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Effectiveness of educational intervention programme on knowledge and practices of food hygiene among food handlers of selected anganwadis

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Abstract

An Experimental one group pre-test and post-test Design was used for the present study & 50 food handlers of age group from 21-50 years were selected using non-probability purposive sampling technique. A structured questionnaire was used to assess the knowledge and Modified observation checklist was used to observe practices. Descriptive and inferential statistics were used to analyze the data. The analysis and the data were based on the objective and hypothesis. Both descriptive and inferential statistics were used for data analysis. The assessment of overall Pre-Test Group, 16(32%) had poor knowledge, 34(68%) had average knowledge and none of them had good knowledge and Pretest Practices score were 13(26%) had Poor Practice Scores, 37(74%) had average Practice Scores and none of them had good Practice Scores.

The levels of knowledge and practices during the pretest and posttest are compared to prove the effectiveness of educational intervention programme. The Finding of the study showed that, the majority of 64% food handlers had average knowledge, 0% had poor knowledge and 36% were had good knowledge regarding food hygiene and In the Post-Test Group Practice score were, no one had Poor Practice Scores, 28(56%) had Moderate Practice Scores and 22(44%) of them had good Practice Scores. The study concluded that there is significant increase in the knowledge and practices level among food handlers after educational intervention programme.

Keywords: Knowledge, effectiveness, food handlers, food hygiene

Introduction

Food is any substance or materials eaten or drunk to provide nutritional support for the body or for pleasure. It usually consists of plant or animal origin that contains essential nutrients, such as carbohydrates, fats, proteins, vitamins, or minerals, and is ingested and assimilated by an organism to produce energy, stimulate growth, and maintain life. Through centuries food has been recognized as important for human beings in health and diseases. The history of man has been to a large extent struggle to obtain food. The purposes of food are to promote growth, to supply force and heat, and to furnish material to repair the waste which is constantly taking place in the body. Every breath, every thought, every motion, wears out some portion of the delicate and wonderful house in which we live. The word 'Hygiene' is derived from 'Hygeia' the Goddess of Health in Greek mythology. It is the science of health and embraces all factors which contribute to healthful living. Food hygiene is a broad term used to describe the preservation and preparation of foods in a manner that ensures the food is safe for human consumption. This process of kitchen safety includes proper storage of food items prior to use, maintaining a clean environment when preparing the food, and making sure that all serving dishes are clean and free of bacteria that could lead to some type of contamination.

Food safety is a scientific discipline describing handling, preparation, and storage of food in ways that prevent food borne illness. This includes a number of routines that should be followed to avoid potentially severe health hazards. Food can transmit disease from person to person as well as serve as a growth medium for bacteria that can cause food poisoning. Food sanitation rests directly upon the state of personal hygiene and the habit of personal working in the food establishments. Proper handling of foods, use of clean utensils and dishes together with emphasis upon the necessity for good personal hygiene are of great importance in street food industry.

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Food borne diseases remain responsible for high levels of morbidity and mortality in the general population, but particularly for at-risk groups, such as infants and young, children, the elderly and the immune compromised. In order to reduce the incidence and economic consequences of foodborne diseases, the WHO Department of Food Safety and Zoonosis (FOS) has been assisting the States to establish and strengthen their programme for assuring the safety of food from production to final consumption. In this regard, WHO offers a unique capacity, through its commitment to health, to work collaboratively with government, industry and consumers, to strengthen and better focus national food safety efforts? Unhygienic practices during food preparation, handling and storage creates the conditions that allows the proliferation and transmission of disease causing organisms such as bacteria, viruses and other food-borne pathogens.

It is observed that the street food vendors have poor practices regarding food hygiene. Here the health education can play an important role to change their attitude and enhance their practices. According to studies done in Africa on street foods, their tremendous unlimited and unregulated growth has placed a severe strain on city resources, such as water, sewage systems and interference with the city plans through congestion and littering adversely affecting daily life. FAO further stipulates that street foods raise concern with respect to their potential for serious food poisoning outbreaks due to improper use of additives, the presence of adulterants and environmental contaminants and improper food handling practices amongst street food vendors. Street food vendors are often unlicensed, untrained in food hygiene and sanitation, and work under crude unsanitary conditions.

Food borne illness is a major public health problem in the United States and globally. Both the developed and developing countries suffer the consequences of food borne illness, but to varying degrees. Recent U.S. estimates indicate that some 76 million illnesses and 5,000 deaths are attributed annually to food borne illness. Among all illnesses attributed to food borne causes, 30% are caused by bacteria, 3% by parasites, and 67% by viruses.

Additionally, many reported cases of food-borne viral diseases have been attributed to infected food-handlers involved in catering services. The term "street food" refers to a wide variety of ready-to eat foods and beverages sold and sometimes prepared, in public places. Street food may be consumed where it was purchased or can be taken away and eaten elsewhere.

Objectives of the study

1. To assess the knowledge of food hygiene among food handlers at selected Anganwadis.
2. To observe the practices of food hygiene among food handlers at selected Anganwadis.
3. To assess the effectiveness of education intervention programme on mean knowledge and practices scores regarding food hygiene among food handlers at selected Anganwadis.
4. To find out the association between the knowledge and practices on food hygiene among food handlers with selected demographic variable.

Operational Definitions

Effectiveness

It refers to, "the outcome of the level of knowledge and practices that will be measure by post-test score of educational intervention programme on food hygiene among food handlers of selected Anganwadis."

Food Hygiene Practices

In this study- the way of preparing, and handling the food by food handler, Practices will be observed by modified observation checklist.

Knowledge

In this study - knowledge means information & understanding of food handlers about food hygiene as elicited through structured questionnaire. It consist of definitions and importance of food hygiene, methods of preparing and preserving foods, benefits of good food hygiene, methods of maintaining food hygiene, list of Food-borne diseases and identifying its sign and symptoms, prevention of food-borne diseases.

Educational Intervention Programme

Structure teaching programme on food hygiene practices (45 min). Definitions and importance of food hygiene, Methods of preparing and preserving foods, Benefits of good food hygiene, Methods of maintaining food hygiene.

List of Food-borne diseases and identifying its sign and symptoms, Prevention of food-borne diseases.

Demonstration of food handling (washing, cutting, cooking, storage, serving, hygiene of cooking, personal hygiene, use of protective equipment, etc.), (30 min).

Food Hygiene

In this study – food hygiene means practices of handling foods, preparation of food (washing, cutting, cooking & storage transport & serving).

Food Handlers

In this study - Involved in process of those persons washing, cutting, cooking, storage & transport of serve food at Anganwadis region.

Anganwadi

In this study – Anganwadis means setting in which information education is imparted under shelter for the toddler (age group between 1-6 years) of age & Under ICDS programme receiving balwadi services. Anganwadi run by Zillah Perished of ICDS, women's and child health department.

Hypothesis

H₀: There will be no significant association between the mean post-test practices score with selected demographic variables.

H₁: There will be significant association between mean post-test practices score with selected demographic variables.

H₂: There will be significant difference between pretest with post-test knowledge and practices scores after educational intervention programme.

Delimitations of study

1. Research study is limited to food handlers of selected Anganwadis.
2. The study is limited to those who can read and write Marathi/ Hindi language.

Methodology

Research Approach: An evaluative research approach was adopted in this study.

Research design: Pre Experimental one group pretest posttest design.

Research Setting: Selected anganwadis in Ahmednagar District.

Population: The populations of the study were Food handlers.

Sample: The Food handlers of selected anganwadis in Ahmednagar District.

Sample size: 50 Food handlers in selected anganwadis of Ahmednagar district.

Sampling Technique: Non Probability Purposive sampling technique was used in this study.

Variables: Independent variable- Educational intervention Programme

Dependent variable: Knowledge and Practices regarding Food Hygiene,

Demographic Variables: Age in years, Work experience, Education, Source of information, Have you received training for food hygiene and food safety, and Do you undergo medical checkup.

Criteria for Sample Selection**Inclusion Criteria**

1. Food handlers who are working in selected anganwadis.
2. Food handlers who are preparing food and serving to anganwadis.
3. Food handlers who are able read and write Marathi language.

Exclusion Criteria

1. Food handlers those who are physically handicapped. (Hearing, Visual)
2. Food handlers those who are having less than 6 months experience.

The major findings of the study**Section I: Finding related to socio- demographic data.**

There were total 07 demographic variable was assessed in this study. Total 50 participants were selected for the study. Following finding were noted:

In concern with the age distribution of the study subject where majority i.e. 17(34%) were from 31-40years of age, 16 (32%) were in 31-40 years of age, 13(26%) were above 50 years of age, very few 4(08%) were in 21-30 years of age, In regards with the gender in that Study group all i.e.50 (100%) of participant were Female, In concern with the

distribution of study subject according to work Experience, In group, majority i.e. 21(42%) of subject having 10-15 years of Experience followed by 19(38%) having above 15 years of Experience, 6(12%) having 5-10 years & only 4(08%) having 1-5 years of Experience, In regards with the distribution of study subject according to Education, in group, majority i.e. 25(50%) of subject was completed 10th followed by 11(22%) was completed both i.e. 8th and 9th and 3(6%) was completed 7th class, In group, majority of the participants had Government published literature as their main source of information

22(44%), 12(24%), 10(20%) and 06(12%) participant had Friends, Newspaper and Training by any agency as their main source of information respectively, In group, majority of the participants i.e. 41(82%) had received training for food hygiene and food safety, Majority of the participants in group, i.e. 32(64%) had undergo for medical checkup.

Section II: Assessment of pre-test and post-test knowledge regarding food hygiene among food handlers.

In the Pre-Test Group, 16(32%) had poor knowledge, 34(68%) had average knowledge and none of them had good knowledge. Post-Test group, 32(64%) was average knowledge, 18 (36%) was good knowledge and none of them was in poor knowledge.

Section III: Assessment of pre-test and post-test Practices regarding food hygiene among food handlers.

In the Pre-Test Group, 13(26%) had Poor Practice Scores, 37(74%) had average Practice Scores and none of them had good Practice Scores. In the Post-Test Group, no one had Poor Practice Scores, 28(56%) had Moderate Practice Scores and 22(44%) of them had good Practice Scores.

Section IV: To find out the effectiveness of Educational intervention programme on knowledge and practices of food hygiene among food handlers.

In pre-test mean and SD were 5.12 and 0.961 respectively. But, in post-test the mean and SD were increased to 8.34 and 0.939 respectively. The mean and SD difference of pre-test and post-test level were 3.22 and 0.022. The t value of this comparison was -35.13 at 29 degree of freedom. Thus it was indicated that educational intervention programme increased the level of knowledge and practices of food hygiene among food handlers.

Section V: To find out the association between post-test knowledge and practices and selected demographic variables.

Among 07 demographic variables, 2 demographic variables were found to be significant [at 0.05level]. According to the calculated χ^2 variables Work experience ($\chi^2 = 7.879$, df=6) and Education ($\chi^2 = 11.314$, df=6), were found statistically significant at 5% level (i.e. $p < 0.05$). So there is significant association between selected demographic variables and the level of knowledge and practices.

Conclusion

The findings revealed that Educational intervention programme is effective in increasing level of knowledge among food handlers of selected anganwadis.

Recommendations

On the basis of the findings of the study following

recommendations have been made:

1. A study guide can be prepared & given knowledge to the Anganwadi food handlers.
2. Similar study can be conducted in larger sample to generalize findings.
3. A comparative study can be conducted in rural & urban settings.
4. Awareness programmes can be arranged in rural & urban community about food hygiene.
5. A study can be confined to general public.

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