturated fat, salt, and sugar to diverse urban populations throughout Africa, Asia, and Latin America, resulting in sharp increases in obesity, cardiovascular disease, and Type 2 diabetes. Non-communicable diseases, such as diabetes, kidney disease, cardiovascular disease, and obesity, are important development challenges that Ghana's health sector is presently addressing (Marras & Bendeck, 2016).

According to studies, people are gradually moving away from traditional Ghanaian meals, which are high in unrefined carbohydrate, high in fiber, and low in fat, and toward Westernized diets, which are heavy in refined, fatty, energy-dense, and sugar-based foods (World Health Organization, 2017). As a result, obesity and other non-communicable diseases, which were previously only an issue in high-income nations, are now becoming more prevalent in Ghana.

Aikins et al. (2014) have reported hypertension, a major risk factor for many cardiovascular diseases, as the number-one killer in Ghana, accounting for about 70% of all deaths at the country's leading teaching-hospital, Korle-Bu, in Accra. Cases of kidney diseases are also increasing, especially among the youth, such that between January 2006 and July 2008, 558 cases (143 females and 415 males) were reported at Korle-Bu.

A second aspect of criticism is the linkage of fast-food production and consumption to environmental concerns, such as littering public spaces with plastic and polythene materials. Recently, the use of large volumes of plastics in the fast-food industry became an issue of public attention because of the potentially huge environmental accumulation and pollution problem (Hiamey, Amuquandoh & Boison, 2013).

Essentially, fast food poses a threat to the environment through the extensive use of plastics such as polystyrene (plates, cups and cutlery), polyurethane (containers, plastic cups and tableware), polyethylene Terephthalate (PET) (bottles) and polythene (bags), among others. Many of the items made of these materials are not properly disposed of. In the worst instances, they are merely thrown on the ground and end up in drains and water bodies, thus aggravating problems of floods and sanitation-related diseases, such as malaria and cholera. Even if the non-degradable plastic materials are properly disposed of, current policies and practices mean that they still significantly impact on the rate of depletion of landfill sites.

Now, in urban Ghana in particular, plastic waste menace constitutes an important developmental challenge that municipal and city authorities are grappling with. In the past two decades, plastics have become the most favoured materials for food and water packaging, contributing to the large rise in their proportions in the waste streams in Ghana (Nondzor & Tawiah, 2015). The situation is aggravated because of consumers' irresponsible plastic disposal culture and government's weak disposal interventions, which fail to address the plastic load in waste streams.

As a result, plastic wastes are scattered around the cities, choking drains, threatening small animals, damaging the soil and polluting beaches. Open-drains and waterways have become choked with these plastics, forcing urban storm-water to overflow the banks of the drains and thereby causing destructive floods in the cities and serving as a breeding ground for mosquitoes and pathogens (Lah, 2016).

Thirdly, fast-food production and consumption has been regarded as a threat to traditional food cultures thus the main reason why its introduction in some countries such as Italy was stiffly opposed (Marras & Bendeck, 2016).

The immediate motive for the establishment of the Slow Food movement in Italy in 1986 was growing worry about McDonald's possible impact on food cultures there, via Campesina, which pioneered the food sovereignty concept, has also opposed the globalisation of fast food (Ayres & Bosia, 2016). Food sovereignty, according to the Inkumamah Declaration of 2014, is the right of peoples to healthful and culturally acceptable food produced using environmentally sound and sustainable means. In terms of the cultural issue, fast-food restaurants have been criticized in Japan for encouraging table manners that are incompatible with traditional Japanese dining etiquette. This is because according to the traditional Japanese table manners, one must not touch food with one's bare hands when eating or eat while standing – with the arrival of McDonalds, 'finger foods', such as hamburgers and French fries, were served with neither cutlery set nor tables and chairs provided.

Basically, fast food has received much political attention worldwide because it is perceived as changing food practices and threatening national cultures and identities (Farrer, 2015). Whether fast food does or does not threaten cultural identities, it is worth noting that traditional food cultures are very important in defining our identities and that the relation between food and identity needs to be considered.

Incidentally, Bosu (2014) has noted that Ghana's cultural food traditions and values have been on the decline over the past century due to national development processes such as urbanisation and modernisation. He indicated that in relation to food culture, some indigenous foods, such as '*Anum*' spiced maize/red plantain meal and *NkonyaFefle* hill rice meal (known to the Guans, who are believed to be the oldest ethnic group in Ghana), have virtually ceased to be prepared. On the other hand, it has also been observed that some products have been introduced in which traditional

foods have been mixed with a ‘foreign’ food culture to create a blend of ‘new’ products. Similarly, some of the introduced foods have also been mixed with the Ghanaian food culture to create another blend of ‘new’ products.

2.8.1 Positive effects of fast food consumption

People consume fast food for a number of reasons. Chief among them is the convenience it brings them when it comes to them having to prepare their own food or the time they spend preparing it. In Ghana, a progressive movement from traditional Ghanaian cuisine with plentiful unrefined carbohydrate, high fiber, and low fat to more westernized diets that are highly refined, rich in energy, and sugar-based is currently being seen (Asenso et al., 2013). However, while this transition has its advantages, it also has a significant cost. Approximately 68 percent of restaurants in the Accra Metropolitan Area (AMA) have been discovered to serve fast foods such as fried rice, French fries, pizzas, fried chicken, and burgers, in order of client choice (Omari, Frempong & Arthur, 2018). An important determinant of fast food consumption despite the risks it poses to consumers is the convenience it brings (Jekanowski, Binkley & Eales, 2015).

The concept of convenience encompasses people’s desire to save time and energy while engaging in the preparation and consumption processes of planning, shopping, storage, preparation of food, consumption, cleaning up, and disposal of leftovers and wastes. To further support this definition, Ulyssea (2014), convenience means transferring a substantial amount of preparation time, culinary expertise, or energy inputs from the home kitchen to the food processor or distributor. Thus, consumers who do not want to spend time or don’t have the luxury of time on acquiring and preparation, consuming and disposing of waste, tend to find convenience in

purchasing fast food products. The nature of work of the sample for the current study (bankers) is time demanding. Thus, in a commercially viable environment such as Kasoa, it is assumed that bankers may not have the luxury of time to prepare and consume their own meals, therefore may resort to fast foods.

A study was conducted by Omari et al. (2016) to examine ‘The Role of Convenience in Fast Food Consumption in Urban Ghana’. A cross-sectional approach was used to solicit information from 400 fast food consumers, 15 years and older. The results revealed that consumers perceived fast food as convenient (i.e. having convenience attributes such as easiness to get, easiness to eat, quickness to get, requiring little efforts to clear-up after eating). Secondly, consumers felt they are able to save mental effort, physical effort and time by patronizing fast foods. Further, the time factor was recorded to be the most significant determinant in influencing fast food consumption of consumers. Other factors such as income level and cooking skill of consumers also recorded positive associations (Omari, 2014).

The most evident advantage of fast foods, according to Gregory, Rahkovsky, and Anekwe (2014), is convenience, which includes quick service, a readily available alternative to home cuisine, and affordability.

Furthermore, according to Ahedor (2019), consumers eat fast food to save time, satisfy their hunger, enjoy themselves, and engage in social interactions. Although reasons for fast food consumption can be relative to individual decisions, general factors such as time saving and satisfaction of hunger cannot be underestimated, especially among young consumers, the people with very busy schedules. In assessing consumers’ perception and preference of fast food among tertiary students in Ghana, Nondzor and Tawiah (2015) found that fast foods were relatively convenient and

accessed by victims of urban migration, people working for long hours and people with high income levels.

In another study to examine “Factors Related to the Number of Fast Food Meals Obtained by College Meal Plan Student”, researchers explored the association of financial access on the number of meals that college students obtained from fast food restaurants. The results indicated that financial access was strongly and positively associated with number of meals obtained from fast food restaurants. Thus, fast foods provide consumers such as students with very affordable options to satisfy their hunger as they go about their daily duties. Some miscellaneous positive effects of fast food consumption include providing employment for young entrepreneurs, income generation for fast food business owners, and the exploration of a variety of menus by consumers. Within context of the current study, the positive effects of consuming fast foods as perceived by bankers can go a long way in their decisions to patronize and consume. Alternatively, some may argue that in light the busy schedules of bankers and demanding nature of their work, they may not have much of a choice in patronizing fast foods. However, this information further accentuates and draws inference on the decisions made by the bankers.

2.8.2 History and implications of consumer behaviour

The origin of the concept of consumer behaviour is not clearly known. Thus, assert that consumer behaviour is a relatively new field of study with no specific historical body of research of its own. As such, elements of the concept can be observed in other discipline such as psychology, sociology, anthropology, marketing and economics. According to the marketing concept, marketers first need to define the benefits sought by consumers in the marketplace, followed by the drafting of marketing plans

supporting the needs of consumers. The marketing concept was however formulated during the 1950s (Sezgin & Şanlıer, 2016).

One of the most important impacts of understanding the idea of consumer behaviour can be best summarized in the statement made by Ahedor (2019) that “Consumers determine the sales and profits of an enterprise by their purchasing decisions”. As such, their motives and actions determine the economic viability of the enterprise. This statement has proven to be a vital determinant in the success of a number of businesses. Ultimately, a number of businesses colloquially tend to adopt the principle of “The customer/consumer is always right”. It also further explains to some extent, the rationale behind the establishment of research departments in most businesses to investigate consumer needs and feedback; which ultimately makes its way back into the design and development of new goods and services.

In defining consumer behaviour, Conner, (2020) describes it as the process whereby individuals decide whether, what, when, where, how and from whom to purchase goods and services. In Kaushik, Narang and Parakh (2014) definition, the key word is “individual”. Thus, however attached a person may be, or engrossed in group activities, their reasons for purchasing certain goods and patronising services is solely theirs.

Meanwhile Inkumsa, (2014) assert that consumer behaviour involves all those actions that are directly involved in obtaining, consuming and disposing of products and services, including the decision processes that precede and follow these actions. In applying the benefits of the understanding of consumer behaviour, one is able to predict more accurately when, what and where a consumer is more likely to make a purchase. Specifically, more effective marketing campaigns can be designed and

implemented; designing public policies, social marketing and making consumers better at making purchasing decisions. All of which can lead to customer satisfaction and product innovation.

2.8.3 Consumers ‘Attitude and Behaviour towards Fast Foods

Consumer behaviour involves the study of the processes taken when individual or group selects, purchases, uses or disposes products, services, ideas or experiences to satisfy needs and desires. Fraikue (2014) took a like approach and define it as “the behaviour that consumers display in searching for, purchasing, using, evaluating and disposing of products and services that they expect will satisfy their needs”. They went on to say that consumer behavior research allows for a better understanding and predictions of not only the subject of purchases, but also purchasing motives and frequency.

Knowledge, as well as happy or negative feelings, has an impact on human perception and, as a result, decision-making and behavior. Individuals obtain knowledge of their bearing via experience and interaction with others (Fraikue, 2014). Eventually, one’s change of view is conditioned by consumer’s personality and her style of life. Consumer usually refuses information that is dissimilar with her positions; she then modifies them to arrive at equivalence. Thus, the concept of consumer behaviour is important in understanding the consumption and patronization behaviour of people (bankers) with respect to fast foods (Prabhu, 2015).

Trends in the global fast food sector have expanded faster than other sections of away-from-home foods over the last two decades. Furthermore, it has been observed that the fast food industry's marketing and promotional strategies emphasize the notions of convenience, taste, and low cost of fast foods.

Furthermore, Schlosser (2012) a careful study of behaviours of consumers has afforded researchers and product designers/promoters the opportunity to elicit consumers' pressing behavioural patterns and serve it as a package to them. For instance, Schlosser, (2012) asserted that ease of access to fast food product for consumers has contributed tremendously to the increase in the distribution of and marketing of the industry. Thus, consumers with the desire to access their foods without stress will patronize this product due to the convenience it brings to them. In practice, the majority of fast food restaurants can be located in gas stations, department stores, shopping malls, schools, and other non-traditional locations where customers can eat while doing other things (Schlosser, 2012).

According to Agyei-Baffour, Sekyere and Addy (2013), fast food outlets are perceived as eating “home away from home for breakfast, lunch and dinner” among consumers of all ages; mainly because they fulfill the desires of consumers for tasty, convenient, and inexpensive food. Therefore, consumers positively appreciate fast foods mainly because of affordability, taste and the convenience it brings them in their daily food needs.

On the other hand, fast food companies' marketing efforts are largely geared on children, teenagers, and young independent adults, who have been shown to have a favorable attitude toward fast food patronage and consumption. Furthermore, Strachan and Brawley (2013) discovered that fast food commercials made up roughly 36% of advertisements during children's programs. A number of studies have also found that fast food marketing has an impact on children's food preferences and what they frequently ask their parents to buy for them (Forkuor et al., 2020). Findings from studies so far have culminated to the importance of consumer behaviour patterns as a

main tool in determining advertisement campaigns and a way of appealing to the consumers (young people) interests (Schrempf, 2014).

Moreover, Kasriel-Alexander (2016) describes fast food as being attractive to single or busy parents. Consequently, if apparent like a particular fast food product, it becomes a primary influence on children's preferences. As such, the child/children's consumption behaviour has then been influenced by the conscious practices of the parents or relatives. Aside parents Story influences young people's consumption of fast food. Nevertheless, parents are perceived to be the primary socialization agents and significant role models for shaping the eating behaviours of young people (Kasrie-Alexander, 2016).

Varied populations are exposed to different levels of fast food types, services, and marketing depending on their culture. As a result, it may be stated that consumer behavior and views regarding patronage and consumption may differ among consumers of different cultural groups (Dalton et al., 2017). Consumer behavior that stems from attitudes and social conventions is classified as belief mechanisms (Dalton et al., 2017). These belief systems are the foundation on which marketing structures affect people's fast food consumption patterns. Findings from the current study will highlight behaviour of bankers in Kasoa with regards to the consumption of fast foods as well as how the factor of advertisements influences their decisions in this regard (Dalton et al., 2017).

In the context of attitudes, they refer to the degree to which an individual has a favourable or unfavourable evaluation of an item or behavior whereas social norms connote the shared beliefs about behaviour and are intended to envelope the social influence that a consumer perceives regarding consumption behavior (Ajzen, 2015).

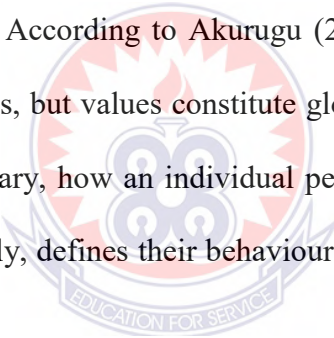
These two concepts of attitudes and social norms can go a long way to impact the behaviour of consumers towards a product. Ajzen (2015) further explained that there are two types of social norms, namely subjective and descriptive social norms. The subjective norms comprises an individual's perceptions of what is an appropriate behaviour and it reflects their beliefs that those who they consider important to them believe that they should perform a particular behaviour while the descriptive norms relate to people's perceptions of the behaviour of people important to them (Ajzen, 2015). Thus, when there is a high prevalence of behaviour or a perception of approval of the behaviour among important reference groups, it tends to influence a person's performance of that behaviour. In summary, these concepts refer to the influence of an individual or a group's behaviour on other individuals depending on their perception of those behaviour as good or appropriate to their personal beliefs (Ajzen, 2015).

Consumer behaviour can then be formed by the actions or inactions of other individuals or groups. Therefore, it is paramount for fast food firms to engage in activities that are aimed at creating positive attitudes so as to influence social norms in a way that will increase the patronage and consumption of their products. Product promotion in the food industry appeals to consumers' beliefs through the persuasion and strategic communication practices which can reinforce existing behavioural patterns. For instance, price promotions can increase the preference of consumers for a promoted product and encourage repeat purchases (Majabadi et al., 2016).

In Ghana and some parts of the world, groups that have demonstrated positive attitudes towards the consumption of fast foods are adolescents and young adults. However, perception of consumers on the operations and marketing practices of fast

food firms tend to vary considerably. These perceptions can be formed as a result of contact with the promotional activities of fast food outlets, word-of-mouth communication, past personal experience among others. Therefore, it is important for fast food firms to survey and understand the perceptions and behaviours of consumers with the aim of formulating effective marketing strategies while taking into account the variations in consumers' cultures as well (Asamoah & Sharfstein, 2014).

Perception, according to Blau et al., (2018), is the process by which we choose, organize, and interpret information collected by our senses in order to comprehend the world or events around us. They define attitude, on the other hand, as a taught proclivity to respond in a consistent positive or negative manner to a given item or event (Blau et al., 2018). According to Akurugu (2012), attitudes affect behavior at different levels than values, but values constitute global ideas that influence behavior in all situations. In summary, how an individual perceives an event or object shapes their attitude and ultimately, defines their behaviour or response towards it (Akurugu, 2012).

The logo of the University of Education, Winneba, is a circular emblem. It features a central sunburst or starburst design. Below the emblem, a banner contains the motto "EDUCATION FOR SERVICE".

In assessing the factors that shape the attitude of consumers, Akurugu (2012) indicates that fast foods that are easily accessible, convenient and tastes good tend to be highly patronised. On a general note, most consumers when patronizing fast foods are more concern with issues of their health, but other factors like easy preparation, taste and appearance dominate the purchasing decisions, especially for young buyers (Giao, 2020). In a similar paradigm, consumers' perceptions can be influenced mainly by external and internal factors such as cultural, social, psychological and economic factors, making the way in which consumers perceive products and service highly subjective thus, people assimilate the "rules of seeing" and these are not universal

principles but are formed by natural and social environments that teach us both what to look at and how to look. Thus, what one sees or absorbs via their senses shapes their perceptions and values which entirely influences their decisions. Consumer buying behavior is influenced by perceived quality, price sensitivity, pre-purchase information, perceived utility, positioning, and advertisement, according to certain research (Giao, 2020).

According to research, households with higher incomes and more formal education spend more money on fast food than households with lower incomes and less formal education. In addition, the overall number of individuals in a family may have an impact on their fast food consumption. A household with more members, for example, may prefer to prepare food at home because it is more cost effective. Consumers' attitudes and knowledge about price, health concerns, child preferences, and the environment are all important elements that influence their fast-food consumption preferences (Lassen et al., 2019).

Furthermore, the study found that people who consider price to be a major consideration when eating are less likely to eat fast food. In summary, some major factors that shape attitudes and behaviours of consumers of fast food include advertisements, health and safety, convenience, cost and economics, taste and appeal, age group, nature of work and household income. These findings are significant in highlighting the choices made by bankers in Kasoa with regards to how they perceive and value fast foods (Qi & Roe, 2016).

2.9 Theoretical Framework-Theory of Reasoned Action (TRA)

The theoretical framework underpinning this study is based on the theory of influences on consumer behavioural theory. Consumers' attitude towards patronising products attests to the series of behavioural traits through the concept of 'subjective norm (Liu, Segev & Villar, 2017). Loudon and Bitt developed a hypothesis that recognises the influence of others on behavior (Bray, 2008; Acar & Torquati, 2015).

According to Abdullah (2017), people's attitudes toward certain behaviours are influenced by how effectively they are driven to adopt certain viewpoints. 'The relative contributions of attitudes and subjective norms will not be necessarily equal in predicting behavior (Bray, 2008; Acar & Torquati, 2015). To therefore accept and tolerate others views, to consider consumption situation or the type of product chosen it solely depends on the consumer. These conspicuously consumed products are being influenced highly by the subjective norm variable than less conspicuous products would be (Schultz & Schultz, 2016).

Schultz and Schultz (2016) again proposed that in the TRA, a high correlation of attitudes toward the behaviour (the act of buying) is measured rather than just the attitude toward a product. It was necessary to suggest that a consumer may have an interest for a particular product but not the act of buying. This he suggested may call for amendment of the theory (Bray, 2008). Jayasingh and Eze (2015) proposed that the relationship between behavioural intention and actual behaviour is too simple and has limitations. It is assumed that for many reasons, behaviour is not always within the sole control or limit of the consumer but might be affected by other variables mediating between intentions and behavior (Conner, 2020).

Ajzen (2015) provided the additional variable in his Theory of Planned Behaviour published in 1985 which seeks to address the rate of reliance on intentions to predict behaviour. In the theory of reasoned action, it can be said that the behaviour of bankers to the purchase of fast foods is dependent to some extent on some factors and the influence of other individuals. They might have a positive attitude towards a product but might not develop the attitude of its purchase. This means that series of behavioural traits like influence from friends may lead them into the purchase and consumption of fast foods. Lack of time, hunger through work load, advertisement, packaging, taste and price are all possible factors that may lead them into the decisions made on whether or not to purchase goods and services.

2.9.1 Theory of planned behaviour (TPB)

The theory of planned behaviour applied to food consumption decisions is a theory propounded by Ajzen (2015). According to the Theory of Planned Behaviour (TPB), the consumer's behaviour is a function of attention to perform the behaviour in question. The intention is based on attitude, subjective norm, and perceived behavioural control with respect to the behaviour. The theory allows for predictions of intentions and behaviour in relation to purchase and use of goods and services of different brands and products.

With the theory of planned behaviour, 'the consumers' behaviour is a function of attention to perform the behaviour in question'. The zeal for bankers to purchase goods may deeply depend on their own attention and willingness to purchase a product or a particular brand of food for use despite all enticing behavioural traits and conditions (based on the theory of planned behaviour).

2.10 Conceptual Framework

The conceptual framework was deduced from the objectives and the theoretical framework of the study. A lot of bankers consume fast foods due to many factors associated with; personal, physiological, social and economic factors as well as the pattern and rate at which to consume fast food. This indicates that, fast food consumed by bankers may depend largely on the consumer or the worker which may include: product type, advertisement, sensory qualities, positive effects and negative effects. Bankers' may select and consume a fast food available based on their own discretion and final decision. This will imply the number of times fast foods are consumed within a day. The choices of fast foods as well as the number of times to make purchases are the sole decision of the banker to purchase a product. Likewise, bankers' decisions to consume fast foods can also be associated with influence from colleagues or words of other people within their circle. Thus, it is important to know the frequency and the rate at which fast foods are consumed, and also factors that make bankers decide on patronising and consuming specific fast food products and how frequently they are taken.

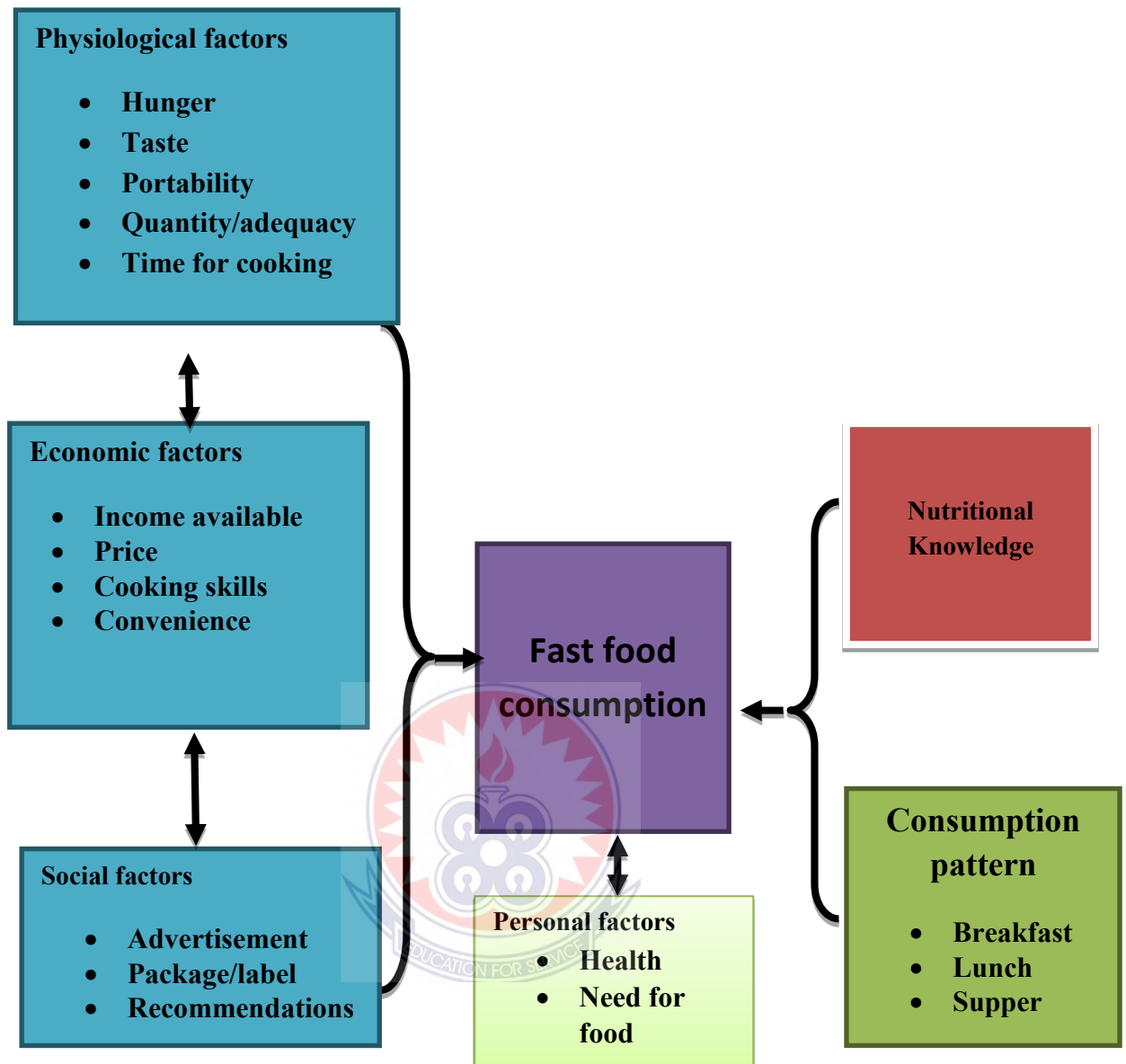


Figure 3.1: Researcher’s construct (2019)

2.11 Summary

This chapter presented the sum of reviewed literature topics that are related to the study. It deals with the views of authors’ that agree on issues concerning fast food consumption as well as contrasting views on fast food related issues. Theoretical framework that throws more light and explains theories related to consumption pattern of fast food consumers were adopted. To that effect, consumer behavioural theory which were theory of planned behaviour and theory of reasoned action were

employed. Based on the objectives set for the study and the theoretical framework, a conceptual framework was propounded to throw more light on the intriguing and motivational factors that contributed to the consumption behaviours of consumers and specifically Bankers.



CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Overview

This chapter covers research procedures and methods for conducting the study. This includes information on the study area, the research design, population, sample and sampling technique. It also presents information on instruments used for the data collection, data collection procedures, validity and reliability, and how the data was analysed.

3.1 Setting of the Study

The study was conducted in Kasoa in the Awutu Senya East Municipal in the Central Region of Ghana and focused on fast food consumption pattern among banking staff. Kasoa is a fast growing vibrant cosmopolitan society with heterogeneous and diverse working population with different life style and varied consumption behaviors. It is a busy town which accommodates rural- urban, and urban -urban migrants who troop in there to take up income generating activities of various kinds. The cosmopolitan nature of Kasoa provides good representation of the changing life style and fast food consumption behaviors of the working population. It is also an arena of vibrant financial and commercial activity. Various financial and banking institutions are located within the commercial growing city. This area was chosen because of its accessibility and familiarity to the researcher. The locality was, therefore, suitable in terms of time and finances. Thus, Kasoa was chosen and purposively sampled for reason of convenience and easy accessibility of respondents.

3.2 Research Design

Research design is the plan or blueprint of the research that specifies how data relating to the problem is collected and analysed. The issues concerning fast foods chosen, consumption pattern, factors determining fast food consumption and nutritional knowledge are so diverse that any study would require due diligence and in-depth analysis. The descriptive survey design method (thus a cross sectional survey design) is the basic strategy used in this study. The study employed descriptive approach since it would describe the current phenomenon without manipulation of variables. This is because the work is an independent investigation, which involves collection of data to answer the research questions concerning the issue and seek to find out about an existing situation and the extent of any problem associated with it. The descriptive design is relevant to the study because it provides the background information about the issue in question as well as stimulating explanations to it, as indicated by Colorafi and Evans (2016). The descriptive method under quantitative paradigm was used to investigate kinds of foods consumed, factors determining food choices, consumers' nutritional knowledge and consumption pattern (Colorafi & Evans, 2016).

For a variety of reasons, this study used a cross-sectional survey approach. The cross-sectional survey design is a research method for determining the prevalence of certain traits in a population. This could be used to determine the frequency with which an activity is carried out or the number of people who have a certain attitude or conduct. It also entails the collection of data from a sample taken from a specified population at a single point in time (Connelly, 2016). This study employs the use of cross sectional survey in order to investigate the consumption behavior of bankers in

relation to fast foods, which is a prevalence attitude among most bankers in the Kasoa Township in the Awutu Senya Municipal.

Quantitative research method was used in carrying out this research. Quantitative research methods focuses on the knowledge of people involved, and attempt to understand the reasons behind certain behaviour descriptions (Colorafi & Evans,2016;Connelly, 2016).Therefore, descriptive method under quantitative paradigm was used to investigate food consumption, factors determining food choices, consumers' nutritional knowledge and their consumption pattern. According to Hoover (2021), quantitative research is based on theory testing as it quantifies data collection and analysis. Quantitative study focuses on personal account and deals with behaviours that depicts how people think or respond to issues in the society. Hence this study is designed not only to provide more meaningful weight to the challenges that confront fast food consumption, food choices and consumer behaviours and their nutritional knowledge but more importantly to examine the factors that determine fast food consumption and ascribe solutions thereof.

Hoover (2021) is of the view that quantitative research is concerned with gathering numerical data in other to test causal relationship among variables. This study is therefore interested in how people make sense of their world and how they experience events. It aimed to understand 'what it is like' to experience particular conditions and how people manage situation. An example he cited is how people negotiate their life. Hence the examination of factors that determine the fast food consumption behaviours among the banking staff in Kasoa, thus, required the use of qualitative approach to allow the study of the issues of fast food patronage and consumption in detail.

3.3 Population

A population is a group of people or a collection of things that are taken into account for statistical reasons. It is a collection of items or cases, whether humans, things, or events, that meet specified criteria and allow us to generalize the research findings (Ofori & Dampson, 2011). Population, according to Abreh, Owusu, and Amedahe (2018), is the collection of cases that match a set of characteristics. According to Creswell (2014) population is the focus of a researcher's effort. Population describes the total number of persons residing a country, region, district, city or area. This confirms Shannon-Baker (2016) assertion that the group of people which are of interest to the researcher is the population for his study. It can also be seen as the complete collection to be studied (Shannon-Baker, 2016).

The target population of this study included all bankers in the financial institutions in the catchment area of Kasoa Township. A lot of financial institutions are set up in the busy and vibrant setting of Kasoa which includes rural banks, Savings and loan companies, Insurance companies, micro-finance and Commercial banks. The accessible population therefore for this study was all commercial bank workers in Kasoa. These commercial banks include; G C B, Agricultural Development bank, Ecobank, Access bank, HFC bank, Societal Generale bank, Unibank, Barclays bank, Stanbic bank, First Capital Plus, FBN, National Investment Bank, Atlantic bank, Beige Capital, Fidelity Bank and Sahel Sahara Bank. The bankers within these institutions were one hundred and eighty (180) in number comprising tellers, financial managers, client relation officers, cashiers and mobile bankers.

3.4 Sample and Sampling Technique

A sample is a small group obtained from the accessible population (Lohr, 2019). Sampling frame is explained as a group of people from which a sample is drawn (Shannon-Baker, 2016). For the purpose of this study, personal investigations, and the internet was visited to get the accurate list of banks and financial institutions available in the Kasoa municipality, since a lot of financial institutions dominate the land of Kasoa. Sample size estimation was done to determine the sample size for the study using the formular; $n = \frac{N}{1+N(e)^2}$ (Yemane, 1967).

Where

n = Required sample size

N = The population size

e = Specified margin of error or significance level

3.4.1 Determination of sample

The sample size is made up of 124 workers from sixteen (16 banks). With convenience sampling method, eight (8) bank workers each were sampled from twelve banks and seven (7) bank workers each from four banks within the sixteen commercial banks in the central part of Kasoa Township on convenience.

The error of margin or confidence level of the study is 5%. Therefore, substituting these parameters into the Yemane (1967) formula yields:

$$n = \frac{180}{1 + 180(0.05)^2} = 124$$

These 124 bankers who were selected by convenience sampling technique included tellers, financial managers, client relation officers, cashiers and mobile bankers

among others, while the 16 banks were selected purposively. The Table 3.1 presents the sample distribution of the study.

Purposive sampling was used to sample the banks since it is cheap and easy to ensure that only relevant elements thus commercial banks only are sampled from the various financial institutions for the study. Convenience sampling was used to sample the bank workers who were available and willing to take the questionnaire due to the nature of their work (Etikan, Musa & Alkassim, 2016). The sample constitutes the complete enumeration of the group of people whose opinion is needed for the study, and data was gathered from one hundred and twenty-four (124) workers. The sample size was deemed accurate since Statistics Solutions (2017) suggested that; an appropriate sample size is required for validity.

Denscombe (2017) contributed to the fact that for small populations under thousand (1000), a larger sample ratio of about 30% is needed by the researcher. He is of the view that, the smaller the population, the bigger the sampling ratio, and the larger the population, the smaller the sampling ratio for an accurate sample.

Table 3.1: Sample distribution of the study

Gender	Number of Participants	Percentage (%)
Male	48	38.71
Female	76	61.29
Total	124	100.00

From Table 3.1, 48 male participants representing (38.71%) and 76 female participants representing (61.29%) were purposively sampled for the study. Obviously, the female participants dominated the study.

3.5 Research Instruments

To accurately collect data and analyse for a research work, it requires the use of a research instrument appropriate for the study to help acquire the responses needed by the researcher to answer questions to the study for a better results. Questionnaire was deemed the appropriate instrument employed for the study since it is evident that almost all the bank workers are literate and can read and write.

3.5.1 Questionnaire

The questionnaire was the primary research tool utilized to collect data for the study. The use of a questionnaire was justified because it is a rapid approach to collect data. It is also recognized to be highly valid and trustworthy when properly constructed (Krosnick, 2018). A questionnaire, according to Orodho et al. (2013), is a tool for gathering data that allows for a measurement for or against a certain position. He underlined that a questionnaire has the ability to gather a big amount of data in a short period of time. He went on to say that questionnaires allow the person delivering them to explain the study's objective and to clarify the meaning of any items that aren't apparent (Orodho et al., 2013). The instrument was chosen because the target population was thought to be educated, reducing the need for question interpretation in order to obtain accurate data.

The questionnaire was divided into five sections: A, B, C, D, and E. Section A collected data on respondents demographic characteristics which was made up of five items which included gender, age, marital status, highest level of education and job specification. Section B was made up of four items which was structured with dichotomous questions, close-ended, open-ended questions and multiple choice responses and a five-point likert scale. The items were structured to answer questions

on the nutritional knowledge of bankers on fast food. Section C comprises dichotomous questions, close-ended, open-ended questions and multiple choice responses. The items in this section were structured to answer the kinds of fast food consumed by bankers in the study area. Section D was on consumption pattern of fast foods by bankers. The section had six items structured in close-ended questions, dichotomous and a two point likert scale and multiple choice responses. Section E was on the various factors that influence banker's fast food consumption. It consisted of a four point rating scale items in a row for respondents to rate the factors in its order of preference.

3.5.2 Validity of instruments

The outcome of any activity in research is always subjected to measurement to determine the degree of accuracy or otherwise. Whatever instrument is used in measurement, two characteristics should be considered: validity and reliability. Validity refers to the extent to which an instrument measures what it is consistent in measuring. The instruments were validated through content validity. Before designing the questionnaire, literature was reviewed and an initial draft of questions relating to the topic under study, were formulated.

To ensure validity and in this research, the questionnaire underwent a lot of discussion and editing with a lot help from colleagues and lecturers as well as the supervisor. It was discussed with my colleagues, other lecturers, and my supervisors on whether the instruments accurately represented the concept of the study. Their ideas were seriously considered and appropriately incorporated. However, series of discussions between me and my supervisor, helped to refine the questionnaire questions. A set of structured questions were mapped to the research questions. After rigorous review, I

finally came up with a set of error-free questions under the strict guidance of the supervisor.

3.5.3 Pilot test of instrument

A pilot study was carried out on few bankers in Weija Metropolitan area to check for the reliability and validity of the instrument which yielded a successful outcome for research data collection and analysis. Banks that has similar characteristics as the banks that will be used for the main study was purposively and conveniently selected for the pilot test. The purpose of pilot testing the questionnaire was to ensure that it was reliable. The pilot test also provided early indications about areas where the overall research effort would falter, such as when study protocols might not be followed or whether planned methodologies or instruments were inappropriate or overly complicated. Again, the pilot test was conducted to improve the internal validity of the questionnaire.

Orodho, Waweru, and Ndichu (2013) confirmed that giving the instruments to pilot subjects in the same way they will be given in the main study makes it easier to get feedback from them. This aids in the detection of ambiguity and challenging questions. The pilot test was used to track the amount of time it took to complete the survey and determine whether it was reasonable. It aided in the elimination of all unneeded, difficult, or ambiguous inquiries. It provided an opportunity to evaluate if each question provided a sufficient range of replies. Any query that was not answered as intended might be re-worded or re-scaled using this method.

Through the pilot test, some of the questions that were not well answered were restructured in consultation with the supervisor, for respondents to provide responses that are accurate to answer the research question. Section E had a four point likert scale question that was meant to answer questions on bankers' knowledge on fast food nutrition but was changed and restructured to multiple choice questions for clarification to the respondents.

3.5.4 Reliability of instruments

A Reliability test was carried out with the purpose of testing the consistency of the research instruments. The research instruments were improved by revising or deleting items. For the purpose of this study, reliability of the instrument was established through a pilot study carried out with 18 bank workers from three banks within the Weija municipality who were not going to be part of the main study. Cronbach's alpha formula, which determines the internal consistency and dependability of the items, was used to test the questionnaire's reliability with the use of IBM SPSS Version 21 (Orodho et al., 2013; Creswell, 2014).

The Cronbach alpha coefficient was valued from 0 to 1. The items from the questionnaires for bank workers that had a high coefficient (0.7 and above) were retained in the questionnaire but the items that had a low coefficient (less than 0.7) were reviewed. This coefficient ensured internal reliability. The Table 3.2 provides the reliability coefficients of the items in the questionnaires.

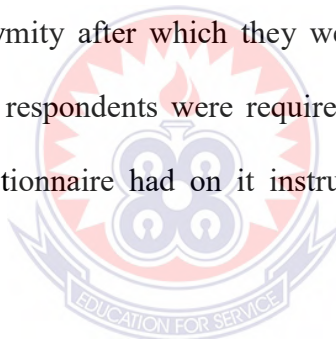
Table 3.2: The reliability of the items in the questionnaire

Number of bankers	Cronbach's Alpha	Number of Items
18	.775	56

From Table 3.2, the reliability coefficient of 0.775 means that (77.5%) of the variability in the responses is due to true response differences among the bankers while the remaining (22.5%) ($1 - 0.775$) is due to measurement error.

3.6 Data Collection Procedure

An introductory letter from the Head of Department of the Home Economics Education Department, University of Education, Winneba was obtained from the Department. I then visited the sampled banks to administer the research instruments. Consent of the bank officials was sought by issuing an introductory letter to the branch managers to enable me have access to the respective bankers. The research intentions were discussed. The respondents were given instructions and assured of confidentiality and anonymity after which they were given enough time to fill the questionnaires. All other respondents were required to answer the questions on the questionnaire. Each questionnaire had on it instructions that clearly explained the purpose of the study.



The questionnaire was administered by paying a visit to the various bank offices selected for the study to meet the workers. The questionnaire was administered to the bank workers personally to help solicit information on issues surrounding their fast food consumption pattern. This allowed for a higher response rate, and relationship with respondents was generally higher. The instruments were administered to the respondents who was given ample time to respond to the questions. The questionnaire was expected to be collected as soon as the respondents completely answered them. A period of about a week was allowed for filling and collection. Due to delay in submission of some of the instruments by the respondents, another week was added to

enable the maximum and full collection of the instruments. This was to ensure achievement of good return rate.

3.7 Data Analysis Procedure

The responses to the questionnaires were statistically analyzed. For coding and processing the raw data for interpretation and discussion, the Statistical Package for Social Sciences (IBM SPSS version 21.0) was utilized. The data was analyzed using frequencies and percentages. These were employed to describe the fast food consumption of bankers to determine the unanimity or variation that existed in the consumption of bankers' fast food level. It also shows the extent to which the bankers' consume fast foods as well as the extent to which the bankers' responses vary from each other's. The SPSS was used due to its effectiveness and efficiency as an analytical tool for analysing even more complex data (Pallant, 2013). Due to the descriptive nature of the study, descriptive statistical tools were employed for the presentation of the analysis. The responses were therefore tabulated using frequencies and percentages, for discussion. Table 3.3 gives the details of the tools which were used for the analysis of the data for each research question.

Table 3.3: Details of statistical tools for the analysis of research questions

Research Question	Type of data gathered	Statistical tools
RQ 1	Quantitative	Percentages and frequencies
RQ 2	Quantitative	Percentages and frequencies
RQ 3	Quantitative	Percentages and frequencies
RQ 4	Quantitative	Percentages and frequencies
Hypothesis	Quantitative	Correlation

3.8 Ethical Considerations

The term "ethics" refers to the study of right and wrong. A researcher must determine if it is correct or incorrect to perform a study or investigate a certain subject, and this covers all research principles (Arifin, 2018). It was imperative to consider ethics in conducting this study. I had the responsibility to protect the participants in the investigation.

Arigo et al. (2018) stated that it is of paramount importance that educational researchers respect the rights, privacy, dignity, and sensitivities of their research populations and also the integrity of the institutions within which the research occurs. All research directives were taken into account in this study, including maintaining confidentiality, honesty, openness, and responsibility, as well as obtaining authorization from the appropriate offices and officers. As a result, the researcher's major responsibilities to participants are clear: get consent, safeguard people from harm, and maintain privacy. Thus, I made sure that individual right was not infringed on by observing the rights of participants, their values and desires when carrying out the research (Creswell, 2014). Issues of consent, honesty, respect for the integrity of the individual, confidentiality of certain information and anonymity was considered when carrying out the study. This helped to avoid unnecessary doubts or distress, fear and harm among respondents, and enabled me build trust among the respondents and managers in the banking field.

3.9 Summary

This chapter gave a clear insight into the research methodology used and justified the paradigm of which it falls under, the post positivist world. Quantitative data collection method was chosen for this study, descriptive survey was used as a research strategy and this lead to the collection of data using a questionnaire. Issues of validity and reliability were discussed in justifying the reliability and validity of the research instruments. Data collection and data analysis procedures employed for the study were also discussed.



CHAPTER FOUR

RESULTS AND DISCUSSION

4.0 Overview

This chapter focuses on the analysis of the findings that emerged from the data gathered. The purpose of the study was to find out Banker's Fast Food Consumption Pattern in Kasoa. The objectives of the study were to ascertain the nutritional knowledge bankers have on fast foods, to identify kinds of fast foods bankers consume, to find out the consumption pattern of fast food by bankers and to investigate the factors which influence fast food consumption among bankers. Questionnaire was deployed to gather information from the respondents. The study used both qualitative and quantitative research approaches to analyse the survey data. One hundred and twenty-four (124) respondents were selected to answer the questionnaire. A total of 124 copies of the questionnaire representing 100 percent retrieval rate was achieved for the bankers' questionnaire. Thus, the 124 respondents were used as the final sample and their responses were used in the analysis.

4.1 Demographic Data

The information on the demographic characteristics of the respondents were obtained from the section A of the research questionnaire and presented using frequency counts, percentages and charts.

Table 4.1: Demographic characteristics of respondents (N =124)

Variables		Frequency (f)	Percentage (%)
Gender	Males	48	38.71
	Females	76	61.29
Age	20 – 25 years	24	19.35
	26 – 30 years	44	35.48
	31 – 40 years	38	30.65
	41 years and above	18	14.52
	Marital Status	Married	58
	Single	66	53.23
Highest level of education	Master Degree	16	12.90
	First Degree	60	48.39
	HND	36	29.03
	SHS	12	9.68
Job Specification	Cashier/Teller	22	17.74
	Receptionist	31	25.00
	Customer Service Officer	35	28.23
	Manager	8	6.45
	Operation Officer	4	3.23
	Financial Advisor	4	3.23
	CAC	5	4.03
	National Service Personnel	5	4.03
	Field teller	3	2.42
	Assistant OIC	3	2.42
	Retail banking	4	3.23
	Total		124

Source: Field work, 2019.

The result from Table 4.1 reveals the demographic characteristics of bankers in the study. In Table 4.1, the statistics show that out of 124 respondents, 48 (38.71%) of the respondents were males while 76(61.29%) of them were females. This implies that

majority of the respondents selected for the study were female bankers. Table 4.1 again shows that 24 (19.35 %) of the respondents were between the ages of 20 and 25 years, 44 (35.48%) were between 26 and 30 years old while 38 (30.65%) were between 31 and 40 years old. Those respondents found within the age category of 41 years and above constitute 18 (14.52%).

On marital status, 66 (53.23%) were single while 58 (46.77%) were married. In addition, 16 respondents representing (12.90%) reported that they had master's degree certificate as their highest educational profession while 60 (48.39%) had first degree. Another 36 respondents representing (29.03%) indicated that their highest educational qualification was HND. There were 12 (9.68%) other respondents who indicated that their highest level of education was SHS certificate.

With respect to their job specification, 22 respondents which represents (17.74%) confirmed that they were cashier or teller officers while 31 (25%) respondents were receptionists. 35 respondents which represents (28.23%) confirmed that they were customer service officers.

Another eight (8) respondents, which represent (6.45%) confirmed that they were managers while four (4) respondents representing (3.23%) reported that they were operation officers. Another four (4) respondents which represents (3.23%) confirmed that they were financial advisors. In addition, four (4) respondents representing (3.6%) reported that they were Consumer advisory council officers, and four (4) other respondents representing (4.03%) reported that they were national service personnel. Respondents who indicated that they were field tellers, assistant officer of the insurance commissioner, and also retail bankers represent (three) 3 (2.42%), (three) 3 (2.42%) and (four) 4 (3.23%) respectively.

The analysis of respondents demographic data has further been presented in the form of graph on figure 4.1 to 4.4.

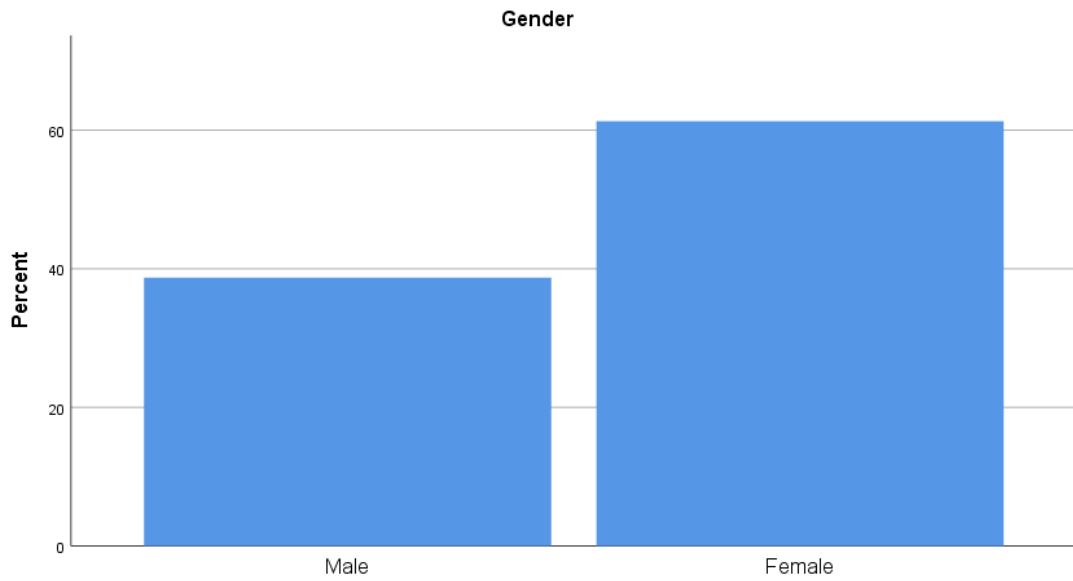


Figure 4.1: Gender distribution of the study

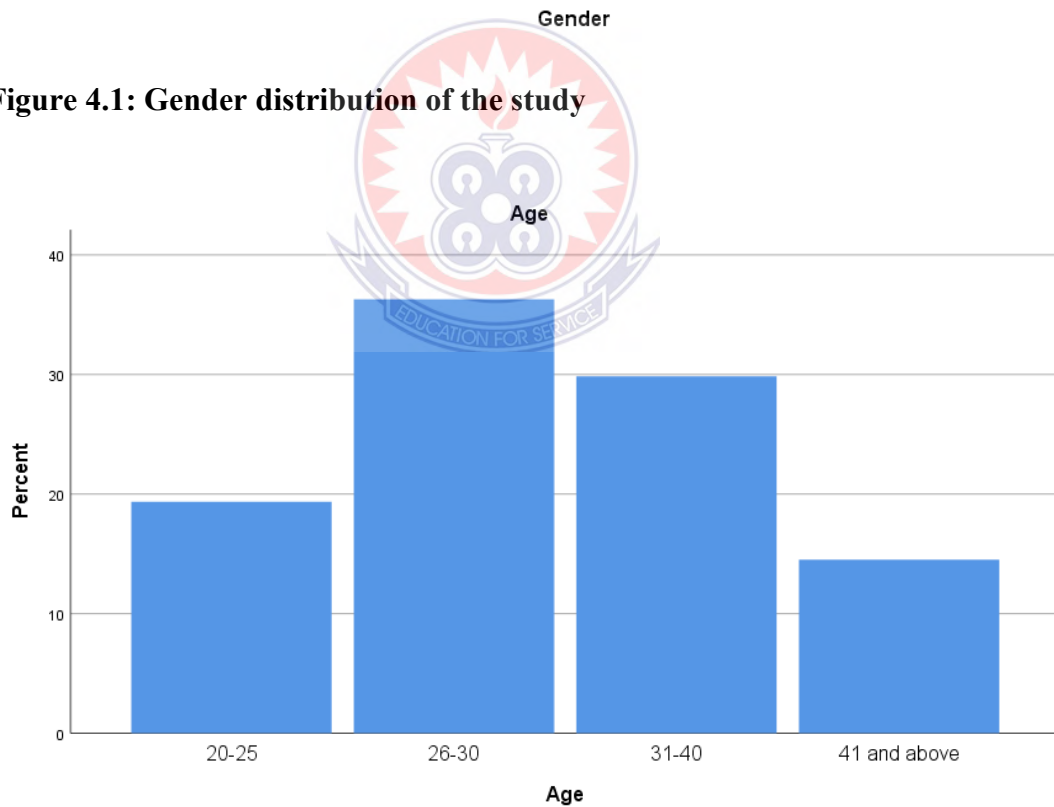


Figure 4.2: Age distribution of the study

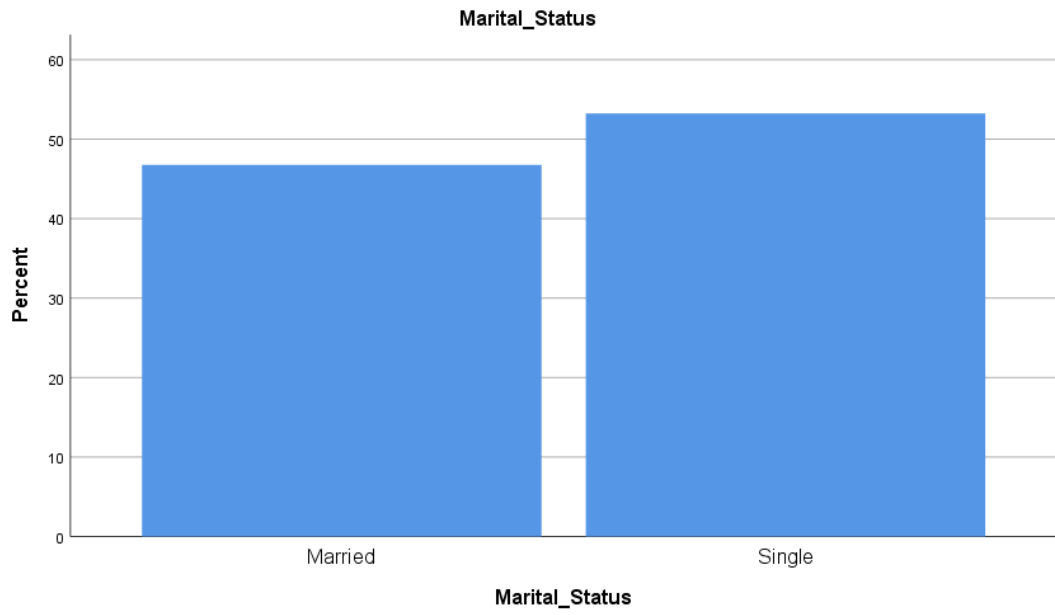


Figure 4.3: Marital distribution of the study

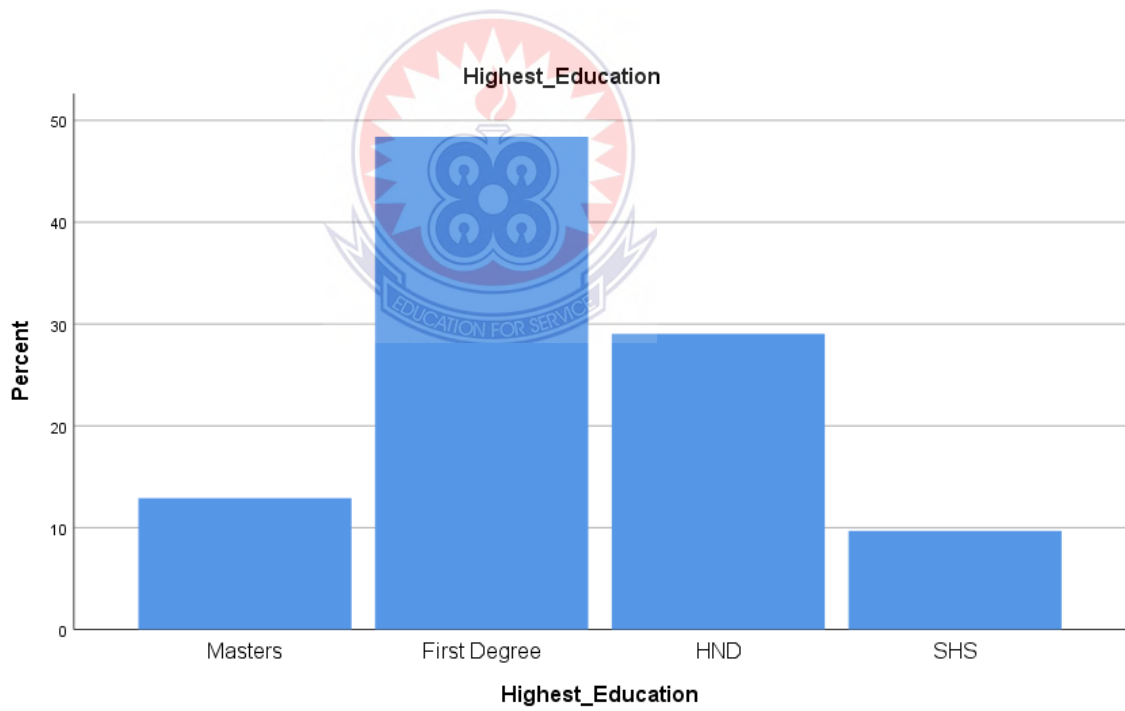


Figure 4.4: Distribution of highest education of the samples of the study

4.2 Research Question One: What nutritional knowledge do bankers have on fast food consumption?

This research question seeks to find out the nutritional knowledge of bankers regarding fast food consumption. The data collected with the section B (see Appendix B) of the questionnaire is used to address the question. The results gathered from the respondents are presented in Table 4.2.

Table 4.2: Are you aware about nutritional information about some ingredient content in each of fast food that you consume? (N=124)

Responses	Frequency	Percentage (%)
Yes	124	100
No	0	0
Total	124	100

The study requested from the respondents to indicate whether or not they were aware about the nutritional information on the fast food they consume. As presented in Table 4.2, out of the 124 respondents who responded to the questionnaire item all of them representing (100%) of the total responses answered 'Yes'. This means that the respondents have a good knowledge about the nutritional content of the fast food they consume. The result confirmed the empirical result obtained by Dumanovsky, and Huang (2015) who observed that calorie information on fast-food menu boards greatly increases customers' awareness of calorie information and their nutritional knowledge.

In addition, Gregory, Rahkovsky and Anekwe (2014) shared a similar view that consumers' consciousness of nutritional information at full-service restaurants (FSRs) and fast-food/ pizza establishments (FFs) are due to certain dietary habits, diet quality, and demographic characteristics.

4.2.1 Fast foods that are nutritionally good or bad for the body when frequently consumed

As part of the efforts of the researcher to ascertain the knowledge of bank workers on fast food nutrition, respondents were tasked to indicate their knowledge on fast foods that are nutritional good or bad for the body when frequently consumed. The results obtained from this questionnaire item are presented in table 4.3 and 4.4 below.

Table 4.3: Fast foods nutritionally good for consumption

Categories of fast food for consumption	Multiple Responses (N = 124)	
	F	(%)
Jollof	52	41.94
Fried rice	51	41.13
Awaakye	61	49.19
Braised rice	39	31.45
Banku/Kenkey	62	50.00
Noodles	50	40.32
Salad	43	34.68
Fried/grilled chicken	53	42.74
Pork, grilled tilapia	61	49.19
Yoghurt	53	42.74
Milk shake	55	44.35
Roasted corn with groundnut	59	47.58
Burger sandwich	46	37.10
Pizza	47	37.90
Biscuits	32	25.81
Turn-over/pie	43	34.68
Carbonated drink	55	44.35
Sobolo	44	35.48

Source: Fieldwork, 2019.

The result from Table 4.3 indicates that 52 of the respondents indicating (41.94%) considered Jollof as nutritionally good for consumption. In addition, 51 respondents representing (41.13%) were of the view that Fried rice is nutritionally good for

consumption. Also, 61(49.19%), 39(31.45%), 62(50%), 50(40%), 43(34.68%) observed that Waakye, Braised rice, Banku/Kenkey, Noodles, salad, are nutritionally good for consumption. Other foods that were considered nutritionally good for consumption were Fried/grilled chicken, Pork, grilled tilapia, yoghurt, milk shake, roasted corn with groundnut, Burger sandwich, Pizza, Biscuits, Turn over/pie, carbonated drink and Sobolo with the associated frequencies and percentages as 53(42.74%), 61 (49.19%), 53 (42.74%), 55 (44.35%), 59(47.58%), 46(37.10%), 47(37.90%), 32(25.81%), 43(34.68%), 55(44.35%), 44(35.48%) respectively. It is evident that fast foods that are considered nutritionally good when consumed include Banku/Kenkey, followed by Waakye, pork, Grilled tilapia among others. This confirms a study outcome of Ahedor (2019) which attests to the fact that Waakye prepared with sorghum leaves had higher antioxidant levels and are indeed nutritionally good for human consumption.

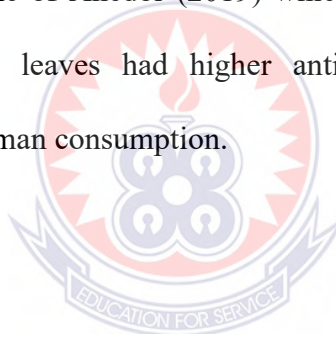


Table 4.4: Fast food nutritionally bad for consumption (N = 124)

Categories of fast food for consumption	Multiple Responses	
	F	%
Jollof	55	44.35
Fried rice	56	45.16
Waakye	46	37.10
Braised rice	68	54.84
Banku/Kenkey	45	36.29
Noodles	57	45.97
Sallad	64	51.61
Fried/grilled chicken	54	43.55
Pork, grilled tilapia	46	37.10
Yoghurt	54	43.55
Milk shake	52	41.94
Roasted corn with groundnut	48	38.71
Burger sandwich	61	49.19
Pizza	60	48.39
Biscuits	75	60.48
Turn over/pie	64	51.61
Carbonated drink	52	41.94
Soobolo	63	50.81

Source: Fieldwork, 2019.

The result from Table 4.4 indicates that 55 of the respondents indicating (44.35%) considered Jollof as nutritionally bad for consumption. In addition, 56 respondents representing (46.4%) were of the view that Fried rice is nutritionally bad for consumption. Also, 46(37.10%), 68(54.84%), 45(36.29%), 57(45.97%), 64(51.61%) observed that Waakye, Braised rice, Banku/Kenkey, Noodles, salad, are nutritionally bad for consumption. Other fast foods that were considered nutritionally bad for consumption are Fried/grilled chicken, Pork, grilled tilapia, yoghurt, milk shake, roasted corn with groundnut, Burger sandwich, Pizza, Biscuits, Turn over/pie, carbonated drink and Sobolo with the associated frequencies and percentages as

54(43.55%), 46(37.10%), 54(43.55%), 52(41.94%), 48(38.71%), 61(49.19%), 60(48.39%), 75(60.48%), 52(41.94), 63(50.81%) respectively.

Comparing the results in table 4.3 and 4.4 it is evident that fast foods that are nutritionally good includes Waakye, Banku / Kenkey, Pork/grilled tilapia milk shake and Sobolo whereas fast foods that are nutritionally bad include Jollof, fried rice, braised rice, noodles, fried chicken and yoghurt. The result from this questionnaire item is in line with the empirical result obtained by Ingugliia, et al. (2017) who observed that fast foods such as Jollof, fried rice and fried chicken have a high deposit of calories in them which are nutritionally not good for regular consumption. On the other hand, the research outcome of Ahedor (2019) postulated that Waakye prepared with sorghum leaves had higher antioxidant levels and are indeed nutritionally good for human consumption. Eli Cophie, Agbenorhevi, and Annan (2017) studied the Glycemic index (GI), a measure of blood glucose level and observed that Banku and Ga kenkey have low GI and are therefore nutritionally good for regular consumption (Inguglia et al., 2017; Eli Cophie et al., 2017; Ahedor, 2019).

Consequently, the researcher sought the views from the respondents on places they usually purchase their fast food for consumption. The outcomes are presented in table 4.5 below.

Table 4.5: Places for fast food consumption (N = 124)

Places for Fast Food Consumption	Multiple Responses	
	F	%
Restaurants	71	57.26
Chop bars	46	37.10
Pizza huts	12	9.68
Fast food joints and spots	46	37.10
Food venders	48	38.71
Subway	2	1.61
Food hawkers	15	12.10

Source: Field work, 2019

From the table 4.5, it is observed that 71 bankers representing (57.26%) of the respondents who responded to the items on places for fast food consumption usually buy their fast food from restaurants. Also, the finding from table 4.5 reveals that 48 bankers which represent (38.71%) order their fast food from food vendors while 46(37.10%) bankers claimed they buy their food from chop bars. Another set of the respondents 46(37.10%) indicated that they order their meal from fast food joints and spots. However, few respondents thus 15(12.10%) bankers affirmed that they purchase fast food from food hawkers while 12(9.68%) revealed Pizza huts as a place they usually obtained their fast food from. Finally, two (2) bankers representing (1.61%) testified that they acquired their fast food from Subways. These findings submit that majority of the bankers who consumed food outside the home eat from the restaurants followed by food vendor, fast food joints and spots and chop bars. The result obtained from this questionnaire item is in line with the outcome of the empirical research conducted by Fitch et al. (2013), who observed that most bankers frequently buy fast foods from restaurants and food vendors because fast-food from restaurants were easy to get, and the food tastes good. Again, eating fast food from a

restaurant or food vendor is a way of socializing with family and friends. They also observed that restaurants have nutritious foods to offer, and restaurants are fun and entertaining (Fitch et al., 2013).

4.2.4 Diseases Associated with Consumption of Fast Food

A study in the journal 'Health Promotion Perspectives' identifies that sometimes irreparable effects of eating fast food do harm to a person's health. Such risks include heart disease, obesity, arthritis, stroke, liver damage, insulin resistance, type 2 diabetes, and various cardiovascular conditions. Min et al. (2018) observed that most fast food consumers are unaware of the health dangers of regular consumption of fast foods. Table 4.6 assesses the knowledge of bankers in Kasoa on the diseases associated with regular consumption of fast foods.

Table 4.6: Diseases associated with regular consumption of fast food (N=124)

Categories of diseases	Complete Acceptance		Moderate Acceptance		Neutral		Less Acceptance		Least Acceptance	
	F	%	F	%	F	%	F	%	F	%
Heart disease	50	40.32	25	20.16	16	12.90	10	8.06	9	7.26
Obesity	64	51.61	24	19.35	13	10.48	6	4.84	3	2.42
Arthritis	26	20.97	45	36.29	21	16.93	14	11.29	4	3.23
Stroke	33	26.61	34	27.42	24	19.35	14	11.29	5	4.03
Liver damage	39	31.45	32	31.45	17	13.71	13	10.48	9	7.26
Kidney failure	36	29.03	24	29.03	31	25.00	11	8.87	8	6.45
Sleep apnea	23	18.55	3	2.41	27	21.77	17	13.71	6	4.83
Blount disease	25	20.16	38	30.65	17	13.71	19	15.32	11	8.87
Hypertension	47	37.90	24	19.35	30	24.19	7	5.64	2	1.61
Diabetes	54	43.55	26	20.97	19	15.32	7	5.64	4	3.22

Source: Fieldwork, 2019

Observation from Table 4.6 revealed that 50 respondents representing (40.32%) completely accepted the view that one of the most common diseases associated with fast food consumption is heart disease. Similarly, 25 respondents which represent

(20.16%) moderately accepted that fast food consumption is related to heart disease. Another set of 16 respondents representing (12.90%) were neutral about their response. However, 10 respondents representing (8.06%) less accepted while nine (9) respondents representing (7.26%) least accepted the fact that fast food consumption causes heart disease. These findings suggest that quite a large number of respondents asserted that fast food consumption is associated with heart disease.

With regard to obesity, 64(51.61%) of the respondents completely accepted the fact that fast food consumption is associated with obesity while 24 respondents representing (19.35%) moderately accepted that fast food consumption causes obesity. However, six (6) respondents representing (4.84%) less accepted while 3 respondents representing (2.42%) least accepted the fact that fast food consumption causes obesity. The results gathered strongly suggest that fast food consumption can lead to obesity. This confirms a research assertion that most fast foods available at fast food outlets and food service centres are generally energy dense and has less micronutrients, which accounts for the spike in recorded obesity and chronic disease cases worldwide (Ohlhorst et al., 2013).

Also, 26 respondents representing (20.97%) completely accepted that fast food consumption results to Arthritis. In addition, 45 respondents representing (36.29%) moderately accepted that fast food consumption is related to Arthritis. Another set of 21 respondents representing (16.93%) were neutral about their response. However, 14 respondents representing (11.29%) less accepted while four (4) respondents representing (3.23%) least accepted the fact that fast food consumption causes Arthritis. In furtherance, 33 respondents representing (26.61%) completely accepted

that fast food consumption results to stroke. Also 34 respondents which represent (27.42%) moderately accepted that fast food consumption is related to stroke.

Another set of 24 respondents representing (19.35%) were neutral about their response. However, 14 respondents representing (11.29%) less accepted while five (5) respondents representing (4.03%) least accepted the fact that fast food consumption causes stroke. The outcome of this research is in support of the empirical evidence gathered by Ramani et al. (2012) who indicated that diseases like coronary artery disease, stroke and diabetes mellitus have seen a profound rise in developing countries which is as a result of regular fast food consumption.

Concerning liver damage disease, 39 respondents representing (31.45%) accepted the fact that fast food consumption results to liver damage. In addition 32 respondents representing (31.45%) indicated that they moderately accept the view that fast food consumption is associated with liver damage. However, 13(10.48%) respondents indicated that they less accept the view that fast food consumption is associated with liver damage disease while nine (9) respondents representing (7.26%) observed that they least accept the fact that fast food consumption is linked to liver damage. From the responses gathered the view of the respondents suggests that regular consumption of fast food has the tendency to cause liver damage.

Observation from Table 4.6 again, revealed that 36 respondents representing (29.03%) completely accepted the view that one of the most common diseases associated with fast food consumption is kidney failure. Again, 24 respondents which represent (29.03%) moderately accepted that fast food consumption is related to kidney failure. Another set of 31 respondents representing (25%) were neutral about their response. However, 11 respondents representing (8.87%) less accepted while

eight (8) respondents representing (6.45%) least accepted the fact that fast food consumption causes kidney failure.

With regard to sleep apnea, 23 respondents representing (18.55%) accepted the fact that fast food consumption results to sleep apnea. In addition, 3 respondents representing (2.41%) indicated that they moderately accept the view that fast food consumption is associated with sleep apnea. 17 (13.71%) respondents indicated that they less accept the view that fast food consumption is associated with sleep apnea while 6 respondents representing (4.83%) observed that they least accept the fact that fast food consumption is linked to sleep apnea.

Concerning hypertension, 47 respondents representing (37.90%) accepted the fact that fast food consumption results to hypertension. In addition, 24 respondents representing (19.35%) indicated that they moderately accept the view that fast food consumption is associated with hypertension. Also (seven) 7(5.64%) respondents indicated that they less accept the view that fast food consumption is associated with hypertension while 2 respondents representing (1.61%) observed that they least accept the fact that fast food consumption is linked to hypertension.

Moreover, 54(43.55%) accepted that fast food consumption results in diabetes. Also, 26(20.97%) indicated that they moderately accept the view that fast food consumption is associated with diabetes. Meanwhile, 7(5.64%) respondents indicated that they less accept the view that fast food consumption is associated with diabetes, while 4(3.22%) observed that they least accept that food consumption is linked to diabetes.

The findings from the study reveals that major diseases associated with fast food consumption are diabetes, hypertension, obesity, heart diseases, liver damage and kidney failure. The outcome of this research is in line with results obtained by Ali,

Hassan, Mohamed, and Ramadan (2019) and Aly Hassan and Sadek (2019) who established the fact that, regular eating of fast foods is linked to a higher risk of obesity, depression, digestive issues, heart disease and stroke, type 2 diabetes, cancer, and early death.

4.3 Research Question Two: What kinds of Fast Food are Consumed by

Bankers?

As part of the effort to determine the fast food consumption pattern of bankers in Kasoa, the researcher further requested from the respondents to indicate the kind of fast food they usually consume when they are outside the home. The responses provided are thus demonstrated in the table 4.7 below.

Table 4.7: Categories of food consumed by bankers

Categories of food	Multiple Responses (N = 124)	
	Frequency (f)	Percentage (%)
A. Waakye, Fried rice, Jollof rice, Braised rice, Fried yam, Roasted corn, Banku/ Kenkey with pepper and fish/ stew, Chips with grilled chicken, Noodles, Mashed kenkey.	85	68.55
B. Boiled Yam/plantain, Roasted plantain, Grilled yam and cocoyam.	81	65.32
C. Oranges, Cut pineapple, Pawpaw, Banana, Apple,	78	65.32
D. Fruit juice: Lemonade, Carbonated drinks, Bissap.	71	57.26
E. Burger, Sandwich, Pizza, Turn over/Pie, Biscuits, Bread.	69	55.65
F. Fruit juice: Mangoe drink, Orange drink, Pineapple drink,etc	65	52.42
G. Vegetables	61	49.19

Source: Field work, 2019

As shown in Table 4.7, eighty five (85) bankers representing (68.55%) out of 124 bankers who responded to items in the questionnaire concerning the categories of food consumed, claimed that they consume category A of food items which comprises Waakye, Fried rice, Jollof rice, Braised rice, Fried yam, and Stew, Chips with grilled Chicken, noodles, mashed Kenkey. Also, 81 bankers which represent (65.32%) agreed that they usually consume category B of the food items presented in the questionnaire. These food items are starchy roots and plantain in the form of boiled Yam/ Plantain, Roasted corn, Banku, kenkey and Fufu. Regarding category C, 78 (65.32%) of the respondents confirmed that they mostly consumed fruits such as, orange, cut pineapple, pawpaw, banana, and apple. This was followed by category D of food items with 71(57.26%). These include fruit juice, lemonade, carbonated drinks, Sobolo (bissap).

Also, 69(55.65%) of the bankers indicated that they usually take Burger, Sandwich, Pizza, Turn over/ Pie, Biscuits, Bread which fall under category E. Another 65(52.42%) of the respondents indicated that they consume beverages which includes; plain tea, Coffee, Milo, Lipton under category F. More so, 61(49.19%) of the respondents usually consume food items classified under category G which are vegetables and includes; cabbage, carrot, green pepper, tomatoes, garden eggs, Okro, spring onion.

From the findings, it is evident that the most common fast foods that are consumed by the respondents is category A foods which are mainly cereals and grains, followed by category B,C,D, E, F, and G which are starchy roots and plantain, fruits, fruit drinks, snacks, beverages and vegetables respectively. This confirms a study outcome of Ahedor (2019) which attests to the fact that Waakye prepared with sorghum leaves

had higher antioxidant levels and are indeed nutritionally good for human consumption. On the contrary, Omari, Jongerden, Essegbey, Frempong and Ruivenkamp (2016) found out in a customer satisfaction study that *Fufu* with Light soup/ *Nkontomire* soup/ Groundnut soup/ Palmnut soup was the most preferred and the least preferred was *Kenkey* with fried fish in most Ghanaian restaurants.

4.4 Research Question Three: What is the Consumption Pattern of Fast Food by Bankers?

This section of the research aims at determining the consumption pattern of fast food by bankers. The results gathered are presented in Table 4.8

Table 4.8: Bankers' fast food consumption pattern (N = 124)

	Frequency	Percentage
Frequency of daily fast food consumption		
1 – 2 times	35	28.23
3 – 4 times	44	35.48
5 times or more	28	22.58
Time Bankers' typically consume fast food		
Before noon	37	29.84
12:00pm – 3:00pm	30	24.19
3:00pm – 6:00pm	20	16.13
6:00pm – 10:00pm	20	16.13
Do you vary your fast food choices		
Never	37	29.84
Sometimes	56	45.16
Always	14	11.29

Source: Field work, 2019

4.4.1 Frequency of bankers' daily fast food consumption at work

Results from Table 4.8 revealed that 35 respondents representing (28.23%) asserted that they consume fast food 1 to 2 times daily while 44 (35.48%) of the bankers who responded to this questionnaire item indicated that they consume fast food 3 to 4 times daily. Other respondents 28(22.58%) also indicated that they consume fast food 5 times or more daily. This implies that quite a huge numbers of bankers consume fast food three (3) times or more daily. Clearly, the outcome of this research suggests that bankers in Kasoa rely heavily on fast foods as the source of their daily meal supply. This consumption pattern is injurious since the research outcome of Ali, Hassan, Mohamed, and Ramadan (2019) established that regular eating of fast foods is linked to a higher risk of obesity, depression, digestive issues, heart disease and stroke, type 2 diabetes, cancer, and early death.

Furthermore, the dietary patterns discovered in this study constitute an intriguing element of bank employees' food intake in Kasoa, both in terms of the range of items consumed and the time period during which they are consumed. The pattern of eating of vegetables, fruits, cereals and grains, beans, and starchy roots and plantains among the working class surveyed may be considered the healthiest pattern.

The way people eat has evolved over the years, owing to the lack of time available for meal preparation, selection, and consumption (Ali et al., 2019). This behaviour can be observed in the daily life of many workers who have an overload of tasks, goals to be achieved and strenuous working hours, as in the case of bank employees in Kasoa. In addition, most of the banking units are located in urban centers that function as gastronomic centers providing a large variety of foods, which can contribute to the

intake of “take-out food” or fast food, and bakery, and confectionery (Cattafesta et al., 2019).

Meanwhile, four eating pattern time periods were identified in this study, namely, those who eat before noon, those who eat between 12:00pm – 3:00pm, 3:00pm – 6:00pm and 6:00pm – 10:00pm. From these data, we can conclude that, although food consumption of bank employees was unrelated to the socio-demographic conditions of these individuals, the behaviour of such workers and the perception of social support received were associated with these dietary patterns.

4.4.2 Time bankers’ typically consume fast food

Statistics from Table 4.8 indicate that 37 of the respondents representing (29.84%) of the total responses gathered consume fast food before noon. Again 30 respondents representing (24.19%) eat fast foods at 12: 00pm to 3: 00 pm when at work. Twenty (20) other respondents representing (16.13%) attested to the fact that they consume fast food between 3: 00pm to 6: 00pm. Also, 20(16.13%) other respondents indicated that they eat fast foods between 6:00pm to 10:00pm. These findings are in consonance with the study of Liu, Lee, and Hung (2017) where they indicated that service workers have different time periods they consume fast foods.

4.4.3 Variation in the fast food choices of bankers

Table 4.8 shows that, 56 bankers representing (45.16%) agreed that they vary their fast food choices sometimes, while 37(29.84%) bankers also shown that they never vary their food choices. Besides, 14 other respondents representing (11.29%) of the bankers indicated that they always vary their fast food choices. The result suggest that majority of the respondents vary the fast food they eat and therefore doesn't

encourage mono dieting with few others consuming particular fast foods, thereby encouraging mono dieting.

4.5 Research Question Four: What Factors Influence Fast Food Consumption among Bankers?

This section of the research seeks to determine the factors that influence fast food consumption among bankers. The results gathered from the respondents are presented in Table 4.9 overleaf.

Table 4.9: Factors that influence fast food consumption among bankers (N = 124)

Factors	Never		Sometimes		Most of the time		Always	
	F	%	F	%	F	%	F	%
Advertisement	23	18.55	47	37.90	25	20.16	12	9.68
Fast foods are tasty	25	20.16	41	33.06	28	25.58	13	10.48
Busy schedules	23	18.55	48	38.71	27	21.77	9	7.26
Lack of cooking skills	19	15.32	53	42.74	20	16.13	15	12.10
Cost/Price of fast food	24	19.35	51	41.13	23	18.55	9	7.26
Fast foods provides varieties of menu	24	19.35	47	37.90	25	20.16	11	8.87
Emotions(happiness, joy, sadness)	18	14.52	39	31.45	40	32.26	10	8.06
No home assistance	20	16.13	37	29.84	37	29.84	13	10.48
Health	19	15.32	54	43.55	24	19.35	10	8.06
Influence from colleagues	16	12.90	48	38.71	31	25.00	12	9.68
Nutrition information	15	12.10	43	34.68	34	27.42	15	12.10
Need for food	16	12.90	46	37.10	31	25.00	14	11.29

Source: Field work, 2019

Statistics from Table 4.9 portrayed that 23 respondents representing (18.55%) asserted that advertisement never influence their choice of fast food consumption while 47 (37.90%) indicated that their consumption of fast foods is sometimes influenced by advertisement. Twenty five (25) other respondents representing (20.16%) indicated

that they were most of the time influenced by advertisement to consume fast food. Another set of 12(9.68%) respondents confirmed that advertisement always influence their fast food consumption. The responses gathered from this section of the questionnaire suggest that bankers in Kasoa sometimes are influenced by the advertising of fast foods. The outcome of this research is in line with the outcome of the empirical result gathered by Dalton, Longacre, Drake, Cleveland, Harris, Hendricks and Titus (2017) who observed that people who are expose to fast food advertisement are more likely to consume fast foods.

The responses gathered from 25 respondents representing (20.16%) indicated that bankers in Kasoa are never influenced by the tasty nature of fast foods. 41(33.06%) indicated that their consumption of fast foods is sometimes influenced by unique taste of fast foods while 28(22.58%) other respondents indicated that the tastiness of fast foods most of the time influence their consumption of fast foods. Another set of 13 respondents representing (10.48%) of the responses gathered confirmed that the taste of fast foods always influence their fast food consumption. The responses obtained from this section of the questionnaire suggest that bankers in Kasoa sometimes consume fast foods because fast foods are tasty.

Table 4.9 also shows the responses of bankers in Kasoa on whether their busy schedule also influence their consumption of fast foods. Out of the 124 respondents who responded to this questionnaire item, 23 of them representing (18.55%) indicated that their busy schedule never influence their consumption of fast foods. 48 other respondents representing (38.71%) indicated that their consumption of fast foods is sometimes influenced by their busy schedules while 27(21.77%) other respondents indicated that their busy schedules most of the time influence their consumption of

fast foods. Another set of 19 respondents representing (15.32%) of the responses gathered confirmed that their busy schedules always influence their fast food consumption. The responses obtained from this section of the questionnaire suggest that bankers in Kasoa sometimes consume fast foods because of their busy schedules. Table 4.9 provides the responses of bankers in Kasoa on how lack of cooking skills influences their consumption of fast foods. Out of the 124 respondents who responded to this questionnaire item, 19 of them representing (15.32%) indicated that their lack of cooking skills never influence their consumption of fast foods. Again 53 other respondents representing (42.74%) indicated that their consumption of fast foods is sometimes influenced by their lack of cooking skills while 20(16.13%) other respondents indicated that their lack of cooking skills most of the time influence their consumption of fast foods. Another set of 15 respondents representing (12.10%) of the responses gathered confirmed that their lack of cooking skills always influence their fast food consumption. The responses obtained from this section of the questionnaire suggest that bankers in Kasoa sometimes consume fast foods because they do not have the skills to cook food for themselves.

Statistics from Table 4.9 portrayed that 24 respondents representing (19.35%) asserted that fast foods' varieties of menu never influence their consumption of fast foods while 47(37.90%) indicated that their consumption of fast foods is sometimes influenced by the fact that fast foods provides varieties of menu. Another set of 25(20.16%) other respondents indicated that since fast foods provides varieties of menu it most of the time influence their consumption of fast foods. Another set of 11(8.87 %) respondents confirmed that the notion that fast foods provides varieties of menu always influence their fast food consumption. The responses gathered from this section of the questionnaire suggest that bankers in Kasoa sometimes are influenced

by the notion that fast foods provide varieties of menu. The outcome of this research is in line with the outcome of the empirical result gathered by Dalton, et al., (2017) who observed that people consume fast foods because fast foods provides varieties of foods for them to select.

The responses provided by the 124 respondents who responded to the questionnaire, 18 of the respondents representing (14.52 %) indicated that they were never influenced by their emotions to consume fast foods. 39(31.45%) indicated that their consumption of fast foods is sometimes influenced by their emotions while 40(32.26%) other respondents indicated that in most of the time their emotions influence their consumption of fast foods. Another set of 10 respondents representing (8.06%) of the responses gathered confirmed that their emotions always influence their fast food consumption. The responses obtained from this section of the questionnaire suggest that bankers in Kasoa consume fast foods in most of the time due to their emotions.

Responses in table 4.9 show that the information provided by bankers in Kasoa on how no home assistance influence their consumption of fast foods 20 of them representing (16.13%) indicated that no home assistance never influence their consumption of fast foods. 37 other respondents representing (29.84%) indicated that their consumption of fast foods is sometimes due to no home assistance while 37(29.84) other respondents indicated no home assistance most of the time influence their consumption of fast foods. Another set of 13 respondents representing (10.48%) of the responses gathered confirmed that no home assistance always influence their fast food consumption. The responses obtained from this section of the questionnaire suggest that bankers in Kasoa sometimes or most of the time influenced to consume

fast foods because they do not have any home assistance to help them cook for themselves.

With regards to considering health issues before consuming fast food, 19(15.32%) respondents indicated that they never considered health as a factor that influence their consumption of fast foods. Majority of 54 respondents which represents (43.55%) indicated that they sometimes considered health as a factor before consuming fast food while 27(21.77%) said most of the time they considered health as a factor before consuming fast foods. In addition, 10(8.06%) respondents indicated that they always considered health as factor before consuming fast foods. The result from this section of the questionnaire shows that bankers in Kasoa sometimes considered health issues as a major factor when deciding to consume fast foods.

Table 4.9 again, provides the responses of bankers in Kasoa on how influence from colleagues impacts their consumption of fast foods. Out of the 124 respondents who responded to this questionnaire item, 16 of them representing (12.90%) indicated that their influence from colleagues never influence their consumption of fast foods. 48 other respondents representing (38.71%) indicated that their consumption of fast foods is sometimes influenced by their colleagues while 31(25%) other respondents indicated that influence from colleagues most of the time determines their consumption of fast foods. Another set of 12 respondents representing (9.68%) of the responses gathered confirmed that their colleagues always influence their fast food consumption. The responses obtained from this section of the questionnaire suggest that bankers in Kasoa sometimes consume fast foods because the influence from colleagues.

Statistics from Table 4.9 portrayed that 15 respondents representing (12.10%) asserted that fast foods nutritional information never influence their consumption of fast foods while 43(34.68%) indicated that their consumption of fast foods is sometimes influenced by nutritional information provided by fast foods operators. Another set of 34(27.42%) other respondents indicated that nutritional information in most of the time influence their consumption of fast foods. Another set of 15 respondents representing (12.10%) confirmed that nutritional information always influence their fast food consumption. The responses gathered from this section of the questionnaire suggest that bankers in Kasoa sometimes are influenced by nutritional information when deciding to consume fast foods. The outcome of this research is in line with the outcome of the empirical result gathered by Kiszko, Martinez, Abrams and Kiszko et al. (2014) who observed that the consumption order of most consumers in America reduced after the mandatory 2010 Patient Protection and Affordable Care Act was introduced. The act requires fast food operators to provide calorie information to consumers on all fast foods.

Responses in table 4.9 shows that the responses provided by bankers in Kasoa on how need for food influence their consumption of fast foods, 16 of them representing (12.90%) indicated that need for food never influence their consumption of fast foods. 46 other respondents representing (37.10%) indicated that their consumption of fast foods is sometimes due to their need for food while 31(25%) other respondents indicated that in most of the time, their need for food influence their consumption of fast foods. Another set of 14 respondents representing (11.29%) of the responses gathered confirmed that their need for food always influence their fast food consumption. The responses obtained from this section of the questionnaire suggest

that bankers in Kasoa are sometimes influenced to consume fast foods because of their need for food.

These findings portrayed that most factors that influence banker's choice of fast food consumption are emotions, nutrition information, lack of cooking skills and no home assistance. Need for food, Influence from colleagues, taste, variety, busy schedule are also other motivating factors. The outcome of this section of the research is in line with the result obtained by Kiszko et al. (2014) who established that nutritional information as well as health factors are among the major factors that influence people's consumption of fast foods. In addition, the result from this section of the research confirms the empirical outcome of the research conducted by Dalton et al. (2017) who concluded that individuals are susceptible to consume fast foods because of the varieties of menu provided by fast food operators.

4.5.1 Hypothesis testing

This seeks to find out if banker's nutritional knowledge has a bearing on their fast food consumption

Table 4.10: Relationship between bankers' nutritional knowledge and their fast food consumption

		What is the frequency of your daily fast food consumption at work?	At what time do you typically eat fast foods when at work?	Do you vary your fast food choices?	Nutritional knowledge of bankers
What is the frequency of your daily fast food consumption at work?	Pearson Correlation	1	.088	.034	-.072
	Sig. (2-tailed)		.368	.730	.461
	N	107	107	107	107
At what time do you typically eat fast foods when at	Pearson Correlation	.072	1	.065	-.098
	Sig. (2-tailed)	.438		.507	.318

work?	N	107	107	107	107
Do you vary your fast food choices?	Pearson Correlation	.034	.065	1	.150
	Sig. (2-tailed)	.730	.507		.122
	N	107	107	107	107
Nutritional knowledge of bankers	Pearson Correlation	-.072	.098	.150	1
	Sig. (2-tailed)	.461	.318	.122	
	N	107	107	107	110

Source: Field work, 2019.

When the items presented in Table 4.10 were correlated against nutritional knowledge of bankers, only weak relationships were obtained and none of them is statistically significant. The frequency to how respondents consumed fast food daily at work recorded a correlation coefficient $\rho = -0.072$ and a significant value, sig. = 0.0461. This implies that there is a weak negative relationship between the two variables, but the relationship is not significant to conclude that there is an established relation between the two variables. This suggests that the frequency of bankers' daily fast food consumption at work does not correlate with their nutritional knowledge. Also, a weak negative relationship was obtained on the particular time bankers typically eat fast foods when at work ($\rho = -0.098$, sig. 0.0318). The findings of this study revealed only small relationships between the extent to which bankers consume fast food and their nutritional knowledge. I therefore accept the null hypothesis of the study that there is no statistically significant relationship between bankers' nutritional knowledge and their fast food consumption.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, RECOMMENDATIONS AND SUGGESTIONS FOR FURTHER STUDIES

5.1 Summary

This chapter summarises the major findings of the study on the fast food consumption pattern of bankers in Kasoa. It also includes findings, recommendations and suggestions for further studies. This study had been undertaken with the objective of understanding the consumption pattern of bankers in Kasoa, with special reference to categories of food consumed by bankers in Kasoa, frequency of the bankers' daily fast food consumption, the time the bankers typically consume fast food and also the variations in the consumption of fast foods by the bankers. The study adopted convenience sampling method to select 124 bank workers in Kasoa central to respond to the questionnaire items. Both descriptive and inferential approaches of data analysis was used to investigate consumers' nutritional knowledge on fast food, kinds of foods consumed, consumption pattern and factors determining their fast food choices.

The following were the key findings/ drawn from the study:

The study has revealed that bankers who consume fast foods in Kasoa have good knowledge about fast foods that are nutritionally good or bad. In addition, the bankers are knowledgeable about ingredients that are nutritionally good or bad. It is evident from the result that bankers in Kasoa are aware about nutritional viability of fast foods as well as the ingredients used and the diseases associated with the frequent consumption of fast food.

With regards to research question two, the findings from the study show that major kinds of fast food consumed by the bankers are cereals and grains food as well as starchy roots and plantain when they are out of their homes. These foods are rice dishes, millet porridge, roasted corn, banku, kenkey, burger, sandwich, pizza, biscuits, turn over, and pie. For starchy food, they usually consume Yam, Plantain, Cocoyam, Roasted corn, Chips, and Fufu. Surprisingly, only few number of respondents consumed vegetables and fruits outside their home. These fruits are Mango, Orange, Pineapple, Pawpaw, Banana, and Watermelon. The outcomes from the study also portrayed that bankers consumed fast food outside the home from the restaurants, food vendor, fast food joints and spots, and chop bars.

Concerning research question three, it was observed from the findings that the bankers in Kasoa rely heavily on fast foods as the source of their daily meal supply, more over majority of bankers in Kasoa consume fast food from before noon to 3:00. Also, it is obvious from the outcome that majority of respondents had variation of fast food choice during their launch period as well as supper.

Concerning research question four, the result shows that the factors that influence bankers in Kasoa to consume fast food are mostly emotions (happiness, joy, sadness), nutrition information, influence from colleagues as well as lack of cooking skills with busy schedule and cost/ price of fast food being least.

5.2 Conclusion

From the study, it can be concluded from the responses that bankers have nutritional knowledge about the fast foods they consume, but their nutritional knowledge did not have any bearing on their fast food choices. This was deduced from findings from research question two that bankers usually consumed fast foods which fell under

cereals and grains, starchy roots and plantain, cut fruit and fruit juices, beverages, snacks with vegetables being least. Also only few bankers varied their fast food choices and this is an evidence of mono dieting being encouraged. It was also evident that bankers in Kasoa consumed fast food before noon to three O'clock (3:00), and the fast foods are mostly consumed or eaten 3-4 times within the day. Emotions, nutritional knowledge no assistance at home, lack of cooking skills, among others were the factors that influenced Bankers fast food consumption.

5.3 Recommendations

Having considered the findings and conclusions of this study, the following recommendations are made:

1. To reduce high intake of some food ingredients used in fast foods preparation that makes it nutritionally not good for consumption when frequently taken, the various banks should set up a restaurant or cafeteria where variety of foods will be hygienically prepared and served with less of such ingredients such as artificial colouring, salt, sugar, cooking oil, fat, monosodium glutamate which when highly consumed can contribute to the risk of contracting cardiovascular diseases, hypertension, liver and kidney damage as well as being overweight and obese. An appreciable amount can be agreed on by their management and deducted from their allowance to cater for the food served.
2. From the findings of the study, it was evident that most bankers consumed much of cereals and grains, starchy roots and plantain, and other food items compared to fruits and vegetables. I therefore recommend that the banking authorities in the central part of Kasoa help in maintaining a healthy body of its staff by serving them with a pack of cut fruits a day for the week and if possible one vegetable dense food served in addition.

3. The findings from the study revealed that bankers mostly consume fast foods before noon and 3 pm. I therefore recommend that bank officials assign two tellers to a counter in order to pave way for them to have their meals at the appropriate time, thus; breakfast, lunch and supper so that, the other colleague assigned to the same counter will take over especially during that time of the month where the banking halls are mostly full and busy. Also specific times/periods can be set for the workers to break and have their meals as breakfast, lunch and supper, to help encourage a healthy body and customer satisfaction, which may lead to high productivity.
4. Finally, the study recommend that bankers should consider health issues and nutritional information of fast foods before purchasing and consuming to avoid diseases associated with fast food consumption. It is important that the banking officials focus on education about nutrition and health consequences of unhealthy eating habits. Series of education campaigns should be undertaken by the bank officials to raise the awareness of bankers on the dangers of regular intake of fast foods.

5.4 Suggestions for Future Research

Since this research is only a snapshot in time, it would be interesting for other researchers to undertake a similar study in the future in order to see if any changes have taken place. A longitudinal study can be taken by other researchers on fast food consumption and its effect on the health status of the bankers in Kasoa central to find out if their frequent fast food consumption has any bearing on the bankers health status. Another group that often consume outside the home are school children. It will be very prudent if research can be conducted on patterns of food consumption and nutrient intakes of senior high school students in Ghana.

REFERENCES

- Ababio, P. F., & Lovatt, P. (2015). A review on food safety and food hygiene studies in Ghana. *Food Control*, 47, 92-97.
- Abdullah, M. (2017). Addressing demographic differences in service scape influence among department stores' patrons in Malaysia/Zuraini Alias, Mokhtar Abdullah. *Journal of International Business: Economics and Entrepreneurship (JIBE)*, 2(1), 23-33.
- Abreh, M. K., Owusu, K. A., & Amedahe, F. K. (2018). Trends in performance of WASSCE candidates in the science and mathematics in Ghana: Perceived contributing factors and the way forward. *Journal of Education*, 198(1), 113-123.
- Acar, I., & Torquati, J. (2015). The power of nature: Developing pro-social behavior toward nature and peers through nature-based activities. *Young Children*, 70(5), 62-71.
- Adhikari, D. B. (2017). Informal street food trade: A source of income generation in Urban Nepal. *Economic Journal of Development Issues*, 1-17.
- Agyei-Baffour, P., Sekyere, K. B., & Addy, E. A. (2013). Policy on Hazard Analysis and Critical Control Point (HACCP) and adherence to food preparation guidelines: a cross sectional survey of stakeholders in food service in Kumasi, Ghana. *BMC Research Notes*, 6(1), 112.
- Ahedor, B. (2019). Influence of socio-economic background on the self-Esteem of adolescent girls in senior high school in the Ho municipality. *Health Environments Research*, 5, 20-32.
- Aikins, A., Kushitor, M., Koram, K., Gyamfi, S., & Ogedegbe, G. (2014). Chronic non- communicable diseases and the challenge of universal health coverage: Insights from community-based cardiovascular disease research in urban poor communities in Accra. *BMC Public Health*, 14(2), 23-29.
- Ajzen, I. (2015). Consumer attitudes and behavior: the theory of planned behaviour applied to food consumption decisions. *Italian Review of Agricultural Economics*, 70(2), 121-138.
- Ajzen, I. (2015). The theory of planned behaviour is alive and well, and not ready to retire: A commentary on Sniehotta, Presseau, and Araujo-Soares. *Health Psychology Review*, 9(2), 131-137.
- Akova, O., Cifci, I., Atsiz, O., & Gezeroglu, B. (2016). Understanding the motivational factors of dining out: A study at Fatih Kadinlar Bazaar in Istanbul. *Tourismos*, 11(1), 12-19.

- Akram, U., & Gharabaghli, S. (2018). School distance to fast food and its relationship to Body Mass Index (BMI). *Journal of Preventive Medicine and Hygiene*, 12, 243-244.
- Akurugu, B. M. (2012). The attitudes and perceptions of students about the study of English grammar: The case of selected senior high school students in Northern Region. *International Journal Academic Research*, 9, 55-68.
- Al-Ani, H. H., Devi, A., Eyles, H., Swinburn, B., & Vandevijvere, S. (2016). Nutrition and health claims on healthy and less-healthy packaged food products in New Zealand. *British Journal of Nutrition*, 116(6), 1087-1094.
- Ali, M. Y., Hassan, A. M., Mohamed, Z. A., & Ramadan, M. F. (2019). Effect of food colorants and additives on the hematological and histological characteristics of albino rats. *Toxicology and Environmental Health Sciences*, 11(2), 155-167.
- Allen, S., de Brauw, A., & Gelli, A. (2016). *Nutrition and sustainability: Harnessing value chains to improve food systems*. Washington D. C: Global Food Policy Report.
- Aly Hassan, M. N., & Sadek, H. S. (2019). Evaluating the nutritional and healthy values of meals served at fast food restaurants in Cairo City, Egypt. *Journal of Association of Arab Universities for Tourism and Hospitality*, 16(2), 24-33.
- Annan-Prah, A., Amewovor, D., Osei-Kofi, J., Amoono, S., Akorli, S., Saka, E., et al. (2011). Street foods: Handling, hygiene and client expectations in a World Heritage Site Town, Cape Coast, Ghana. *African Journal of Microbiology Research*, 5(13), 116-128.
- Annor, F. (2014). Managing work and family demands: The perspectives of employed parents in Ghana. In *Work-family interface in Sub-Saharan Africa* (pp. 17-36). Springer.
- Arifin, S. R. (2018). Ethical considerations in qualitative study. *International Journal of Care Scholars*, 1(2), 30-33.
- Arigo, D., Pagoto, S., Carter-Harris, L., Lillie, S. E., & Nebeker, C. (2018). Using social media for health research: Methodological and ethical considerations for recruitment and intervention delivery. *Digital Health*, 4, 25-45.
- Aryeetey, R., Lartey, A., Marquis, G. S., Nti, H., Colecraft, E., & Brown, P. (2017). Prevalence and predictors of overweight and obesity among school-aged children in urban Ghana. *BMC Obesity*, 4(1), 1-8.
- Asamoah, A. K., & Sharfstein, J. M. (2014). Transparency at the food and drug administration. *New England Journal of Medicine*, 362(25), 2341-2343.

- Asenso O. R., Agyemang A. A., & Boateng D. (2016). *Overweight and Obesity epidemic in Ghana systematic review and meta-analysis*.
- Astorga-España, M., Mansilla, A., Ojeda, J., Marambio, J., Rosenfeld, S., Mendez, F., Provoste, J., & Ocaranza, P. (2017). Nutritional properties of dishes prepared with sub-Antarctic macroalgae: An opportunity for healthy eating. *Journal of Applied Phycology*, 29, 2399–2406.
- Avram, C., & Oravitan, M. (2013). Fruit, vegetables and fast food consumption among University students. *Timisoara Physical Education and Rehabilitation Journal*, 5(10), 54-60.
- Awan, H. M., Siddiquei, A. N., & Haider, Z. (2015). Factors affecting Halal purchase intention- evidence from Pakistan's Halal food sector. *Management Research Review*, 54-67.
- Ayres, J., & Bosia, M. J. (2016). Beyond global summitry: Food sovereignty as localized resistance to globalization. *Globalizations*, 8(1), 47-63.
- Blau, Y., Mechrez, R., Timofte, R., Michaeli, T., & Zelnik-Manor, L. (2018). The 2018 pirm challenge on perceptual image super-resolution. *Foods*, 47-56.
- Bosu, W. (2014). A comprehensive review of the policy and programmatic response to chronic non-communicable disease in Ghana. *Ghana Medical Journal*, 46(2), 69-78.
- Bray, J. P. (2008). Consumer behaviour theory: approaches and models. *American Journal of Health Promotion*, 23(12), 105-115.
- Buxton, C. N. (2014). Ghanaian junior high school adolescents dietary practices and food preferences: Implications for public health concern. *Journal of Nutrition & Food Sciences*, 4(5), 1- 30.
- Cattafesta, M., Petarli, G.B., Da Luz, T.C., Zandonade, E., De Paula AlvesBezerra, O. M., & Salaroli, L. B. (2019). Dietary patterns of Brazilian farmers and their relation with socio-demographic, labor, and lifestyle conditions. *Public Health Nutrition*, 14(1), 150-9
- Chandran, U., McCann, S. E., Zirpoli, G., Gong, Z., Lin, Y., Hong, C. C., et al. (2014). Intake of energy-dense foods, fast foods, sugary drinks, and breast cancer risk in African American and European American women. *Nutrition and Cancer*, 66(7), 1187-1199.
- Clara, F. (2020). *Comparison of sugar intakes between vegetarian and non-vegetarian adolescent females (Doctoral dissertation)*. Otago: University of Otago.

- Colorafi, K. J., & Evans, B. (2016). Qualitative descriptive methods in health science research. *HERD. Health Environments Research & Design Journal*, 9(4), 16-25.
- Connelly, L. M. (2016). Cross-sectional survey research. *Medsurg Nursing*, 25(5), 369.
- Conner, M. (2020). *Theory of planned behaviour: Handbook of sport psychology*, (4). <https://doi.org/10.1002/9781119568124>. John Wiley & Sons, Inc.
- Cooney, G. M., Dwan, K., Greig, C. A., Lawlor, D. A., Rimer, J., & Waugh, F. R. (2013). Exercise for depression. *Cochrane Data Base of Systematic Reviews*, (9), 20-38.
- Creswell, J. W. (2014). *A concise introduction to mixed methods research*. Sage Publications.
- Dalton, M. A., Longacre, M. R., Drake, K. M., Cleveland, L. P., Harris, J. L., & Hendricks, K. (2017). Child-targeted fast-food television advertising exposure is linked with fast-food intake among pre-school children. *Public Health Nutrition*, 96(2), 69-74.
- Denscombe, M. (2017). *EBOOK: The good research guide: For small-scale social research projects*. McGraw-Hill Education.
- Diether, N. E., & Willing, B. P. (2019). Microbial fermentation of dietary protein: An important factor in diet-microbe-host interaction. *Microorganisms*, 7(1), 19.
- Dumanovsky, T., Huang, C. Y., Bassett, M. T., & Silver, L. D. (2015). Consumer awareness of fast-food calorie information in New York City after implementation of a menu labeling regulation. *American Journal of Public Health*, 100(12), 2520-2525.
- Durazzo, A., Lisciani, S., Camilli, E., Gabrielli, P., Marconi, S., Gambelli, L., et al. (2017). Nutritional composition and antioxidant properties of traditional Italian dishes. *Food Chemistry*, 218, 70-77.
- Edwards, J. S., Hartwell, H. J., & Brown, L. (2019). The relationship between emotions, food consumption and meal acceptability when eating out of the home. *Food Quality and Preference*, 30(1), 22-32.
- Eli-Cophie, D., Agbenorhevi, J. K., & Annan, R. A. (2017). Glycemic index of some local staples in Ghana. *Food Science & Nutrition*, 5(1), 131-138.

- Emmanuel, A. M., Afoi, B. B., Goshit, J. D., Naman, K., & Innocent, O. (2015). *Assessment of practice of food safety and hygiene among food vendors within Jos, North Local Government Area of Plateau State, Nigeria*. Lagos: Jos North Local Government Area of Plateau State.
- Enemuo, O. B., & Obinwanne, C. O. (2015). Evaluation of food management practices in hospitality establishments in Umuahia north and Ikwuano Local Government Area of Abia State. *Journal of Hospitality and Management Tourism*, 7(1), 1-10.
- Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*, 5(1), 1-4.
- Farrer, J. (2015). Introduction: Traveling cuisines in and out of Asia: toward a framework for studying culinary globalization. In *The Globalization of Asian Cuisines*. Palgrave Macmillan.
- Feeley, A., & Norris, S. A. (2014). Added sugar and dietary sodium intake from purchased fast food, confectionery, sweetened beverages and snacks among Sowetan adolescents AB Feeley. *South African Journal of Child Health*, 8(3), 88-91.
- Fitch, R. C., Harnack, L. J., Neumark-Sztainer, D. R., Story, M. T., French, S. A., & Oakes, J. M. (2013). Providing calorie information on fast-food restaurant menu boards: consumer views. *American Journal of Health Promotion*, 24(2), 129-1.
- Food and Agriculture Organization (FAO). (2015). *Street food vending in West African cities: Potential and challenges* (pp. 3-10). FAO Regional office for Africa.
- Forkuor, J. B., Agyemang, E., & Odongo, D. A. (2020). Regulatory discretion, social networks and negotiated orders in street food regulations: A qualitative analysis of street food regulations in urban Ghana. *Journal of Contemporary African Studies*, 6(3), 1-15.
- Fraikue, F. B. (2014). *Meal experience and post-purchase behavioural intentions of customers of grade three restaurants within Sekondi-Takoradi*. (Doctoral dissertation), University of Cape Coast. Cape Coast, Ghana: University of Cape coast Press.
- Fraikue, F. B. (2016). Reasons for eating out and socio-demographic characteristics of customers. *Food*, 10, 50-69.
- Geissler, G. L., & Rucks, C. T. (2011). The critical influence of customer food perceptions on overall theme park evaluations. *Journal of Management and Marketing Research*, 8, 119.

- Giao, H. N. (2020). *Decision to choose fast food restaurants of the young people in HCMC. Vietnam.*
- Gregory, C., Rahkovsky, I. M., & Anekwe, T. (2014). Consumers' use of nutrition information when eating out. *USDA-ERS Economic Information Bulletin*, 23(10), 127-137.
- Ha, J., & Jang, S. S. (2017). Effects of service quality and food quality: The moderating role of atmospherics in an ethnic restaurant segment. *International Journal of Hospitality Management*, 29(3), 520-529.
- Haleegoah, J. A., Akuoko, K. O., Dwumah, P., Marfo, K. A., Forkuor, J. B., & Frimpong, B. N. (2020). Factors influencing consumption of street vended local foods (SVLFs) in Urban Ghana. *African Journal of Food Science*, 14(11), 395-406.
- Harris, J. (2014). *Gender implications of poor nutrition and health in agricultural households.* Springer, Dordrecht.
- Henderson, J. C. (2017). Street food, hawkers and the Michelin guide in Singapore. *British Food Journal*, 25, 206 - 220.
- Hiamey, S. E., Amuquandoh, F. E., & Boison, G. A. (2013). Are we indeed what we eat? Street food consumption in the Market Circle area of Takoradi, Ghana. *Nutrition and Health*, 22(3-4), 215-235.
- Hoover, L. (2021). *What is qualitative vs quantitative study?* (Doctoral journey).
- Inguglia, E. S., Zhang, Z., Tiwari, B. K., Kerry, J. P., & Burgess, C. M. (2017). Salt reduction strategies in processed meat products-A review. *Trends in Food Science & Technology*, 59, 70-78.
- Inkumsah, W. (2014). Measuring customer satisfaction in the local Ghanaian restaurant industry. *European Journal of Business and Management*, 3(2), 153-166.
- Islam, N., & Ullah, G. (2010). Factors affecting consumers' preferences on fast food items in Bangladesh. *The Journal of Applied Business Research*, 26(4), 131-145.
- Jaworowska, A., Blackham, T., Davies, I. G., & Stevenson, L. (2013). Nutritional challenges and health implications of takeaway and fast food. *Nutrition Reviews*, 71(5), 310-318.
- Jayasingh, S., & Eze, U. C. (2015). An empirical analysis of consumer behavioural intention towards mobile coupons in Malaysia. *International Journal of Business and Information*, 4(2), 45-63.

- Jekanowski, M. D., Binkley, J. K., & Eales, J. (2015). Convenience, accessibility, and the demand for fast food. *Journal of Agricultural and Resource Economics*, *10*, 58-74.
- Jiang, Y., Wang, J., Wu, S., Li, N., Wang, Y., Liu, J., et al. (2019). Association between take out food consumption and obesity among Chinese University students: A Cross- Sectional Study. *International Journal of Environmental Research and Public Health*, *16*(6), 1071.
- Kasriel-Alexander, D. (2016). Top 10 global consumer trends for 2015. *Euromonitor International*, *2*, 73-98.
- Kaushik, J. S., Narang, M., & Parakh, A. (2014). Fast food consumption in children. *Indian Pediatrics*, *48*(2), 97-101.
- Kiszko, K. M., Martinez, O. D., Abrams, C., & Elbel, B. (2014). The influence of calorie labeling on food orders and consumption: A review of the literature. *Journal of Community Health*, *39*(6), 1248-1269.
- Krosnick, J. A. (2018). Questionnaire design. In *The Palgrave handbook of survey research* (pp. 439-455). Palgrave: Palgrave Macmillan, Cham.
- Kruger, D. J., Greenberg, E., Murphy, J. B., DiFazio, L. A., & Youra, K. R. (2014). Local concentration of fast-food outlets is associated with poor nutrition and obesity. *American Journal of Health Promotion*, *28*(5), 340-343.
- Lah, E. S. (2016). Food handling practices of informal food vendors and consumer perceptions in Koforidua. *Environment and Health International*, *20*(9), 233-235.
- Lassen, A. D., Andersen, K. K., Biloft-Jensen, A. P., & Tetens, I. (2019). *Healthy eating at worksites: Effectiveness of a canteen take away concept in promoting healthy eating among employees*.
- Lazzeri, G., Panatto, D., Pammolli, A., Azzolini, E., Simi, R., & Meoni, V. (2015). Trends in overweight and obesity prevalence in Tuscan schoolchildren (2002-2012). *Public Health Nutrition*, *18*(17), 3078-3085.
- Liu, W. K., Lee, Y. S., & Hung, L. M. (2017). The interrelationships among service quality, customer satisfaction, and customer loyalty: Examination of the fast-food industry. *Journal of Foodservice Business Research*, *20*(2), 146-162.
- Lohr, S. L. (2019). *Sampling: Design and analysis*. Chapman and Hall/CRC.

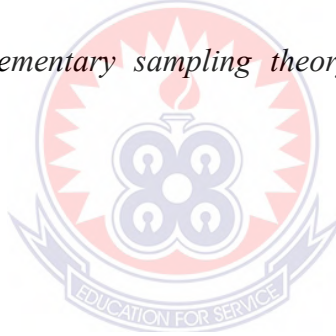
- Majabadi, H. A., Solhi, M., Montazeri, A., Shojaeizadeh, D., Nejat, S., & Farahani, F. K. (2016). Factors influencing fast-food consumption among adolescents in Tehran: A qualitative study. *Iranian Red Crescent Medical Journal*, 18(3), 56-66.
- Mak, A. H., Lumbers, M., & Eves, A. (2012). Globalisation and food consumption in tourism. *Annals of Tourism Research*, 39(1), 171-196.
- Marras, A. S., & Bendeck, M. (2016). Street food in urban Ghana: A desktop review and analysis of findings and recommendations from existing literature. *Annals of Tourism Research*, 5, 33-45.
- McCrorry, M. A., Harbaugh, A. G., Appeadu, S., & Roberts, S. B. (2019). Fast-food offerings in the United States in 1986, 1991, and 2016 show large increases in food variety, portion size, dietary energy, and selected micronutrients. *Journal of the Academy of Nutrition and Dietetics*, 119(6), 923 -933.
- McGuckin, T., Sealey, R., & Barnett, F. (2017). Planning for sedentary behaviour interventions: office workers' survey and focus group responses. *Perspectives in Public Health*, 137(6), 316-321.
- McLean-Meyinsse, P. E., Taylor, S. S., & Gager, J. V. (2015). Self-reported consumption of fast-food meals by university students. *Journal of Food Distribution Research*, 46(856-2016- 58171).
- Min, J., Jahns, L., Xue, H., Kandiah, J., & Wang, Y. (2018). Americans' perceptions about fast food and how they associate with its consumption and obesity risk. *Advances in Nutrition*, 9(5), 590-601.
- Ministry of Education (MOE). (2013). *Education sector performance report*. Accra, Ghana: Ministry of Education.
- Monney, I., Agyei, D., & Owusu, W. (2013). Hygienic practices among food vendors in educational institutions in Ghana: the case of Konongo. *Foods*, 2(3), 282-294.
- Mwadime, E.N.M. (2001). Nutritional and safety quality of street foods in Korogocho and industrial area of Nairobi, Kenya. *Msc. Thesis*, 39-54.
- Naeem, M. M., Fairulnizal, M. M., Norhayati, M. K., Zaiton, A., Norliza, A. H., & Syuriahti, W. W. (2017). The nutritional composition of fruit jams in the Malaysian market. *Journal of the Saudi Society of Agricultural Sciences*, 16(1), 89-98.
- Nondzor, H. E., & Tawiah, Y. S. (2015). Consumer perception and preference of fast food: A study of tertiary students in Ghana. *Science Journal of Business and Management*, 3(1), 43-49.

- Nowak, V., Du, J., & Charrondiere, U. R. (2016). Assessment of the nutritional composition of quinoa, (*Chenopodium quinoa* Willd). *Food Chemistry*, *193*, 47-54.
- Nti, G. A. (2017). Food preferences of customers of food service establishments in Ho in the Volta Region of Ghana. *Advances in Nutrition*, *23*, 45-55.
- Ofori, R., & Dampson, D. G. (2011). *Research methods and statistics using SPSS*.
- Ogden, C. L., Carroll, D. M., Kit, B. K., & Flegal, K. M. (2014). Prevalence of childhood and adult obesity in the United States, 2011-2012. *JAMA*, *311*(8), 806-814. doi:10.1001/jama.2014.732
- Ohlhorst, S. D., Bier, D., K. D., Li, Z., Mein, J. R., & Konopka, E. (2013). Nutrition research to affect food and a healthy life span. *The Journal of Nutrition*, *143*(8), 1349-1354.
- Olise, M. C., Okoli, M. I., & Ekeke, J. N. (2015). Factors influencing customers patronage of fast food restaurants, a study of selected customers of fast food in Anambra State, Nigeria. *International Journal of Economics, Commerce and Management*, *3*(11), 88-99.
- Omari, R. (2014). Fast food in Ghana's restaurants: prevalence, characteristics, and relevance: An interdisciplinary perspective. *Health Affairs*, *12*, 63-78.
- Omari, R., & Frempong, G. (2016). Food safety concerns of fast food consumers in urban Ghana. *Appetite*, *98*, 49-54.
- Omari, R., Frempong, G. K., & Arthur, W. (2018). Public perceptions and worry about food safety hazards and risks in Ghana. *Food Control*, *93*, 76-82.
- Omari, R., Jongerden, J., Essegbey, G., Frempong, G., & Ruivenkamp, G. (2016). The role of convenience in fast food consumption in urban Ghana. *Advances in Nutrition*, *5*, 63-74.
- Orodho, J. A., Waweru, P. N., Ndichu, M., & Nthinguri, R. (2013). Basic education in Kenya: Focus on strategies applied to cope with school-based challenges inhibiting effective implementation of curriculum2. *International Journal of Education and Research*, *3*, 22-37.
- Osei-Boateng, C., & Ampratwum, E. (2011). *The informal sector in Ghana*. Ghana Office Accra: Friedrich-Ebert-Stiftung.
- Pallant, J. (2013). *SPSS survival manual: A step by step guide to data analysis using*. Berkshire, England: McGraw-Hill.

- Park, J. O. (2018). Analysis of comparisons of eating-out, dietary lifestyles, and healthy dietary competencies among middle-aged consumers according to obesity status and gender for implications of consumer education. *Journal of Nutrition and Health* ,51(8), 17-29.
- Prabhu, N. B. (2015). Examining fast-food consumption behaviour of students in Manipal University, India. *African Journal of Hospitality, Tourism and Leisure*,4(2), 621-630.
- Prosekov, A. Y., &Ivanova, S. A. (2018). Food security: The challenge of the present. *Geoforum*,91, 73-77.
- Qi, D., & Roe, B. E. (2016). Household food waste: Multivariate regression and principal components analyses of awareness and attitudes among US consumers. *PloS One*, 11(7), 125-134.
- Ramani, N. S., Krishnamurthy, N., Ashakiran, N., Sumathi, S., & Harish, R. (2012). Role of adenosine deaminase to predict glycemic status in type 2 diabetes mellitus. *Journal of Clinical and Biomedical Sciences*, 2(3), 124.
- Robins, J. E. (2018). Food comes first: the development of colonial nutritional policy in Ghana, 1900-1950. *Global Food History*, 4(2), 168-188.
- Saghaian, S., & Mohammadi, H. (2018). Factors affecting frequency of fast food consumption. *Journal of Food Distribution Research*, 49(856-2018-3106), 22-29.
- Sahagun, M. A., & Vasquez-Parraga, A. Z. (2014). Can fast-food consumers be loyal customers, if so how? Theory, method and findings. *Journal of Retailing and Consumer Services*, 21(2), 168-174.
- Santana, G. R., & Amparo-Santos, L. (2019). Institutionalization of street food in the modern urban space: Conformations, tensions and conflicts. *Journal of Food and Nutrition Research* , 7(6), 465-475.
- Schlosser, E. (2012). *Fast food nation: The dark side of the all-American meal*. Houghton: Houghton Mifflin Harcourt.
- Schrempf, J. (2014). A social connection approach to corporate responsibility: The case of the fast-food industry and obesity. *Business & Society*, 53(2), 300-332.
- Schultz, D. P., & Schultz, S. E. (2016). Theories of personality: Cengage learning. *American Journal of Health Promotion*,4, 23-32.
- Sears, L. E., Agrawal, S., Sidney, J. A., Castle, P. H., Rula, E. Y., & Coberley, C. R., (2014). The well-being 5: development and validation of a diagnostic instrument to improve population well-being. *Population Health Management*, 17(6), 47-66.

- Senapati, N., & Semenov, M. A. (2020). Large genetic yield potential and genetic yield gap estimated for wheat in Europe. *Global Food Security*, 24, 100-340.
- Sezgin, A. C., & Sanlier, N. (2016). Street food consumption in terms of the food safety and health. *Journal of Human Sciences*, 13(3), 4072-4083.
- Shah, F., Sharif, M. K., Bashir, S., & Ahsan, F. (2019). Role of healthy extruded snacks to mitigate malnutrition. *Food Reviews International*, 35(4), 299-323.
- Shannon-Baker, P. (2016). Making paradigms meaningful in mixed methods research. *Journal of Mixed Methods Research*, 10(4), 319-334.
- Sola, P., Ochieng, C., Yila, J., & Iiyama, M. (2016). Links between energy access and food security in sub Saharan Africa: An exploratory review. *Food Security*, 8(3), 635-642.
- Strachan, S. M., & Brawley, L. R. (2013). Healthy-eater identity and self-efficacy predict healthy eating behavior: A prospective view. *Journal of Health Psychology*, 14(5), 684-695.
- Takeuchi, M. T., Kojima, M., & Luetzow, M. (2014). State of the art on the initiatives and activities relevant to risk assessment and risk management of nanotechnologies in the food and agriculture sectors. *Food Research International*, 64, 976-981.
- Teo, P. S., van Langeveld, A. W., Pol, K., Siebelink, E., de Graaf, C., Yan, S. W., et al. (2018). Similar taste-nutrient relationships in commonly consumed Dutch and Malaysian foods. *Appetite*, 125, 32-41.
- Thornton, L. E., Lamb, K. E., & Ball, K. (2016). Fast food restaurant locations according to socioeconomic disadvantage, urban-regional locality, and schools within Victoria, Australia. *SSM-Population Health*, 2, 1-9.
- Trafialek, J. D.-G., Tzamalís, P., Leksawasdi, N., & Kolanowski, W. (2018). Street food vendors' hygienic practices in some Asian and EU countries-A survey. *Food Control*, 85, 212-222.
- Ulyssea, G. (2014). Regulation of entry, labor market institutions and the informal sector. *Journal of Development Economics*, 91(1), 87-99.
- Wandolo, M. A., Ndiritu, D., Khayiya, R., & Mugendi, B. W. (2018). Barriers to the Implementation of Food Safety and Hygiene Principles (HACCP) in TVET and University Hospitality Schools in Kenya. *International Journal of Scientific Research and Management*, 6(7), 20-35.

- Westhead, C. (2012). An empirical study into UK customer expectations of dining out in relation to meal cost. *Food Reviews International*, 25, 105-116.
- WHO. (2017). *Obesity and Overweight: Fact sheet (2016)*. Geneva: WHO.
- Willig, C. (2013). *Introducing qualitative research in psychology*. McGraw-Hill education (UK).
- World Health Organization. (2016). *World health statistics 2016: Monitoring health for the SDGs sustainable development goals*. Geneva: World Health Organization.
- World Health Organization. (2017). *Joint, F. A. O., World Health Organization, and WHO Expert Committee on Food Additives. Evaluation of certain contaminants in food: Eighty- third report of the Joint FAO/WHO Expert Committee on Food Additives*. Geneva: WHO.
- World Health Organization. (2017). *Pandemic Influenza Preparedness Framework: Partnership contribution: Implementation of preparedness activities: Annual report 2016*. Geneva: World Health Organization.
- Yemane, M. (1967). *Elementary sampling theory*. Prentice-Hall Inc Englewood Cliffs.



APPENDICES

APPENDIX A

Introductory Letter



UNIVERSITY OF EDUCATION, WINNEBA
FACULTY OF SCIENCE EDUCATION
DEPARTMENT OF HOME ECONOMICS EDUCATION

P. O. Box 25, Winneba, Ghana
+233 (03323) 21177

homecons@uew.edu.gh

Our Ref: HED/L3/VOL.2/121

12th March, 2018

TO WHOM IT MAY CONCERN

MS. BRIDGET FOSU,

We write to introduce, Ms. Bridget Fosu, an M.Phil student with index number (8160100005) of the Department of Home Economics Education, University of Education, Winneba, who is conducting a research titled: "Fast Food Consumption of Bankers in Kasoa".

We would be very grateful if you could give her the assistance required.

Thank you.

A handwritten signature in blue ink, appearing to read 'Theresa A. Amu'.

MS. THERESA A AMU
AG: HEAD OF DEPARTMENT
HEAD
HOME ECONOMICS EDUCATION
UNIVERSITY OF EDUCATION
WINNEBA

APPENDIX B

Questionnaire

UNIVERSITY OF EDUCATION, WINNEBA

FACULTY OF SCIENCE

DEPARTMENT OF HOME ECONOMIC EDUCATION

QUESTIONNAIRE FOR RESPONDENTS

A QUESTIONNAIRE ON FAST FOOD CONSUMPTION

PATTERN OF BANKERS IN KASOA

The aim of this research is to ascertain your views on your fast food consumption pattern which is for an academic purpose as part of the requirements for the award of Master of Philosophy (Home Economic Education).

Please complete the questionnaire as accurately as possible. All responses will be held in strict confidence and use for academic purpose only. Thanks very much in anticipation of your cooperation.

SECTION A: DEMOGRAPHIC CHARACTERISTICS

1. Gender: Male Female
2. Age:
20 – 25 years (yrs.) 26 – 30 yrs. 31 – 40 yrs.
41 yrs and above
3. Marital status
Married Single

4. Highest level of education

Master Degree [] First Degree [] HND [] SHS []

5. Job specification

Cashier/Teller [] Receptionist [] Customer Service Officer []

Manager []. **Any other options (Please specify).....**

6. Please indicate your height and weight in the space provided below

.....

SECTION B

KNOWLEDGE OF BANK WORKERS ON FAST FOOD NUTRITION

1). Are you aware about nutritional information and some ingredient content in each of fast food that you consume?

a) Yes []

b) No []

2). If yes,

a.) Please tick appropriately fast foods that you think are nutritionally **GOOD** / **BAD** for the body when frequently consumed.

Fast foods	Nutritionally <i>good</i> for health	Nutritionally <i>bad</i> for health
Jollof rice, Awaakye, Fried rice, Braised rice, Banku, Kenkey, Noodles. Sallad,		

Fried/grilled Chicken, Pork, grilled tillapia, Yoghurt, milk shake, Roasted corn with groundnuts, Burger, Sandwich, Pizza, Biscuits, Turn over/ pie, Carbonated drinks Sobolo etc		
---	--	--

B. Indicate places where you consume fast food.

- a) Restaurants []
- b) Chop bars []
- c) Pizza huts []
- d) Fast food joints and spots []
- e) Food vendor []
- f) Subways []
- g) Food hawkers []



- Others (Please specify): -----.

c). Rank in order of acceptance (1-5), the following diseases/ conditions that consumption of fast food could contribute to its occurrence.

	Complete acceptance 5	Moderate acceptance 4	Neutral acceptance 3	Less acceptance 2	Least acceptance 1
Heart disease					
Obesity/ fatness					
Arthritis(knee and waist pain)					
Flatulence					
Liver damage					
Kidney damage					
Sleeplessness					
Blounting stomach					
Hypertension					
Diabetes					
Stomach upset					
Retarded growth					

SECTION C

IDENTIFYING THE KINDS OF FAST FOODS CONSUMED BY BANKERS

1) Do you usually buy and consume fast food when outside the home

- Yes
- No

2) If yes, Please underline any food you usually consume outside the home in

A- G below.

Category	Food items
A	Awaakye, Fried rice, Jollof rice, Braised rice, Fried yam, Boiled Yam/plantain, Roasted plantain, Roasted corn, Banku/ Kenkey with pepper and fish/ stew, Chips with grilled chicken, Noodles, Mashed kenkey.
B	Burger, Sandwich, Pizza, Turn over/Pie, Biscuits, Bread.
C	Oranges, Cut pineapple, Pawpaw, Banana, Apple.
D	Fruit juice, Lemonade, Carbonated drinks, Bissap
E	Milk shake, Ice cream, yoghurt
F	Fruit juice, Mango drink, Orange drink, Pineapple drink, Pawpaw drink
G	Plain tea, Coffee, Milo, etc

Any other options (Please

specify).....

.....

3) If **NO** (for section c, question 1 above)

a) Why.....

.....

SECTION D

CONSUMPTION PATTERN OF FAST FOODS OF BANKERS

4. What is the frequency of your daily fast food consumption at work?

- a) 0 times []
- b) 1-2 times []
- c) 3-4 times []
- d) 5 times or more []

5. At what time do you typically eat fast foods when at work?

- a) Before noon []
- b) 12:00 pm – 3:00 pm []
- c) 3:00 pm – 6:00 pm []
- d) 6:00 pm – 10:00 pm []

6. Do you vary your fast food choices?

- a) Never []
- b) Sometimes []
- c) Always []

SECTION E: FACTORS WHICH INFLUENCE FAST FOOD

CONSUMPTION AMONG BANKERS

1). Relate [1-5] to the following. How will the following factors influence your choice of fast food?

NOTE: Where 1 = Never; 2 = Sometimes; 3 = Most of the time; 4 =Always

S/N	FACTORS	1	2	3	4
1.	Advertisement				
2.	Fast foods are tasty and enjoying				
3.	Busy schedule				
4.	Lack of cooking skills				
5.	Cost / price of fast foods				
6.	Fast foods provide variety of menu				
7.	Emotions (happiness, joy, sadness)				
8.	No home assistance				
9.	Health				
10	Influence from colleagues				
11	Nutrition information				
12	Need for food				
13	Readily available				

Thank you for your time.