

“A STUDY TO ASSESS THE KNOWLEDGE REGARDING FOOD HYGIENE PRACTICES AMONG THE HOUSE WIVES IN SLUM AREAS OF PUNE CITY.”

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ABSTRACT : Introduction: Food safety is an important public health issue to prevent or control food- borne illnesses. In response to the increasing number of food-borne illnesses, governments all over the world are intensifying their efforts to improve food safety. According to the WHO, 1.5 billion cases of children suffer from diarrhea each year and 3 million premature deaths. However, these deaths and illnesses are shared by both developed and developing nations. The Centre for Disease Control and Prevention (CDC) estimated that food- borne diseases caused approximately 76 million illnesses annually among the United States of America’s 290 million residents, as well as 325,000 hospitalizations. The incidence of food-borne diseases is rising in developing countries, as well as in the developed world.¹ The present study title: A Study to assess the knowledge regarding food hygiene practices among the house wives in slum areas of Pune city. The objective of to assess the knowledge regarding food hygiene practices among the house wives. To associate the knowledge findings with selected demographic variables. Material and Methods: In present study, researcher adopted Non-Experimental design. The study carried out on 100 samples. A Non-probability purposive Sampling Technique was used. Data analysis was done mainly using descriptive statistics test- Chai square was applied. Result: In the study 14% of house wives had poor knowledge regarding food hygiene practices 71% of house wives had average knowledge. We can improve their knowledge by providing information and training regarding food hygiene practices. Conclusion: In this study we had found the need of awareness about food hygiene practices and its important and impact on community health and nursing education especially the proper hand wash, take precaution from food contamination via unclean hand, surface, type of food and articles and utensils which are used for cooking.

Keywords: (Assess, Knowledge, food hygiene, Hygiene practices, Housewives)

INTRODUCTION

Food safety is an important public health issue to prevent or control food- borne illnesses. In response to the increasing number of food-borne illnesses, governments all over the world are intensifying their efforts to improve food safety. According to the WHO, 1.5 billion cases of children suffer from diarrhea each year and 3 million premature deaths. However, these deaths and illnesses are shared by both developed and developing nations. The Centre for Disease Control and Prevention (CDC) estimated that food- borne diseases caused approximately 76 million illnesses annually among the United States of America’s 290 million residents, as well as 325,000 hospitalizations. The incidence of food-borne diseases is rising in developing countries, as well as in the developed world. In large scale cooking, food is handled by many individuals, thereby increasing the chances of food contamination due to improper handling. Deliberate or accidental contamination of food during large scale production might endanger the health of consumers, and have very expensive repercussions on a country. This study was evaluating the food hygiene knowledge and practices among

institutional food.¹

NEED FOR THE STUDY

The protect food from contamination during production to consumption is important to food hygiene practices. Food can become contaminated at any point during slaughtering or harvesting, processing, storage, distribution, transportation and preparation. Food is foundation of good health. Health problems are many to count. Acute health problems may occur by exposing to outer environment and pesticides such as food poisoning, abdominal pain, diarrhea, nausea, vomiting, fever etc.

The global incidence of food born disease is difficult to estimate, WHO reports that in the year 2005 1.8 million people died from diarrheal disease that were main caused by contaminated food. The number of people suffering from food born disease in developed countries is up to 30%. The safe food and proper food hygiene ¹

OBJECTIVES OF THIS STUDY

- To assess the knowledge regarding food hygiene practices among the house wives.
- To associate the knowledge findings with selected demographic variables.

REVIEW OF LITERATURE

According to the (Ministry of Food and Agriculture and the World Bank 2007). In every 40 Indian suffer serious food borne illness per year.4,20,000 causes are reported with an annual death rate of 65,000 which cost the government Indian rupees 6,90,00,00,000 annually .This report could be an under estimate as report rate is low and the calculation of cost is developing country only the cost born by individual through hospitalization and medication is considered while others in developed countries consider the cost to employers, in institutional bodies like laboratories, surveillance, disability cost and cost from other family members. Who take care of the sick members and premature mortality according to FDA. In 2012 reported that a study on microbiological food safety is one on the decline and highly centered in the capital city in the country. ²

A survey was conducted on food hygiene practices at home and childhood diarrhea in Hanoi, Viet Nam, 2009. Included hand washing method, separate utensils used for raw and cooked food area used for cooking in food hygiene practices. The mean age of 206 children were 27.7 months: 71.3% were aged 6 months-2years. In all, 115(55.8%) were male. The number first born or second born children were 199(96.6%). All children had started receiving some additional food or drink other than breast milk before the survey period. ³

Food is the basic need for sustenance of human life. Food can be contaminated from production to consumption of food through unhygienic food practices and improper food handling of food. Proper food preparation can prevent the food contamination. Unsafe water used for preparing and processing of food. Foodborne diseases spread from contaminated food and the people suffer from diarrhea, food poisoning and other foodborne diseases. 30% cases of foodborne diseases may be caused by poor food handling techniques and by contaminated food hygiene practices. A food handler is anyone who works in a food business and handles food or surface that is likely to come into contact with food. The chance of food becoming contaminated depends largely on the health status and knowledge and practices of

food safety of food handlers. Many people are proper food hygiene practices are usually not followed and so the consumer is at risk of infection. ⁴

MATERIAL AND METHOD:

In present study, researcher adopted Non-Experimental design. The study carried out on 100 samples. A Non-probability purposive Sampling Technique was used. Data analysis was done mainly using descriptive statistics test- Chai square was applied. Data analysis was done mainly using descriptive statistics test- Chai square was applied.

Description of Tool:

The tool includes three sections:

SECTION I: this section seeks information on demographic data of adults i.e. Age, Sex, Income, weight, Previous history of myocardial infarction, Family history of myocardial infarction, Dietary pattern, Habits, Exercise, Lifestyle.

SECTION II: Modified tool for knowledge assessment regarding lifestyle changes. This section comprises of self-structured questionnaire.

Plan for Data Analysis:

Data analysis was done by using descriptive and inferential statistics based on objectives of study.

RESULT AND DISCUSSION

SECTION – 1 Analysis of demographic data.

Demographic data frequency and percentages.

n =100

| No | DEMOGRAPHIC VARIABLES | FREQUENCY | PERCENTAGE |
|-----|-----------------------|-----------|------------|
| 1.1 | AGE | | |
| | 18-31 years | 34 | 34% |
| | 32-45 years | 44 | 44% |
| | 46-60 years | 22 | 22% |
| 1.2 | FAMILY TYPE | | |
| | Nuclear | 61 | 61% |
| | Extended | 06 | 06% |
| | Joint | 33 | 33% |

| | | | |
|-----|--------------|----|-----|
| 1.3 | EDUCATION | | |
| | Primary | 22 | 22% |
| | Secondary | 38 | 38% |
| | High Sec. | 40 | 40% |
| 1.4 | DIET PATTERN | | |
| | Veg | 26 | 26% |
| | Non- Veg | 74 | 74% |

Table shows that majority age group 44% were 32-45 years of house wives. In family type 61% was nuclear families. In education 40% was high secondary. In dietary pattern 74% was non vegetarian.

SECTION 2 (A)

Analysis of the data related to the level of knowledge of food hygiene practice according to their score.

Frequency percentage of knowledge score.

n = 100

| SR. NO | KNOWLEDGE | FREQUENCY | PERCENTAGE | MEAN | STANDARD DEVIATION |
|--------|-------------------|-----------|------------|------|--------------------|
| 1. | Good knowledge | 15 | 15% | | |
| 2. | Average knowledge | 71 | 71% | 8.4 | 1.27 |
| 3. | Poor knowledge | 14 | 14% | | |

Table shows that majority of house wives 71% have average knowledge regarding food hygiene practice.

Section 2 (B)

Association of the research findings with selected demographic variables

| Sr No. | Demographic Variables | Degree of association | Table Value | Chi - Square Value | P Value | Inference |
|--------|-----------------------|-----------------------|-------------|--------------------|---------|----------------|
| 1. | Age | 4 | 0.01 | 0.01 | 0.025 | Associated |
| 2. | Family type | 4 | 0.01 | 0.01 | 0.02 | Associated |
| 3. | Education | 4 | 0.25 | 0.25 | 0.05 | Associated |
| 4. | Diet pattern | 2 | 0.05 | 0.05 | 0.10 | Not associated |

Table shows that the 'p' value was more than level of significance 0.05 so. The demographic variables which were found that is education, age and family type to have statistically significantly association with knowledge.

DISCUSSION:

The result of the study is depending on the objectives. The findings are discussed in relation to objectives formulated, compared and contrasted with those of other similar studies conducted in different settings.

**IMPLICATIONS
COMMUNITY**

In community researcher assess the level of knowledge regarding food practice hygiene and will apply it into practice that can improve knowledge of population by providing self- structure module, health talks and other method.

NURSING EDUCATION

Nursing curriculum is mainly theory based and little focused in the practical there is always gap exit in between the theory and practices.

A person considers to be a healthy only the when her physical, psychological, social and spiritual states, in at normal level hence more emphasis should be given to conduct in

service education program to enhance the knowledge of adults.

NURSING ADMINISTRATION

Nursing administration at various levels can take initiative to conduct research on various health's.

Nursing administration can properly utilize nurse's abilities, practice, attitude and knowledge regarding to maintain food hygiene practice. It helps the nursing administration. To carry out education workshops, conference and other educational activities in their organizations which help enhance knowledge of food hygiene practice.

NURSING RESEARCH

The researcher provides information which helps to focus on knowledge on food hygiene practice is the new knowledge based on nursing research.

LIMITATIONS

This study was limited to specific dimension of knowledge of house wives regarding food hygiene practice. It was done in short time.

RECOMMENDATION

Keeping in view the finding of the present study the following recommendation

- The same study can be done with quantitative research approach having a major group.
- A similar study can be replicated in different setting to strengthen the finding.

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