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Nazia Bukhari*1, Muhammad Afzal1, Muhammad Azhar1, Muhammad Hussain1, Dr, Syed Amir Gilani2

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KNOWLEDGE AND PRACTICE REGARDING FOOD SAFETY AMONG DOMESTIC FOOD HANDLERS IN RURAL COMMUNITY LAHORE

Nazia Bukhari1* Muhammad Afzal2 Muhammad Azhar 3 Syed Amir Gilani4

1. BSN Student, Lahore School of Nursing, The University of Lahore, Pakistan. 2. Assistant Professor, Lahore School of Nursing, The University of Lahore, Pakistan 3. Lecturer, Lahore School of Nursing, The University of Lahore, Pakistan 4. Professor, The University of Lahore, Pakistan.

ABSTRACT

INTRODUCTION: To determine the knowledge and Practice regarding food safety among domestic food handlers in rural community, Lahore

METHODS: This was descriptive cross-sectional study. Convenient sampling was used and data was analyzed by SPSS version 21.

RESULTS: Data collected from the rural residents of the Hussain Abad community, Lahore to assess the knowledge and practice of rural community towards food safety of domestic food handlers they show 100% response to the current study. The data analysis consists of two parts. Demographic is the first part of data analysis which gives details about demographic variables. Second part is descriptive analyses which provide us recurrence and rate of respondent regarding 23 item of questionnaire

CONCLUSIONS: The current study investigates the knowledge of rural community towards health risk due to unhygienic food, attitude of rural community towards benefits regarding food and practice of rural community regarding consuming the food is very poor in the rural community Hussain abad, Lahore. The results are shown in 36 tables and have been used to show results. The results of the study and discussion show that rural community has illiteracy regarding health risk for diarrhea, gastroenteritis hepatitis etc. results shows that they are high risk of health. The government should put strict laws for stronger services for food safety.

KEYWORDS- Knowledge, Practice, food safety, Confidentiality, Domestic food handle

INTRODUCTION

Adequate amounts of safe and healthy food is key to supporting life and promoting good health (WHO, 2017). Safe food provisions support national economies, trade and tourism, contributes to food and nutrition security, and underpins sustainable development. Illness increases every year due to food borne. In developing countries it is a negative effect on health and economic. Food poisoning occurs as a result of food contamination or toxins (Thelwell-Reid, 2014). This condition occurs when we eat unhygienic food with malpractice of handling. Malpractice with food handling unhygienic conditions or methods during preparation of food which cause the transmission of microorganisms like bacteria, virus, parasites and food borne pathogen (Thelwell-Reid, 2014). Study on food borne illness over world done to check the knowledge, attitude and practice among food handlers in different ways. This need is very important because knowledge and practice of food handlers play vital role in food safety and food hygiene. Food borne illness is the major cause of disease worldwide (Thelwell-Reid, 2014). Knowledge about food safety and food hygiene of rural community is poor. People have not enough knowledge regarding how to handle the food and consume the food? Females in community mostly deal with food as a cook and safety of food but in rural community they used unhygienic methods and preserved the food in polluted environment (Thelwell-Reid, 2014). Practice of food handlers about food safety and food hygiene in rural community also very insufficient. They have no good practices about cooked and raw food safety and food hygiene. Need is that to motivate the rural females about food safety and food hygiene via education and awareness which will be helpful for prevention of food borne diseases. Food borne diseases are a growing public health problem worldwide. The main cause is food contaminated with microorganisms such as parasites, bacteria, viruses and other pathogens the most virulent pathogens causing food borne diseases are Campylobacter, Escherichia coli, salmonella and shigella. Food borne disease outbreak occurs when two or more people have the same disease from the common contaminated food or drink source. The prevalent symptoms include an upset stomach, abdominal cramps, vomiting, diarrhea, fever and dehydration (Thelwell-Reid, 2014) (According to WHO, millions of people become ill and thousands die from preventable food borne disease annually". About 48 million Americans become sick due to contaminated food and water each year WHO suggests several preventive keys for safe food including, the food clean, separating raw and cooked foods, keeping food at safe temperatures, using safe water and raw materials. Most studies have indicated that the knowledge about food and water-borne outbreaks is low especially in young age groups from 7-10. The knowledge, attitudes, and practice (KAP) studies are one of the best ways of assessing knowledge, attitude and

practice of individuals. The current study was conducted after Water shortage and droughts in recent years in Isfahan. Therefore, with determining the level of knowledge, attitude and practice of people in Isfahan, if the level is low, we intervene in the education of the people and change their attitudes that lead to a better practice (Talaie, Holakouie-Naieni, Rahimi-Foroushani, & Masoumi-Asl, 2015).

METHODS

This was descriptive cross-sectional study. Convenient sampling was used and data was analyzed by SPSS version 21.

RESULTS

Data collected from the rural community Hussain Abad, Lahore to evaluate the attitude, knowledge, and practices towards Hepatitis C prevention. A cross sectional study interviewed 100 adolescents in rural community. The response rate of survey was 100% and age range was 18 years to above 50 years old adolescents. Equal numbers of participants were selected from both genders. The data analysis consist of two parts, first part is demographic data which give detail about demographic variable and second part which provide descriptive analysis which provide us recurrence and rate of respondent regarding 35 questionnaire.

DISCUSSION

Knowledge and practice interest as a potential risk factor in this region and therefore accurate statistics on its prevalence are crucial for public health planning purposes. Additionally, accurate information as to the reasons for its popularity will help community health educators develop strategies to minimize potential negative consequences arising from the practice. The current study shows that community has average knowledge regarding health risks due to unhygienic food lead to food borne diseases. There is another reason of poor knowledge that rural community has high rate of illiteracy the results of the study shows that majority of that participants are only educated till primary 46(38.7%), middle (33(27.7%). this study also reveals that rural community has weak practice towards save or consuming the food therefore is very high especially with children which has very high influence for health risk. For the rural participants four reasons were tied for the most strongly believed. These reasons were (1) stability, traditions and continuity of a culture and way of life; (2) Illiteracy; (3) poor sources services regarding food. Although a substantial proportion of community people seemed to have some awareness about increased risk of food borne diseases associated with unsafely of food in community, they still have a high positive attitude towards unsafe of food. Participants of the study were n=100, male 66 and female were 112. Less than 20 year old participants were responded as 5.9%, 20-29 year old participants were responded as 30.5%, 29-39 year old participants responded as 54.5% and 39-49 year old participants responded as 8.4%. The statistical report shows in table 1 that the participants between the ages of 29-39 year old percentage is high between selected age group and 39-49 year old is low. Mostly participants' education was (35%) Primary, (38%) Middle, (27.7%) and secondary (6.7%) not educated (26.1%). Demographic data involve gender, age, qualification, Marital status, Religion and house individually describe. Respondent's knowledge towards food safety Section II of survey was about information addresses and asked essential data, and methods of food safety among domestic food handlers in rural community. Each respondent reaction was scored "Yes" and "No". Mean number of "Yes". Mostly participants wash hand before cooking 116%, some respondents have knowledge of microorganisms 50%, mostly female kept leftover food at room temperature 76%, 65% people keep left over food in refrigerator. food is very poor in the rural community Hussainabad, Lahore. The results are shown in 36 tables and have been used to show results. The results of the study and discussion show that rural community has illiteracy regarding health risk for diarrhea, gastroenteritis hepatitis etc. results shows that they are high risk of health. The government should put strict laws for stronger services for food safety.

CONCLUSION

The current study investigates the knowledge of rural community towards health risk due to unhygienic food, attitude of rural community towards benefits regarding food and practice of rural community regarding consuming the food is very poor in the rural community Hussainabad, Lahore. The results are shown in 36 tables and have been used to show results. The results of the study and discussion show that rural community has illiteracy regarding health risk for diarrhea, gastroenteritis hepatitis etc. results shows that they are high risk of health. The government should put strict laws for stronger services for food safety.

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