



Knowledge, attitudes and practices model in food safety: Limitations and methodological suggestions

1. Introduction

Not surprisingly, a significant number of contributors to Food Control focus on addressing food safety practices and food handling concerns because of the risk to consumer health from unsafe food. Therefore, we would like to take this opportunity to discuss with Food Control readers about studies that address food safety practices and related cognitive factors. Researchers around the world are dedicated to find solutions and strategies to improve food safety on many levels. This is particularly important given the global burden of foodborne illness on health, economies, and food systems (Havelaar et al., 2015; World Health Organization, 2019).

In this sense, the Knowledge, Attitudes and Practices (KAP) model is one of the most widely used theories to explain and study food safety practices (Zanin et al., 2017). In recent years, numerous studies based on this theory have been published, many of them in Food Control (Al-Kandari et al., 2019; Letuka et al., 2021; Ncube et al., 2020; Nyokabi et al., 2021; Siddiky et al., 2022; Sirichokchatchawan et al., 2021; Soon et al., 2020). There are more than 250 articles in the ScienceDirect database that use the KAP model to explain food safety. The KAP model, developed in the 1950s, is commonly used by researchers to examine the cognitive aspects of food handling. The theory assumes that individuals who handle food will adopt positive food safety practices if they have the knowledge and positive attitudes (Baş et al., 2006). The simplicity of understanding food safety practices and the ease with which the theory can be applied may explain its popularity.

In applying the KAP model, some authors argue that knowledge can promote a positive attitude and that attitude, in turn, shapes practice (e.g., Ahmed et al., 2021; Hashanuzzaman et al., 2020). However, many authors criticize the idea as knowledge alone seems to be insufficient for predicting attitudes and practices (da Cunha et al., 2014; Elobeid et al., 2019; Gruenfeldova et al., 2019; Soon et al., 2020; Zanin et al., 2017). Even though some of these criticisms date back more than 20 years (Ehiri et al., 1997), the KAP model is still a very popular approach to food safety studies today. So, this commentary paper is designed to offer some thoughts on using this model to encourage readers to improve the design of their food safety experiments. Based on critical reflection and the data available in the literature, this commentary aims to discuss some of the limitations of using the KAP model in food safety studies. We will also discuss some additional perspectives and make some suggestions for future research in the field.

2. Limitations of the KAP model

While several limitations could be considered around the KAP model, we will focus on four major limitations, particularly for food handling

research. Specifically, the paper briefly highlights and discusses the application of the KAP model based on: 1) the theoretical rationale; 2) the modeling of the studies; 3) practice evaluation; and 4) scoring and scaling. These limitations were selected based on the authors' previous experience on this topic and other studies that discuss the limitations of the model.

The first limitation of the KAP model is its rationale, as it attempts to explain a complex phenomenon such as safe food handling with only two variables: knowledge and attitudes. Knowledge is "the information, understanding, and skills that one acquires through education or experience" (Oxford Dictionary, 2022). Food safety knowledge in such studies is usually measured by questions aiming to measure objective knowledge. The correct answers are then converted into a knowledge score. Attitude is "a psychological tendency that is expressed by evaluating a particular entity with some degree of favor or disfavor" (Eagly & Chaiken, 2007, p. 582). Attitude is generally measured using several attitudinal responses about food safety (e.g., "food safety is an important part of my job") or safe food handling behaviors (e.g., "It is important to wash my hands with soap for at least 20 seconds before handling ready-to-eat food is important"). Such statements are measured using agreement scales. Based on those definition, the model assumes that people behave 'rationally' after acquiring knowledge and ignores the influence of heuristics on behavior (Ehiri et al., 1997). So, the model disregards several well-known cognitive factors that affect health behavior, such as risk and benefit perceptions, beliefs, motivation, subjective norms, locus of control, habit, and many others (de Freitas et al., 2019; Mullan et al., 2015; Zanetta et al., 2022). The KAP model has not evolved over the years and still does not account for important aspects of behavior change discussed in other theories such as the Transtheoretical Model (Byrd-Bredbenner et al., 2008), the Theory of Planned Behaviour (Mucinhato et al., 2022; Mullan & Wong, 2010) and the Health Belief Model (Wang et al., 2021). Thus, assessing the KAP variables alone does not appear to be sufficient to understand food safety behavior without the addition of other factors.

Secondly, the modeling of the KAP studies appeared to be problematic and conflicting. Scholars have modeled the three constructs (i.e., knowledge, attitudes, and practices) in studies in many ways, suggesting that the KAP model lacked a definitive process for its application. Fig. 1 shows the three most common approaches to using KAP theory in food safety studies. In model 1A, food safety practices are predicted by knowledge and attitudes, with a positive correlation between knowledge and attitudes. Model 1B is a correlation model in which all variables have a positive correlation among themselves. The results using these models are inconsistent. Some studies found no correlation or effect of knowledge on food safety practices (Aquino et al., 2021; Ko, 2013; Pacholewicz et al., 2016; Rebouças et al., 2017; Soon et al., 2020; Vo

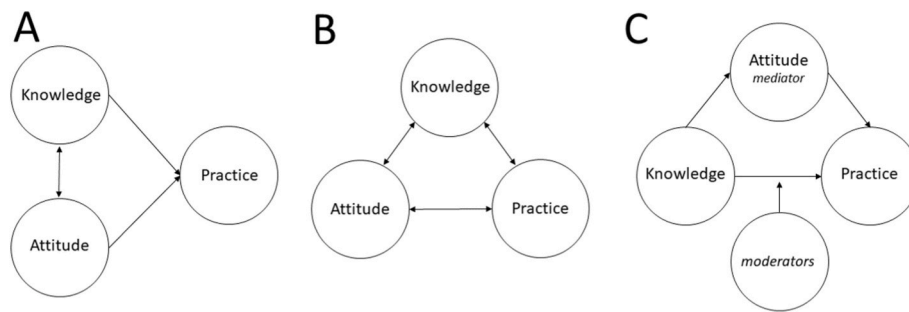


Fig. 1. Examples of different approaches used to test KAP theory in food safety studies. One-headed arrow = direct effect; two-headed arrow = correlation.

et al., 2015) or no effect of attitudes on practices (Akabanda et al., 2017; da Cunha et al., 2014; Mohd Azaman et al., 2016; Siddiky et al., 2022). On the other hand, positive correlations or effects among the variables (Abdul-Mutalib et al., 2012), including some weak correlations (Pearson_r or Spearman_{rho} < 0.50) (Abdullah Sani & Siow, 2014; Al-Kandari et al., 2019; Al-Shabib et al., 2016; Mihalache et al., 2022; Tan et al., 2013) were observed. Several possible explanations could explain these incongruent results. Knowledge and attitudes may be important cognitive aspects that affect practice, but translating knowledge into practice or positive attitudes is difficult because multiple factors mediate and moderate this relationship, such as personal factors (e.g., self-efficacy, attitudes, education) (Ko, 2013; van Rijen et al., 2021; Zanin, Stedefeldt, et al., 2021), organizational factors (e.g., culture and climate, communication, engagement, lack of time) (Clayton et al., 2002; de Andrade et al., 2021; Taha et al., 2021; Zanin, Stedefeldt, et al., 2021) and structural factors (e.g., lack of or inadequate placement of facilities and equipment) (Mihalache et al., 2022; Soon & Baines, 2012; Webb & Morancie, 2015).

A model encompassing mediation and moderation (Model 1C) might be a better approach, especially when different cognitive and organizational variables are included. A mediator effect exists when a third variable stands between two other related constructs and helps explain the effect, i.e., a mediator facilitates the relationship between two other constructs (Hair et al., 2009). A moderator is a third variable that can change the relationship between two different variables, (i.e., the moderator can increase or decrease the strength of a relationship between two variables) (Hair et al., 2009). As examples of moderators we could cite: experience, physical structure, motivation, job satisfaction, job crafting, and many cognitive and organizational factors. Note that one variable could be tested to moderate any other effect (i.e., not just between knowledge and practice, as shown in Model 1C). Other approaches, such as extending the KAP model by adding new variables, are also possible.

The third limitation we would like to focus on is the measurement of practices, a common problem with studies measuring actual practices and behavior. Some studies have highlighted the discrepancy between food safety self-reported and observed practices (Da Cunha et al., 2019; Zhang et al., 2022). When evaluating their practices, food handlers and consumers attribute their success to an internal locus of control (de Freitas et al., 2019), which is strongly influenced by knowledge and risk perception (Da Cunha et al., 2019). Therefore, the self-reported practice appears to be overestimated due to biases such as self-assessment bias (Da Cunha et al., 2019), social desirability (Scholderer & Veflen, 2019), memory and recall bias (Hansen et al., 2022), and interviewer bias when using face-to-face surveys (Wynder, 1994). In this case, self-reported practice is weakly correlated with actual practice and cannot be used interchangeably. However, only a few authors (see, for example, Da Cunha et al., 2019; Zhang et al., 2022) treat the self-reported practice as a cognitive variable. The problem regarding practices is compounded when conducting a KAP survey. Self-reported practices are usually rated using a frequency scale, e.g., 1 - never to 5 - always (Abdullah Sani &

Siow, 2014; da Cunha et al., 2014; Luo et al., 2019; Tan et al., 2013). Perceptions of what is “never” or “always” can vary, e.g., “How often do you wash your hands?” - For some food handlers, “always” means washing their hands once a day. Although the responses are ranked, however, the distance between the responses may vary. The differences between “sometimes,” “often,” and “always” on a frequency scale are not equal (Sullivan & Artino, 2013). Therefore, it is challenging for the respondent to rationalize these frequency statements. Some suggestions for measurement practice are discussed further.

A fourth problem is the measures’ lack of reliability and validity. Subjective knowledge, attitude, and self-reported practices are constructs (i.e., they need to be measured using multiple items or indicators). Even when questionnaires and known scales are used, these constructs may have low reliability, so it is impossible to assume the measurement is accurate. Few studies report the assessment of the reliability of the measurement, whether measured using Cronbach’s alpha, composite reliability, or test-retest reliability (e.g., Abdullah Sani & Siow, 2014; Ko, 2013). We strongly recommend that researchers assess the reliability of each construct. In addition to reliability, validity is also important. Many studies conflate the concepts, resulting in invalid constructs. For example, self-reported practice questions are often more specific than attitudes questions. They may focus on a particular action performed in a specific time period or context, such as using a thermometer for cooking meat. In contrast, attitude measures are often more general, (e.g., “food safety is an important part of my job”). The attitude measures suggest a large time span and refer to many contexts in which a person may act to prevent foodborne illness if they recognize, understand, and agree that such practices are important.

3. Suggestions and future research

This section presents and discusses some suggestions for future research using the KAP model. Despite the limitations highlighted in using the KAP model in food safety studies, its constructs are not without some merit. Knowledge and attitude will always be relevant constructs for food safety practice. Therefore, finding different ways to work with these constructs will help researchers better predict and explain food safety behaviors.

Although the KAP model has been used extensively in food safety research, studies on its extensions remain limited. Kwol et al. (2020) is an excellent example of how to extend the approach. This study hypothesized a model to test knowledge and attitudes predicting different safety practices: personal hygiene, kitchen hygiene, and disease control measures. Including other theories and constructs could increase the model’s explanatory power. Another example is the inclusion of a safety climate. Organizational and safety climate are antecedents of safety knowledge and safety motivation (Neal et al., 2000). Safety knowledge and motivation, in turn, could increase safety compliance and participation in the relevant practices (Vinodkumar & Bhasi, 2010). These aspects are extremely relevant since the role of food safety climate and culture in the practices of food handlers is already well established in the

literature (de Andrade et al., 2020; De Boeck et al., 2018). In Ko (2013) study, the attitude was included as a mediator between knowledge and practice. This is an interesting way to also extend the KAP model. Thus, attitude is necessary to shape knowledge into practice. Aquino et al. (2021) improved the model by adding training as a moderator while studies such as Brannon et al. (2009) and Webb and Morancie (2015) also reported on level of experience and its relation to food safety knowledge. Identifying and testing mediators and moderators of food safety practices adds to the model's explanatory power and could improve/enhance the prediction of food safety behaviors. However, this is with the provision that the rationality of including new variables should be fully argued and the relationship between the newly added variables and original KAP constructs should be carefully analyzed.

Because of biases in self-reports of behavior, it is advisable to evaluate actual practice by observation. Observation is also known to have its limitations, such as the Hawthorne effect (McCambridge et al., 2014), although this can be minimized by discarding the first 30 minutes of notes; mixing with co-workers by wearing similar protective clothing; not informing participants what specific actions were observed (Clayton & Griffith, 2004) and using smartphone technology for discrete observation (Behnke & Seo, 2015; Soon, 2019). The observed practice appears to be less biased than self-reported practice. Nevertheless, measuring behavior through observation is not always possible, such as for consumers who handle food at home. Therefore, improved measures of self-assessment that correlate well with observation need to be developed. Studies comparing good self-reported behavior with observed behavior show high correlations (e.g., Milton and Mullan (2012)). Additional measures need to be developed and tested.

Zanin, Stedefeldt, et al. (2021), assessed food handlers' practices over four months and incorporated participant observation data. This allowed for a more in-depth diagnosis of practices. Although resource-intensive, longitudinal food safety studies are scarce and should be encouraged.

Mixed-methods studies, (i.e., combining quantitative and qualitative research, are also promising). Quantitative methods such as microbial and chemical analysis and questionnaires and qualitative methods such as interviews, observations, participatory ethnographic study, focus group discussions, and video and document analysis on examining food safety will help to increase the reliability of data. Such combinations would help to ensure that the limitations of one single method are eliminated and would allow for a triangulation approach. The findings of a study are more valid when different data collection and analysis methods converge on the same conclusion (Carugi, 2016). Mixed methods designs would also offer the application of different research methods to study food safety behavior from more than one dimension using various data sources, as demonstrated by De Boeck et al. (2019), Palupi et al. (2020), and Mihalache et al. (2022). Additionally, longitudinal studies, such as those based on panel data and applying difference-in-differences analysis, should be strongly recommended to acknowledge the relationship between KAP components correctly.

Previous studies have demonstrated that knowledge is not always a strong predictor of self-reported or observed food safety practices. However, it plays an essential role and may be important for actual practices when mediated by attitudinal aspects, risk perceptions and beliefs. Even following the 'best practices' cited in this paper, researchers should first ask a critical question: "What novel findings, added values, or practical implications will this study bring?" Therefore, using the KAP model alone may be insufficient to measure food safety practices in different countries or contexts.

4. Concluding remarks

As mentioned, the KAP model has historically been used to address food handling and safety issues in food research. While the model provides an excellent foundation for incorporating key elements of knowledge and attitude into understanding food safety practices, it has

not evolved with behavioral changes and new research findings. As experts and scientists strive for global food safety, the credibility of research must establish a critical foundation for food handling processes. This brief commentary is intended to help researchers identify key limitations of the KAP model and make recommendations for identified drawbacks. More than a diagnosis, researchers must pay attention to how their study can generate theoretical and practical implications. In this sense, research must be interdisciplinary and include food safety, statistics, risk analysis, psychology, pedagogy, and several other areas of knowledge.

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